

Four Seasons (Bamford) Limited

Priory Park Care Home

Inspection report

Priory Crescent
Penwortham
Preston
Lancashire
PR1 0AL

Tel: 01772742248

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	Requires Improvement ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

This comprehensive inspection took place on 18 October 2016 and was unannounced. We last inspected Priory Park Care Home on 12 August 2014. At that inspection we found that the service met the essential standards we looked at.

Priory Park Care Home is part of the Four Seasons Group and provides residential and nursing care. Nursing care is provided on the first floor and residential care is provided on the second floor. The ground floor accommodates the administration team, laundry and kitchen facilities. The home can accommodate up to a maximum of 40 people. It is situated in a quiet residential area in Penwortham near Preston. At the time of the inspection refurbishment of the whole building was planned and work had commenced with the replacing of the lift that accessed all floors.

There was a registered manager in post. A registered manager is a person who has registered with the (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

When accidents and incidents had occurred these had not always been reported to the appropriate authorities. We found that some of the incidents should have been reported to us (CQC) but the provider had not done so.

This is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. The failure to notify us of matters of concern as outlined in the registration regulations is a breach of the provider's condition of registration and this matter is being dealt with outside of the inspection process.

When employing fit and proper persons the recruitment procedures of the provider were not always followed. We made a recommendation that the provider follows their own policy and procedures when employing people to ensure that all the checks of suitability made were robust.

Where the need for consent was required it was not always obtained from the appropriate person. We have made a recommendation that the provider review their best interest decision making process to ensure it follows guidance outlined in the Mental Capacity Act 2005 in order to gain the appropriate authority for consent.

Records to show that areas of cleaning in the home had been done were not always completed and we found some areas of the home had not been kept in a clean state.

People living in the home and visitors to the home spoke highly of the staff and were very happy with the care and support provided.

Medicines were being administered and recorded appropriately and were being kept safely.

There were sufficient numbers of suitable staff to meet people's needs and promote people's safety.

People were only deprived of their liberty if this had been authorised by the appropriate body or where applications had been made.

Staff had completed training that enabled them to improve their knowledge in order to deliver care and support safely.

People were supported to maintain good health and appropriate referrals to other healthcare professionals were made.

There was a clear management structure in place and staff were happy with the level of support they received.

People living in the home were supported to access activities that were made available to them and pastimes of their choice.

Auditing and quality monitoring systems were in place that allowed the service to demonstrate effectively the safety and quality of the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

We made a recommendation because the provider had not always followed their own procedures when checking the suitability of people being employed.

People and their relatives told us they were safe and well cared for in this home.

Prescribed medicines were stored, administered and disposed of safely in line with current and relevant regulations and guidance.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People said they thoroughly enjoyed the meals provided and appropriate assessments relating to nutritional requirements had been made.

We made a recommendation to the provider because consent to care and treatment had not always been obtained involving, where required, appropriate others.

Staff had received the relevant training to fulfil their roles

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and compassion and their dignity was respected.

People appeared well cared for, and were valued as individuals.

People wishes for how they wanted to be cared for at their end of life had been planned for.

Is the service responsive?

Good ●

The service was responsive.

There was a designated person to support people with activities of their choice.

People and relatives felt able to speak with staff or the management team about any concerns they had.

Care plans and records showed that people were seen by appropriate professionals when required to meet their physical and mental health needs.

Is the service well-led?

The service was not always well led.

Notifications required by CQC had not always been made.

Staff told us they felt supported and listened to by the registered manager.

People living at the service and their relatives were able to give their views and take part in meetings and discussions about the service.

Requires Improvement 

Priory Park Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 18 October 2016. The inspection team consisted of two adult social care inspectors.

Before the inspection we looked at the information we held about the service and information from the local commissioners of the service.

Some people who lived at the home could not easily tell us their views about their care. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During the inspection we spoke with the regional manager, registered manager, deputy manager, four staff members, five people who used the service and three relatives. We observed how staff supported people who used the service and looked at the care records for eight people living in the home.

We looked at the staff files and these included details of recruitment, induction, training and personal development. We also looked at records of maintenance and repair, the fire safety records and quality monitoring documents.

Is the service safe?

Our findings

People living at Priory Park Care Home that we spoke with told us they felt safe and did not have any concerns about the care they received. One person told us, "I think it's a safe place to be". Another person told us, "It feels a safe place and always seems clean".

We looked at staff files for the recruitment of staff and saw that the appropriate checks of suitability for fit and proper people to be employed had been made. Information about their previous employment history and reasons for leaving employment had been noted. All staff had records to show Disclosure and Barring Service (DBS) checks had been conducted before commencing employment. References had been sought and we noted that they were not always from the most recent previous employer in accordance with the homes recruitment policy.

We recommended that the provider follows their own policy and procedures when employing people to ensure that all the checks of suitability made were robust.

We saw that most areas of the home were clean and well kept. However we found a stairwell that was being used as a thoroughfare for the transportation of food during the replacement of the lift was unclean. This was pointed out to the registered and regional manager and immediate action to deep clean the area was taken. We also noted that the records to indicate where cleaning in the home had taken place were not being consistently completed.

We observed there was sufficient staff on duty to provide care and support to meet people's individual needs. People we spoke with told us they felt that there was always enough staff. One staff member told us that morale was really good in the staff team and staffing levels were always adequate. We observed that call bells were answered promptly and care staff did not appear to be rushed in their duties. We observed during the lunch time period that staff had additional duties because of the transportation of food from the ground floor that was required whilst the lift was out of use. We discussed this with the staff who did not feel that it was too onerous. We raised this with the registered and regional manager who agreed that some additional staff over the meal times would be beneficial in order to maintain person centred care.

During the inspection, we looked at the way medicines were managed, stored and handled in the home. We found that medicines were being administered safely and records were being kept of the quantity of medicines received, kept in the home and those disposed of. The clinical rooms and refrigerator temperatures were monitored and the records showed that medicines were stored within the recommended temperature ranges. This helped to make sure that the medicines were in good condition for use. However, the room temperatures were at the maximum limit recommended and fans were being used to help keep the temperatures down.

We saw that there were appropriate arrangements in place in relation to the recording of medicines administration and records had been signed for when medicines were given out. We looked at the care planning for medicines for eight people and counted their medicines. We compared them against the

records and found the medicines tallied and that where required a plan of care was in place for medication.

Nursing staff took us through their processes for ordering and checking the quantities of medicines received. The registered nurse showed us how they checked or 'audited' medicines and the quantities in stock. We saw that daily, weekly and monthly checks were being done on medication processes to monitor their effectiveness and safety. These audits had identified that some medicines were being over stocked and this had been addressed to keep stock levels to a safe minimum. This helped to prevent an accumulation of medication and reduced the risk of errors occurring.

There were clear protocols for giving 'as required' medicines in place and variable doses for medicines were being recorded on the medicines administration record (MAR). This helped to make sure that people received the medicines they needed appropriately.

We looked at the recording and storage of medicines liable to misuse, called Controlled Drugs that were being kept for people. We found that the storage was appropriate. However, on checking these medicines we found that one was out of date for use and needed to be removed. This had not been picked up on stock checks. The registered nurse addressed this straight away and arranged for disposal and reordering. We also noted and raised with the nursing staff and registered manager that staff had taken a medication from its original packet and put it in another box of the same medication. This was due to insufficient storage space. This makes it difficult to trace back any medicines from the original box should the need arise.

Charts and body maps were being used for the recording of the application of creams by nursing and care workers. These showed where and how the creams were to be used so that people received correct treatment.

Staff demonstrated they understood the needs of the people they provided support to. They knew the triggers for behaviour changes and any risks related to a person's care. We saw staff responded quickly if a person's behaviour was changing to reduce the possibility of either the person, or people near them getting upset or anxious. For example where one person started to become distressed we saw that staff knew them well enough to distract them quickly.

Staff we spoke with had a good understanding of how to protect people from harm. They understood their responsibilities to report any safeguarding concerns to a senior staff member. We looked at records of the accidents and incidents that had occurred. We saw that where necessary appropriate treatment had been sought. All the records we looked at showed appropriate action had been taken in response to incidents to promote the safety and wellbeing of people who lived there.

Care records relating to any risks associated with people's care were current and accurate. Staff managed the risks related to people's care well. Each care record had detailed information about the risks associated with people's care and how staff should support the person to minimise the risks.

Is the service effective?

Our findings

People who lived in the home told us that they thoroughly enjoyed the meals provided. One person told us, "The food is nice and there's plenty". Another person told us they had no complaints about the food served. People were free to eat where they wanted to and there were different areas where food could be served. Most people chose to eat their meals in the main dining room and a few people chose to eat in their rooms. We saw people received the right level of assistance they needed to eat and to drink. We saw that this was provided in a patient and discreet way.

We saw nutritional assessments had been completed and where people had additional needs or required additional support they had been referred to the appropriate health care professionals. Care records showed that nutritional risks had been assessed and plans implemented for staff to follow to reduce those risk. We spoke with the chef who could tell us about the different dietary needs of people living at the home and how these were met.

The staff we spoke with told us, and records we saw showed that staff received a range of training to ensure they had the skills to provide the right support people required. One member of staff told us, "We've had lots of different training". Staff had received training considered essential to support people's health and safety as part of their induction. We observed staff putting their training into practice. Staff approached people with respect, dignity and genuine friendliness which encouraged people to have meaningful interaction with them.

We also saw the service had policies and procedures regarding the use and the competency of staff to use a syringe driver [a syringe driver is a pump that delivers a measured dose of a medication]. These procedures required that records were kept of the nurses who were trained and assessed as competent by an approved assessor to set up the equipment. It also required that this be repeated on a minimum of an annual basis. These records were not in place as required by the service's own procedures. Nurses told us they received training on the use of syringe drivers for the provision of effective symptom management in palliative care. The syringe driver was being calibrated on the day of the inspection. We were told that if a syringe driver was required during this time one could be obtained from another home belonging to the registered provider.

Record we saw showed staff were supported through formal systems such as supervisions, appraisal and team meetings the last one being recorded in August 2016. We saw that the frequencies of formal supervisions recorded were not consistent for all staff and for some staff they had only one this year to date.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests

and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of the inspection there a number of authorisations in place and some applications were still waiting to be authorised.

The management team and care staff demonstrated a good knowledge and understanding of the Mental Capacity Act 2005 (MCA), which applies to people aged 16 or over. Best interest meetings had been held to assist people who were not always able to make difficult decisions for themselves. However we did not see that the best interest decision process had always been recorded consistently for people living in the home. We also found on the residential unit that consent to care and treatment was not always obtained appropriately. Checks had not always been made to confirm if those people consenting had the legal rights to make decisions.

We have made a recommendation that the provider review their best interest decision making process and the obtaining of consent to ensure it follows guidance outlined in the Mental Capacity Act 2005.

Bedrooms we saw had been personalised with people's own furniture and ornaments to help people to feel at home. There were plans in place to address the décor of the home and signage on the third floor to make the environment more conducive to supporting people living with dementia.

Is the service caring?

Our findings

People we spoke with living and visiting Priory Park told us they were extremely happy with the care and support being received. A visitor told us, "They really do look after my relative very well". Some of the comments included, "The staff are all lovely". Another person told us, "We are really happy with the standard of care".

The atmosphere in the home was calm and relaxed. We used the Short Observational Framework for Inspection (SOFI). We observed for short periods of time the interactions between staff and people living in the home. We saw that the interactions demonstrated genuine warmth and concern for the people they were caring for. Staff treated people with kindness and were respectful. We observed staff knock before entering people's rooms. The staff took appropriate actions to maintain people's privacy and dignity.

We saw that the staff gave people time and encouragement to carry out tasks themselves. This helped to maintain people's independence. Staff took the time to speak with people and took up opportunities to interact and include them in general chatter and discussion.

Staff knew the people they cared for very well. Care records showed that care planning was centred on people's individual views and preferences. People and their families were encouraged to talk with staff about the person's life. We were told by staff about the provider's plans to introduce a dementia care framework into the home and this was to be implemented in November 2016. This would provide a more individualised approach to the caring of people living with dementia.

We saw from the last survey conducted by the provider in September 2016 to gather information about the quality of care. The feedback from people living in the home, their relatives and visiting professionals was very positive.

We saw that people's treatment wishes had been made clear in their records about what their end of life preferences were. The care records contained information about the care people would like to receive at the end of their lives and who they would like to be involved in their care.

Is the service responsive?

Our findings

We asked people whether they felt they could raise concerns if they had any. One person said, "I've never had to complain as any concerns are usually dealt with straight away". Another person told us if they had a problem they felt happy to raise it directly with the deputy or registered manager. A relative told us the service had been responsive when they had raised some issues about the laundry facilities. We were told that staff were very good in communicating about the people living in the home. One person told us, "Staff keep me informed about everything that is going on".

We saw that there were regular planned activities for people to get involved in. We spoke with the activities coordinator who although they had not been in post long did know the people living in the home very well. They told us about the planned implementation of the dementia framework in the home and how this would help to improve some of the activities and surroundings. For example a room had been allocated to be used as a sensory room. We saw people who preferred not to join in the group activities were also supported to access their preferred choice of activity in the privacy of their own rooms.

We looked at the care records for eight people living in the home. We saw that information available for staff about how to support individuals was very detailed. We saw from the care records that people's health and support needs were clearly documented in their care plans along with personal information and histories. We could see that some people's families had been involved in gathering background information and life stories. Staff had a good understanding of people's backgrounds and lives and this helped them to support them socially and be more aware of things that might cause them anxiety. Care plans had been regularly reviewed to make sure they held up to date information for staff to refer to.

We observed the service was responsive in working with other health care professionals and people received the appropriate care and treatment in a timely manner. During the inspection one person living on the residential unit had some concerning changes in their health. This was quickly recognised by the staff team and emergency treatment was sought. We also observed good communications with other agencies such as local GP and community services.

Is the service well-led?

Our findings

The registered manager or registered provider had not always notified the appropriate authorities following incidents that affected the welfare and safety of the people who use the service. This included failing to notify the CQC of incidents requiring another health professional to deal with them or incidents that had been alerted to the local authority safeguarding team.

This is a breach of Regulation 18 Notifications of other incidents of the Care Quality Commission (Registration) Regulations 2009. The failure to notify us of matters of concern as outlined in the registration regulations is a breach of the provider's condition of registration and this matter is being dealt with outside of the inspection process.

Staff we spoke with told us they felt the home was being well managed. We were told the registered manager and deputy manager are a good team. They told us they were approachable and could talk to them and that they listened. Staff told us they were happy working in the home and felt appreciated.

Maintenance checks were being done regularly and we could see that any repairs or faults had been highlighted and acted upon. There was a plan of works in place to ensure the smooth and safe installation of the new lift.

The deputy and registered manager of the home carried out regular checks on the service to assess the quality of the care provided. Areas of the service had been identified as areas that they wished to develop especially on the residential unit. We were told us that the registered provider was very supportive in wanting to improve the service further.

The registered provider also checked on the quality of the service provided. Senior managers in the organisation carried out regular visits to the home. At these visits they spoke with staff, people who lived in the home and their visitors. This helped the registered provider to assess the quality of the service people received.

The registered provider had recently asked people who lived in the home, their families, staff and professionals to complete a quality survey to gain their views of the service. We saw the results from this and how they would be used by the registered manager to develop an action plan to address areas that might be further improved.

The regional manager provided us with confirmation the day after the inspection visit of the actions taken to ensure that the appropriate notification about incidents in the home had been now completed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents
Treatment of disease, disorder or injury	Not all incidents had been notified as per the requirements of the regulation.