

Avery Homes (Nelson) Limited

Priory Court Care Home

Inspection report

Priory Road
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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?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Priory Court Care Home is a residential care home that provides accommodation and personal care, including nursing for up to 60 people, some of whom were living with dementia. On the day of our visit there were 49 people using the service.

People's experience of using this service and what we found

We received mixed responses as to whether people felt safe at the home. Not all accidents and incidents were recorded. Medicines were not stored, administered or documented safely. Where people were at risk of pressure sores or choking, no risk assessments were in place to help staff to minimise these risks. There were insufficient staff to meet people's needs and the home relied heavily on agency staff. However, this had already been recognised by the provider prior to the inspection and they were in the process of recruiting new staff. We raised safeguarding concerns to the local authority following the inspection.

Some people's nutrition and hydration needs had not been fully assessed and met. We heard mixed responses about the food. The home was not consistently seeking or following advice from healthcare professionals. People were not supported to attend hospital appointments. We identified gaps in recording of care tasks including repositioning people and providing fluids, therefore we were unable to be sure people's care and support needs were met. Staff were suitably trained to meet people's needs. Staff were receiving supervisions, but some staff did not feel fully supported.

People said staff were kind and caring. However, it was evident from the issues we found, the provider was not ensuring the service was caring overall.

People's care plans were not person centred or updated to address people's current needs. People spent long periods of time in their bedrooms and we saw very few activities taking place. We have made a recommendation about activities.

Complaints and concerns were not dealt with in line with the providers policy. Two serious complaints that we heard about on the day of the inspection were raised with the provider who offered meetings to the families following our inspection.

The service was not always well led. The provider took immediate action and changes were made to the management team.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was good (published 29 November 2016).

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements.

You can see what action we have asked the provider to take at the end of this report.

Enforcement

We identified breaches in relation to keeping people safe, managing complaints and good governance.

Follow up

We will request an action plan from the provider to show how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Priory Court Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of two inspectors, a Specialist Professional Advisor (nurse) and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Priory Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. The PIR was completed prior to the last inspection but still provided relevant details. We requested feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We received feedback from the local authority and used this information to plan our inspection.

During the inspection-

We spoke with seven people who used the service and five relatives about their experience of the care provided. We spoke with ten members of staff including the chief executive officer, the operations director, the area manager, registered manager, nurse, senior care worker, care workers, activity coordinator, maintenance, domestic staff and the head chef..

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- We identified shortfalls in the management of risk relating to concerns with skin and eating and drinking.
- Risk assessments did not always give staff clear information to keep people safe. In some cases, where risks had been identified, no risk assessments were in place.
- One person was at risk of aspiration and needed to have their fluids thickened. Three different forms stating this, had three different thickening recommendations. One part of this person's care plan said they were to receive pureed foods, however another part said soft and bite size.

Systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately after the inspection with an action plan which stated how they were assessing and updating everyone's care plans and risk assessments.

Using medicines safely

- Medicines were not always managed stored or disposed of safely.
- One person had not received their blood thinning injection as prescribed. In addition, staff had incorrectly discontinued another person's medicine.
- Staff did not always follow safe administration procedures. For example, one person was left to take a medicine unobserved.

Systems were either not in place or robust enough to ensure people received their medicines safely and as prescribed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately after the inspection with an action plan, stating they would be doing a full medicine assessment and medicine competency assessments for staff.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- There had been a number of unexplained accidents and incidents. Investigations into the cause of these incidents had not been carried out and the local safeguarding team had not been informed.
- The registered manager carried out an analysis of accidents and incidents to identify trends to help prevent any reoccurrence. However, this analysis was incorrect because not all accidents and incidents were

recorded.

Systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had been trained on safeguarding procedures and said they were clear about how to raise any concerns.

The provider responded immediately after the inspection with an action plan to address safeguarding concerns and also contacted the local safeguarding team.

Staffing and recruitment

- The provider contacted CQC prior to the inspection to explain they were experiencing low staffing levels with difficulty recruiting new staff. They were using agency staff for cover and had put a full action plan in place to address this.
- Recruitment systems continued to be effective and ensured only suitable people were employed to work at the home.

Preventing and controlling infection

- The service was clean and free from odours.
- Staff had access to personal protective equipment such as gloves and aprons to prevent cross infection.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement.

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Some regulations were not met.

Adapting service, design, decoration to meet people's needs

- The environment was pleasantly decorated but was not adapted to support everyone's needs. For example, one person had limited eye sight and struggled with certain aspects of their room and had been told nothing could be done about it. We passed their comments onto the provider who resolved this straight away.
- Another person expressed a wish to go in the garden, but they were told no as there was not enough specialist seats. After the inspection the provider told us that they had identified this and had obtained quotes to purchase specialist chairs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People did not always receive support to access healthcare services. In addition, checks were not carried out as advised by healthcare professionals. One person had been waiting a year to attend an appointment to restore their vision. There were no staff to support this person to their visit, therefore the appointment was missed.
- An x-ray was requested by the nurse practitioner for one person on the 16 April 2019 following a fall. The GP visited on the 23 April 2019 and the home had still not arranged for an x-ray.
- People had seen a specialist professional to support them with their needs for example, the speech and language team (SALT) offered guidance for people who were at risk of choking or had difficulty swallowing. However, the guidance was not always documented correctly.
- The GP had requested one person have their blood pressure checked every day, records showed this didn't happen every day.

Systems were either not in place or robust enough to ensure people attended appointments or advice from external healthcare professionals was acted upon. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Supporting people to eat and drink enough to maintain a balanced diet

- The dining experience for people needed improvement. On the day of the inspection we saw the dining tables were set nicely and a pianist was providing music. People were offered a choice of drinks which

included soft drinks or wine. However, staff or people didn't know what was for lunch as there were no menus available.

- People who lived at the home were provided mixed comments about the food. Comments included, "Food is okay" and "I find the food a bit bland and it is on a cycle, so you know what you are going to get, they also feed everyone the same food whether they are on a special diet or not. I asked to speak to the chef and they didn't even know what a toasted sandwich was." There were some lovely comments written in the comments book such as, 'lovely roast lamb dinner.
- People were offered choice, but this was just offered verbally, where people were hard of hearing this was repeatedly shouted.
- Staff checked if a person was finished before clearing plates away and if a meal had not been eaten, people were offered another choice.
- Snack stations situated around the home did not cater for everyone's dietary needs. There were no healthy options such as fresh fruit, or sugar free for diabetics.

Staff support: induction, training, skills and experience

- Staff were supported with ongoing and up to date training.
- Supervisions were taking place.
- Not all staff felt supported by the registered manager. Comments included, "I raised my training and development needs at appraisal, but I wasn't confident (registered manager's name) would follow these up" and "My appraisal took less than a minute, not what I was used to."

The provider acted on supporting the staff immediately after the inspection.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had their needs assessed prior to admission to ensure their needs could be met.
- Care plans were reviewed monthly but often said "no change" when we were aware there had been changes to people's needs.

The provider commenced an assessment of everyone's care plans immediately after the inspection.

Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- We saw that DoLS applications had been made appropriately.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- Due to the concerns identified during the inspection, we could not be assured that people received a high standard of care. We have taken this into account when rating this key question.
- We saw that staffing levels and the use of agency staff, meant that staff were not able to spend time with people to promote their wellbeing. One person said, "I don't think staff have enough time to just pop in and I can't hear what they are saying anyway." This person went on to say, "I don't move out of my room much, there is not point as I can't hear properly since I lost my hearing aids ages ago. I don't have the first idea how I would go about getting some more." We passed this comment onto the operations director to investigate. One staff member said, "There are never enough staff, so it is pressure all round, that and the new systems it has not been easy."

Supporting people to express their views and be involved in making decisions about their care

- People were involved in decisions around their care. Staff completed wellbeing assessments with people each month to ask how they were and if they were still happy with the care provided. However, for one person staff had recorded their answers incorrectly.
- 'Resident' meetings took place so people could be involved. One person said "We do have resident meetings and we suggest things that we might want to try. They [staff] do their best to accommodate us, but sometimes there just are not enough staff to get it all done." Another person said, "I go to the resident meetings and will speak up if I have something to say, I think they listen more now."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. One person said, "It usually takes them [staff] about ten minutes to answer the call bell during the day, but they always show me respect when they are helping with personal things." One staff member said, "We always knock before we go into people's rooms, I let people know who I am and why I am entering the room."
- We observed staff to be courteous and respectful, they used people's preferred names and appropriate body language/positioning. Where people had requested a male or female carer this was respected.
- People were encouraged to remain independent. One relative said, "They [Staff] are always encouraging [named person] to do things, they also respect the days they don't feel like it."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- Complaints were not responded to in line with the providers policy.
- Some people, relatives and staff told us complaints were not dealt with appropriately.
- We received some concerns about how complaints were responded to, we passed these onto the provider who acted on this immediately. Two serious complaints that we heard about on the day of the inspection were raised with the provider who offered meetings to the families following our inspection.

Complaints were not acted on effectively. This was a breach of regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Information about people's care needs had not always been updated. Although we saw evidence of regular care plan reviews, these did not always identify changes to people's support needs.
- Care plans were not person centred and lacked detail about the person and their life history.
- Staff we spoke with said they were not confident in using the new electronic system. Although permanent staff knew the people they were caring for well, there was a high level of agency staff. The increased use of agency staff meant it was more essential for accurate records to be in place.

Records were not accurate or up to date. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's social needs were not always met. Limited activities were taking place during the inspection and the activity coordinator providing reception cover.
- Feedback from people was mixed, comments included, "I am bored" and "I have enjoyed the activities they do organise, although I know there are plans to introduce more when they have time."
- A local church visited every two to three weeks.

We recommend the provider ensures enough activities are provided to meet everyone's needs and avoid social isolation.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to

follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Some communication tools and aids were in place to support communication but not all individuals had information provided in a way they could understand. For example, there were no picture menus available.
- Wellbeing care plans contained detail on how best to communicate with people. For example, staff to be at the same level as the person and be patient.

End of life care and support

- Staff had received training to support people as they neared the end of their lives.
- People's end of life choices were recorded in their care plan if they had chosen to share this information.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent.

The service was not always well led. The provider took immediate action and changes were made to the management team the day after the inspection.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong. Continuous learning and improving care

- Quality monitoring systems were not effective. Audits had not consistently identified areas of practice which were unsafe and required improvement.
- Records were not completed accurately or updated to reflect people's current needs.
- The registered manager did not respond appropriately when concerns were raised or respect equality and diversity amongst staff. .
- Following the inspection, the provider took action straight away to address the issues raised.
- The provider was meeting the conditions of their registration. They understood the requirements to submit certain information to us and did so in a timely manner.

This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff provided a culture that was person centred, however the registered manager and records did not reflect this.
- Staff did feel more positive that a supportive culture was in the process of being implemented. The provider was very open to feedback and put an action plan in to address all concerns straight away.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Weekly focus meetings were held with people and their relatives to gain feedback. The area manager and operations director were reviewing these to make sure more people were involved, and it was not the same people each week.
- The home worked in partnership with key organisations to support care provision, for example local healthcare professionals.

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 12 HSCA RA Regulations 2014 Safe care and treatment Systems and records had not been used effectively to identify risks to people or enable staff to reduce risks. Medicines were not managed safely. REG 12 (2) (a) (b) (d) (g)
Accommodation for persons who require nursing or personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints Complaints were not always recorded or fully investigate with an outcome, in a timely manner. The provider was not ensuring complainants were responded to appropriately. REG 16 (1)
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Governance systems had not been effective in assessing quality or identifying and driving improvements. Records were not always updated to or robust. REG 17 (1)