

Priory Rehabilitation Services Limited

Priory Egerton Road

Inspection report

18 Egerton Road
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East Sussex
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Priory Egerton Road is registered to provide accommodation for up to 11 adults living with an acquired brain injury and provides a rehabilitation service to those living there. Priory Egerton Road promotes independent living and aim to rehabilitate people into the community.

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

People received safe care and support by staff trained to recognise signs of abuse or risk and understood what to do to safely support people. People had care plans and risk assessments which meant people's safety and well-being was promoted and protected. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Medicines were given safely to people by appropriately trained staff, who had been assessed as competent. The home was clean, well-maintained, and comfortable. There were enough staff to meet people's needs. Safe recruitment practices had been followed before staff started working at the service. Accidents and incidents were recorded, and lessons learnt from complaints and incidents were discussed at team meetings.

A range of quality audits were conducted regularly to ensure service quality was maintained and improvements made where needed. The home had an effective management structure which provided good leadership for staff and communicated effectively with people, relatives, and professionals. Families, visitors, and staff were positive about the management and care team, saying they were approachable and welcoming. Staff were positive about their roles and felt valued for the work they did.

The views of people who lived at the home, their relatives and staff were encouraged and acted upon by the management team. People and their relatives felt able to raise any concerns they had and were confident these would receive an appropriate response. People also had several forums where they could express their views, such as one to one meeting with their key worker, resident meetings, surveys and at their local Headway support group.

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

Rating at last inspection.

The last rating for this service was Good (published 23 June 2018)

Why we inspected

This inspection was prompted by a review of the information we held about this service and the age of the last rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Priory Egerton Road on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Priory Egerton Road

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was undertaken by an inspector.

Service and service type

Priory Egerton Road is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Priory Egerton Road is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider completed a Provider Information Return (PIR) on the 2 December 2022. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We reviewed documentation, inspected the safety of the premises, and carried out observations in communal areas. We spoke and met with 6 people who used the service about their experiences of the care and support they received. We spoke with 5 members of staff including the regional manager, registered manager, deputy manager, and care staff.

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. This was undertaken in the morning of the inspection.

We looked at a range of records. This included the care and medicine records for 11 people and 4 staff files in relation to recruitment. Policies and procedures, environmental safety and information relating to the governance of the service were also reviewed. We also spoke with 1 relative over the telephone and 3 healthcare professionals.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and avoidable harm. People we spoke with, told us that they felt safe with all the staff who supported them. A person said, "Really good place, I'm getting on well. They [staff] are all very kind and helpful."
- Staff were aware of the signs of abuse and how to report safeguarding concerns. They were confident the management team would address any concerns and make the required referrals to the local safeguarding authority. The registered manager was aware of their responsibilities for reporting concerns to the CQC.
- Information was available for people and for staff regarding adult safeguarding and how to raise concerns. Information was provided in an appropriate format to enable people to understand what keeping safe means and how to raise concerns. A person said, "I would go to a staff member if I felt I was not safe."

Assessing risk, safety monitoring and management

- Risks to people's health, safety and welfare were safely managed and staff provided with guidance to promote independence and mitigate the risk of harm. People told us they felt safe living Priors Egerton Road and that staff provided their care safely. A person said, "Very safe here, I get help if I need it, they help me with cooking, shopping and I feel like im getting my independence back." Another person told us, "We do classes about food, what is good and what is bad, it helps us to eat better."
- There was a positive approach to risk taking. People were enabled and supported by staff to take everyday risks to allow them to be as independent as possible within a risk assessment framework. Risks were reviewed and updated as changes happened. This included cooking and laundry.
- There were people who lived with emotions that may distress. This had been reflected in people's individual risk assessments with a personalised strategy to manage a situation if it occurs. All staff had received the training appropriate to support people.
- Risks associated with the safety of the environment and equipment were identified and managed appropriately. This meant the provider could be confident that risks were mitigated. Regular fire alarm checks had been recorded, and staff knew what action to take in the event of a fire. People's ability to evacuate the building in the event of a fire had been considered and each person had a personal emergency evacuation plan (PEEP).
- There was a business continuity plan which instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Staff we spoke with told us they understood consent, the principles of decision-making, mental capacity, and deprivation of people's liberty. A staff member told us, "It can be difficult because most of our residents have capacity, but it can change quite quickly depending on their mental health."
- The registered manager had recently applied for a DoLS specifically for a tracker to monitor people if they become lost whilst out as they suffered from memory loss. This was an important decision as people's independence was an important part of the support plan. Staff didn't want to restrict the person going out but wanted to ensure their safety.

Staffing and recruitment

- There were enough staff to support people safely. Staffing levels were assessed based on people's care needs. These levels were reviewed daily. Following a recent hospital admission, the staff were providing 1-1 support for a person who was experiencing health difficulties and the staffing levels had been increased to support this change.
- People told us staff were available when they needed them. They said they did not have to wait when they needed care or support, which was confirmed by our observations. A person told us, "Staff are here when I need support." Another person said of staff, "Staff are part of my family, always there."
- Staff were recruited safely which had ensured that only suitable staff were employed to work at the service. Pre-employment checks included those undertaken with the applicant's previous employer in care and the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

Using medicines safely

- Medicines were stored, administered, and disposed of safely. Medicines were ordered in a timely way. The clinical fridges and the clinical room temperatures were checked daily to ensure they kept medicines at the correct/safe temperature.
- Medicines best practice was being followed, including to support people experiencing distress and 'as and when required medicines' to guide staff in when people may need these medicines.
- Staff completed training and had their competency assessed to make sure they understood how to administer medicines safely.
- Regular medicines audits were used to identify and address any shortfalls in practice. The staff worked closely with the Medicines Optimisation for Care Homes (MOCH) – East Sussex, who reviewed peoples medicines regularly.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.

- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

The service was supporting unrestricted visits from families and friends. Protocols were in place should there be any disruption due to Covid-19 outbreaks.

Learning lessons when things go wrong

- The provider had a process in place for reviewing and analysing accidents and incidents. There were systems for monitoring and investigating incidents and accidents. Incidents and accidents were monitored to identify any trends. Staff understood the importance of reporting and recording accidents and incidents.
- The registered manager shared this analysis and lessons learnt with staff during supervisions and team meetings to minimise the risk of a re-occurrence.

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 our last inspection we rated this key question Good. At this inspection the rating for this key question has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks, and regulatory requirements: Promoting a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people

- There were organisational quality assurance processes being used effectively to monitor and consistently improve the service. The registered manager was committed to improvement and was open and transparent regarding the improvements needed. For example, it had been identified that the current computerised care planning system was not totally suited to their service and a new system was due to be introduced soon.
- The registered manager and the staff team worked hard to create a positive and person-centred culture in the home. This was confirmed by our observations and from talking to people. People were happy and motivated. People had their needs met and they were empowered to make choices about how they wanted their care and support provided. To promote independence the staff, hold lifestyle meetings to promote healthy lifestyle such as, healthy eating and dental care. These had enabled people to be involved with their care and promote their independence.
- We saw positive and caring interactions took place between staff and people. This was based on trust and humour. A person said, "I trust them, they care and talk to me about my choices and how I can get to my goal of living alone, they are very supportive."
- At Priory Egerton Road, there is a multi-agency team that worked together to support people in achieving their lifestyle choices and independence. These included a consultant neuropsychologist, assistant psychologist, and occupational therapist.

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

- The manager had a good understanding of the regulatory responsibilities of their role and of the duty of candour. There were policies in place to support staff to respond appropriately should anything go wrong.
- The provider had notified us of events that had occurred within the home so that we could have an awareness and oversight of these to ensure that appropriate actions had been taken. We have also received updates of situations that have kept us informed of outcomes for people.
- Staff spoke positively about the registered manager and described them as being "Very good, knowledgeable and approachable." They said that they would speak to them about any concerns they had and were confident that the action taken would be appropriate.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics

- People, their relatives, staff, and professionals were given opportunities to provide feedback about the home through informal conversations, survey monkeys, meetings, and the complaints procedures.
- The registered manager analysed the results of feedback from people, to improve the service. For example, the introduction of lifestyle workshops
- Staff told us they felt supported by management. Two staff members told us of the support they had received when joining the organisation and through their induction.

Continuous learning and improving care: Working in partnership with others

- The registered manager understood the importance of continuous learning to drive improvements to the care people received. For example, all staff had undertaken epilepsy and managing distressed behaviours. This had been beneficial for staff as it had ensured that staff were confident in meeting people's changing needs.
- Staff and the registered manager understood the importance of partnership working and worked well with other professionals to meet people's needs.
- Staff worked closely with GPs, district nurses, speech and language therapists, community rehab teams and occupational therapists to ensure people received the specialist support they needed. A health professional said, "Always polite, and knowledgeable about their residents, they will phone for advice when it is needed."