

The Community of St Antony & St Elias

The Community of St Antony & St Elias - 5 Priory Drive

Inspection report

5 Priory Drive
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

5 Priory Drive is a small care home that provides accommodation, personal care and support to a maximum of three people of working age who are experiencing severe and enduring mental health conditions. At the time of our inspection, three people were living at the service.

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

People continued to receive individualised care and support from staff who knew them well. People told us they were happy, they felt safe, cared for and supported. Staff respected people's privacy, protected their dignity and promoted their independence.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with senior managers at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people. The service used positive behaviour support principles to support people in the least restrictive way. No restrictive intervention practices were used.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. However, records relating to decisions made in one person's best interests were not clear. We have made a recommendation about how the service records best interests decisions.

People's healthcare needs were monitored, and people had access to healthcare professionals according to their individual needs.

Risks to people were well known and there were robust assessments to address concerns. People received personalised support centred around their support needs, preferences and choices. This was regularly reviewed with people, their relatives and professionals.

People's medicines were managed, stored and administered safely and appropriately by staff who had been trained and assessed as competent to do so.

Staff were recruited safely and there were sufficient numbers of staff deployed to meet people's needs. Staff told us they felt supported and we saw evidence staff had received an induction, training and ongoing supervision.

There was an open and transparent culture within the service. There were effective quality assurance systems in place to assess, monitor and improve the quality and safety of the service provided.

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 'Requires Improvement' (published on 7 September 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme.

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

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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

Service and service type

5 Priory Drive 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 reviewed the previous inspection report, the providers action plan and other information we had received about the service. We used all of this information to plan our inspection. The provider was not

asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with two members of staff and two senior managers. The registered manager was not available at the time of the inspection. To help us assess and understand how people's care needs were being met we reviewed two people's care records. We also reviewed records relating to the running of the service. These included staff recruitment and training records, medicine records and records associated with the provider's quality assurance systems.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection we found the provider was failing to ensure they were doing all that is reasonably practicable to manage and mitigate risks. This was a breach of regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014. At this inspection we found improvement had been made and the provider was no longer in breach of regulation 12.

- People were protected from the risk of harm.
- People who experienced behaviour that could challenge, had detailed positive behavioural support plans and risk assessments to ensure they were supported in line with best practice.
- Risks such as those associated with people's complex mental health and/or medical needs had been assessed and were being managed safely. Each person had in place a comprehensive risk management plan which was linked to their support plan. Risk management plans described what needed to happen to keep people safe and were regularly reviewed and updated as people's needs changed. Staff had a good understanding of people's individual risks, potential triggers and/or signs that might show the person was becoming unwell.
- Specialist advice from healthcare professionals was sought where necessary and acted upon.
- Regular checks were undertaken in relation to the maintenance and safety of equipment.
- Environmental risk assessments had been carried out and were being regularly reviewed. For example, windows were fitted with restrictors where this was assessed as being appropriate.
- Fire safety systems were serviced and audited regularly, and staff received training in fire awareness. People had individual evacuation plans for emergency situations. These detailed the level of support required to keep people safe.

Systems and processes to safeguard people from the risk of abuse

- People continued to be protected from the risk of abuse.
- Policies in relation to safeguarding and whistleblowing were in place.
- Staff had received training to enhance their understanding of how to protect people from any form of discrimination and were aware of when and how to report concerns and were confident they would be dealt with.

Staffing and recruitment

- People continued to be protected by safe recruitment processes.
- Systems were in place to ensure staff were suitable to be supporting people who might potentially be vulnerable by their circumstances.

Using medicines safely

- People continued to receive their medicines safely.
- Medicines were managed safely and stored securely at the correct temperatures.
- There were systems in place to audit medication practices and clear records were kept showing when medicines had been administered or refused. We checked a sample and found them to be correct.
- Where people were prescribed medicines that they only needed to take occasionally, guidance was in place for staff to follow.
- Where people were required to have additional health checks because of medicines, we found these were happening. For example, regular blood tests.
- Staff had received training in the safe administration of medicines and were having their competency regularly assessed.

Preventing and controlling infection

- People continued to be protected against the risk of infection.
- The provider had good systems in place to prevent and control the risk of infection. Staff were aware of infection control procedures, had access to protective clothing such as aprons and gloves to reduce the risk of the spread of infection. Since the last inspection the provider had relocated and upgraded the laundry.

Learning lessons when things go wrong

- Evidence was available to show that when something had gone wrong the registered manager responded appropriately and used any incidents as a learning opportunity.
- All accident and incident reports were reviewed by the provider to determine if there were any lessons to be learnt and shared with staff across their services to prevent re-occurrences.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At the last inspection we found improvements were needed to show the home was working within the principles of the Mental Capacity Act 2005 (MCA). This was a breach of regulation 11 of the Health and Social Care Act (Regulated Activities) Regulations 2014. At this inspection we found improvement had been made and the provider was no longer in breach of regulation 11.

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.

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 found people were supported and encouraged to make decisions for themselves, however records relating to decisions made in one person's best interests were not clear. This meant we were unable to tell if decisions had been made in consultation with the right people, such as relatives. We discussed what we found with both senior managers who assured us that the right people were fully involved in this process.

We recommend the registered manager reviews all documentation and guidance relating to how staff record best interests decisions.

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).

- Where restrictions had been placed on one person's liberty to keep them safe. The registered manager had worked with the local authority to seek lawful authorisation for this. This ensured that any conditions of the authorisation were being met

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

Healthcare support:

- People's needs were assessed prior to admission. Where required, healthcare professionals were involved in assessing people's needs and provided staff with guidance in line with best practices, which led to good outcomes for people.
- People were supported to access a range of healthcare professionals to enable them to live healthier lives. This included access to GP's, district nurses, physiotherapists and dietitians. The provider employed an independent consultant psychiatrist who was available to see people on a weekly basis, liaised directly with people's GP's, and was available to provide support and guidance to people and staff when needed.
- Staff understood people's healthcare needs and acted appropriately when they recognised changes in people's health. Regular care reviews ensured changes to people's needs were identified quickly and support plans amended to reflect these changes.

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

- People continued to be supported to maintain a balanced healthy diet.
- People were encouraged to be as independent as possible with the planning, shopping and cooking their own meals. One person told us that they didn't like cooking much but had enjoyed picking apples from the tree in the garden and making apple pies with staff.
- People were able to access the kitchen with staff support and could help themselves to snacks and drinks.
- Care records contained clear information about people's preferences and staff were skilled at supporting and encouraging people to follow a healthy balanced diet.

Staff support: induction, training, skills and experience

- Staff told us they felt supported by the home's management team. One staff member said, "I have always felt very supported. When I started there was lots of training and I was given time to read people's care plans and risk assessments." Another said, "If you need anything, all you have to do is ask, all the managers are very supportive."
- The home's training matrix showed staff had received training in a variety of subjects. For example, safeguarding adults, physical intervention, medication administration, first aid, health and safety and infection control. The training matrix clearly showed what training had been delivered and when this needed to be refreshed.
- Staff undertook a 'taster-day' prior to being offered a position at the home and those staff new to care were supported to undertake the Care Certificate. This is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high-quality care and support.

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

- The design and layout of 5 Priory Drive was suitable and appropriate to meet the needs of the people living there. The property was spread over two floors and had recently been extensively remodelled to create an additional bedroom, bathroom and redesigned lounge/dining room, where people could relax with family or friends. All of which was decorated to a high standard.
- People told us they were pleased with the work undertaken by the provider, especially the addition of a new bath. One person said, "Everything is perfect, apart from a smoking shelter." This is in hand now that the other building work is finished.
- People's bedrooms were personalised and reflected their individual interests.
- Technology and equipment were used effectively to meet people's care and support needs. For example, the provider had installed a key fob entry system to the rear door, which gave people greater freedom to come and go as they pleased, whilst providing increased security.

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 remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People who wished to share their views with us said they were happy living at Number 5. Comments included: "This is the best place. I'm happy", and "I'm so happy here, the best place I've been."
- Staff supported people with sensitivity and compassion. Throughout the inspection we saw staff responding to people through touch, and with affection. For instance, we saw staff actively looked for behaviours or cues which would give an opportunity to positively interact with people.
- Support plans contained information about people's past, cultural and religious beliefs as well as their future aspirations.
- The home respected people's diversity and was open to people of all faiths and belief systems. There was no indication that people protected under the characteristics of the Equality Act would be discriminated against. The Equality Act is legislation that protects people from discrimination, for example on the grounds of disability, sexual orientation, race or gender.

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

- People had control over their lives and were actively involved in making decisions about how they wanted to be cared for. People were fully involved in all decisions and were encouraged to share their views through regular reviews and meetings. One person described the good relationships they had with staff. They said, "I can talk to them about anything and I trust them."
- People and those acting on their behalf were provided with a range of opportunities to express their views about the care and support through regular reviews, meetings and surveys.
- People were included in the recruitment of new staff and people's views were listen to and respected.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected. People had a key to their own room, which they were able to keep locked when they were not present if they wished.
- Support plans contained clear information about what each person could do for themselves. Staff described how they encouraged one person to be as independent as possible whilst maintaining their dignity whilst out.
- People were supported to maintain and develop relationships with those close to them and staff recognised the importance of family and personal relationships.
- People's personal records were kept secured and confidential. Staff understood the need to respect people's privacy including information held about them in accordance with their human rights. Staff described how they checked with people before sharing information with loved ones.

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 remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People continued to receive individualised care and support from staff who knew them well. We looked at the care and support records for two of the people living at the home. Support plans were informative and described the person's skills as well as the support needed from staff and/or other services. This enabled staff to support people in the way they wished to live full and active lives.
- Staff were skilled in delivering care and support. There was an understanding that staff were there to enable and support people's learning to manage their own personal wellbeing and develop life skills. One person said, "I get the best support here."
- Risk management plans guided staff on how to support people in managing their mental health in a way which caused the least amount of distress. They contained information on the signs and triggers that might indicate the person was becoming unwell and guided staff as to the action they should take.
- People continued to be supported to lead full and active lifestyles, follow their interests, and take part in social activities. Support plans included a list of their known interests and staff supported people daily to take part in things they liked to do, and people were freely able to come and go as they wished.

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.

- Senior managers and staff were aware of the Accessible Information Standard and told us that people's communication needs were assessed upon admission to the service and regularly reviewed.
- The provider had developed a number of easy read guides and was able to provide information in different formats depending on people's needs. This helped to ensure that people had access to the information they needed in a format they could understand.

End of life care and support:

- All the people living at Number 5 Priory Drive were young adults and did not have life limiting conditions. As such end of life care planning had not been formally discussed with them. However, each person's support plan held detailed information about the person's care and support needs. This helped to ensure people's wishes and needs would be respected in an emergency.

Improving care quality in response to complaints or concerns:

- People were aware of how to make a complaint and felt comfortable raising concerns if something was not right.
- The provider's complaints procedure was freely available, and the home maintained a record of any complaints received. We reviewed the homes complaints file and saw where complaints had been received. These had been thoroughly investigated in line with the home's own policy and appropriate action had been taken. This showed people's complaints were taken seriously and the home acted upon these to resolve issues.

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 requires improvement. At this inspection this key question has now improved to 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

At the last inspection we found improvements were needed as quality assurance systems had not been effective in addressing the quality and risk issues found by CQC at that inspection. This was a breach of regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014. At this inspection we found improvement had been made and the provider was no longer in breach of regulation 17.

- Quality assurance and governance systems were in place to assess, monitor, and improve the quality and safety of the services provided and drive improvement through regular audits and spot checks. This framework helped to monitor the management and leadership of the service, as well as the ongoing quality and safety of the care people were receiving.
- Staff told us they were happy in their work, understood what was expected of them and were motivated to provide and maintain a high standard of care. Staff talked about personalised care and promoting independence and had a clear aim about improving people's lives and increasing opportunities for people at a pace they found comfortable.
- The registered manager kept up to date with best practice by attending local forums with other care professionals. These forums allowed for information sharing, professional updates and discussion around how to implement best practice guidance. Learning from these meetings was shared with the staff team.
- The registered manager was aware of their responsibilities to provide CQC with important information.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Working in partnership with others: Continuous learning and improving care

- People were happy with the way the service was run and with the support they received.
- Senior managers were open, transparent and committed to the service and the staff but mostly to the people who lived there. They described how recruitment was an essential part of maintaining the culture of the service and told us about how people were involved in the recruitment of new staff. This ensured people had a say about who worked in the service.
- The provider annually sought people's views by asking people, relatives, and external professionals to rate various aspects of the home, for example, management, staffing, environment, food and activities. We looked at some of the information from the latest survey undertaken and found the responses of the people surveyed were positive.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Managers and staff demonstrated a shared passion for promoting people's wellbeing, safety, and security. We saw people had choice and control and were involved in decisions made about their care.
- The registered manager was aware of their responsibilities under the duty of candour, that is, their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm.
- Learning took place from accidents and incidents as well as other CQC inspections that had taken place across the group of homes. Concerns and complaints were listened to and acted upon to help improve the services provided.
- The provider and staff had good working relationships with partner agencies. This included working with commissioners, safeguarding teams and other health and social care professionals. This helped to ensure people received the right support at the right time.