MACC Care Limited

Priestley Rose Nursing Home

Inspection report

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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**

Overall summary

This inspection took place on 1 and 3 December 2015 and was unannounced. The inspection was undertaken by three inspectors.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission 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.

Priestley Rose Nursing Home provides a service for up to 47 people. People living at this home may have a range of different nursing care needs. A registered nurse is available at all times. There were 41 people living there at the time of our inspection.

People's rights to give consent to their care and treatment were not fully protected.

Procedures were in place to reduce the risk of harm to people. Whilst staff were trained and knew how to report

Summary of findings

issues regarding people's safety, the significance of some incidents was not always recognised by senior staff. Therefore the correct reporting procedures were not always followed.

The majority of staff were caring and sensitive towards people, but there were occasions where staff did not interact with people whilst they were supporting them. People were not aware of how their care was planned and did not feel they were involved in this aspect of their care.

Systems were in place to monitor the quality of the service, and various quality audits were completed. However, shortfalls in practice were not always identified and so were not fully addressed.

People received their medicines as prescribed and safe systems were in place to manage people's medicines. Procedures were in place for foreseeable emergencies and staff knew the procedures. The environment and equipment used for people's care were safely maintained. People's privacy and dignity was respected.

Sufficient staff were employed and suitably recruited to provide care and support to people and ensure their needs were met. People received a service from staff that were trained, supervised and supported to ensure they were able to perform their role.

People enjoyed their food and had a choice of food and drink to ensure they received a healthy diet. People's health care needs were met and people said they saw the doctor and other health care professionals as needed.

People were able to participate in social activities if they wished. People were confident their concerns would be listened to and acted upon. Systems were in place to listen to, investigate and respond to people's concerns and complaints.

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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 consistently safe.

People told us they felt safe. Procedures were in place to manage risks and incidents were investigated. The significance of some incidents were not always recognised, so were not always acted upon appropriately.

There were sufficient numbers of suitably recruited staff to provide care and support to people.

People received their medication safely and as prescribed.

Requires improvement

Is the service effective?
The service was not consistently effective.

People were not fully supported to give consent to their care to ensure their rights were fully protected.

Staff were trained and supported to perform their role.

People had a choice of food to ensure a healthy diet and had access to health care professionals.

Requires improvement

Is the service caring?
The service was not consistently caring.

Most staff showed a caring and sensitive attitude towards people. There were times when staff supported people without speaking to them.

People's privacy and dignity was not consistently maintained.

Requires improvement

Is the service responsive?
The service was not consistently responsive.

People felt they had limited involvement in how their care was planned.

People's concerns and complaints were listened to and investigated.

People could take part in social activities, if they wished and their visitors were welcomed.

Requires improvement

Is the service well-led?
The service was not consistently well led.

People were happy with the service they received and felt managers were approachable.

Systems were in place to monitor the quality of the service and consult with people. However, shortfalls in practice were not always identified and this affected the quality of the service people received.

Requires improvement

Priestley Rose Nursing 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 is 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 inspection took place on 1 and 3 December 2015 and was unannounced. The inspection was undertaken by three inspectors.

Whilst planning our inspection we looked at the information we held about the service. This included, the previous inspection report, notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We asked the provider to complete a Provider Information Return (PIR) and reviewed the information. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local authority who purchased the care on behalf of people and reviewed reports that they sent us on a regular basis.

During our inspection we spoke with 10 people that lived at the home, three relatives, a health care professional, three social care professionals, the nominated individual, the registered manager, two nurses, six care staff and the cook. We also observed hand over procedures for staff that were changing shifts and looked at the care records of five people to check aspect of their care. We looked at the medicine management processes, and two staff recruitment records and records maintained by the home about the quality and safety of the service.

We observed how staff supported people throughout the inspection to help us understand their experience of living at the home. 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.

Requires improvement

Is the service safe?

Our findings

We saw that one person had a large bruised area on their abdomen. We asked a senior member of staff if they knew how this had happened. A senior staff member told us that the person had been discharged from hospital the previous evening, with the bruising. They said they had completed a body map, but had taken no further action to ascertain how the bruising had happened. We later spoke with the registered manager about this; she told us that she was just about to notify the local safeguarding team. Records looked at showed that on two other occasions alleged incidents of unexplained bruising and injuries had been dealt with using the complaints procedure. Whilst these two other incidents had been investigated, the registered manager and other senior staff were not aware that unexplained injury was an indicator of possible abuse, and as such had not reported these incidents in line with the local safeguarding procedures. The registered manager said that the investigations had included people's family members, who were satisfied with the outcome of the investigation.

People that lived at the home told us they felt safe living there, people's relatives spoken with had no concerns about the safety of their relation. People told us they would speak to the manager if they were concerned about their safety. No one told us they had raised any concerns about their safety. A relative told us, "Yes I think she is safe here."

Care staff were clear about how to report any incidents relating to people's safety and all said they had received training in this area. A staff member told us, ""People are our top priority to care for and safeguard people." The provider had procedures in place so that staff had the information they needed to be able to respond and report concerns about people's safety. This information was on display around the home in an easy read format for staff and visitors to see. Where the provider had recognised incidents that needed reporting to us, information we have showed that the appropriate actions had been taken to keep people safe.

We saw that people were not fully involved in agreeing risks to their care. For example one person was at risk of falling and used bedrails and we saw that they were not involved in agreeing the level of risks and the need for using this piece of equipment. Staff said risks assessments were undertaken to ensure they were aware of any risks to people's care. Staff told us and records showed that risk assessments were reviewed, and new risks were discussed during shift hand overs, so that staff had updated information about how to care for people safely. A relative told us they were pleased that their relative was cared for safely, they said; although the person was cared for in bed he has never had bedsores.

Staff knew the procedures for handling emergencies, such as fire and medical emergencies. A member of staff told us that they all received fire safety training and that fire drills took place on a regular basis. We saw and staff told us that equipment, used for people's care were serviced regularly and the environment was maintained to ensure people's safety.

People said they felt there were enough staff and we saw that people were not waiting for long period of time to receive support from staff. One person told us, "You have to wait sometimes." However, this person confirmed that this did not happen very often. Another person told us, "If I need help I press this [pointing to the buzzer], they come to me quite quick." Social care professionals spoken with told us that their impression, when they visited the home, was that there was always plenty of staff.

Most staff said they felt there were enough staff to meet people's needs. Staff said that when other staff were sick or on leave they were always replaced. Two nurses told us that the provider had their own bank of staff, so they did not have to rely on agency staff to cover. One member of staff said that during the afternoon the numbers of care staff were reduced on the ground floor. We spoke with the registered manager, who said that this was due to the current number and needs of people and that resources were flexible and allowed for increase in staffing numbers as needed. Our observation was that there were enough staff to meet people's needs.

People said they received their medicines as prescribed. We looked at the medication administration records of eight people; we saw that all medicines were recorded as given. The timing of when medicines were given was not recorded and we discussed the benefit of this practice with staff present at the inspection. We observed medication being given and we saw that staff ensured people took their medicines. Procedures were in place to ensure people's medicines were, received, stored and administered safely.

Requires improvement

Is the service safe?

We reviewed the medication processes and we found that only trained nurses were able to administer people's medicines and both nurses spoken with said they received training to ensure they remained competent to administer medicines.

Requires improvement

Is the service effective?

Our findings

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 found that some decisions were made on behalf of people without the appropriate process being followed. Three people spoken with were able to have a discussion with us, which indicated they had the capacity to make informed decisions about their care. We saw that bedrails were used to support these people while they were in bed. One person told us, "They just put them there." Another person told us that they did not want to use the bedrails, and told us, "I hate it. I don't like being closed in." We looked at this person's records, we saw a mental capacity assessment had been completed recently, stated that the person had capacity to make decisions and choices. We saw that consent for the use of the bed rails and bed rails risk assessment, dated were signed by the person's daughter and a nurse. Monthly reviews of these assessments stated there was no change to the person's needs. We spoke with the registered manager, who said that the person was at risk of falls and, that their capacity to make decisions fluctuated and the family had requested the use of bedrails for their safety. However, we saw no evidence that any other options to the use of bedrails had been considered for this person. Other records looked at also showed that family members were asked to sign consent to people's care irrespective of whether or not people had the capacity to make informed decisions. This practice was contrary to the principle of the Mental Capacity Act. This was in breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations.

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. The registered manager told us that applications for DoLS had been made to the local authority for a number of people, but authorisations had not yet been granted. Staff said they had received training on DoLS, and were clear that they would report any concerns to the registered manager if they felt people's liberty was at risk.

People said they thought staff had the skills to meet their needs, and we saw that people's needs were being met. Staff told us that core training and other training was available, and we saw that the provider had a planned approach to staff training. All staff were aware that training was available and we saw that a high number of staff had completed their national vocational qualification at level two and were working towards achieving level three. All staff said they received the necessary supervision, support and appraisal to help them to do their job.

People told us they had enough to eat and drink and had a choice in what they ate and drank. One person told us, "You'll never be hungry here." Another person said, "Food is nice, we get two choices." We saw that people received ample portions of food and were supported and encouraged to eat their meal. We saw that adaptive cutlery and plate guards were provided to support people to eat independently. Drinks and snacks were available throughout the day and we saw that staff were recording what people ate and drink particularly where there were concerns about people's fluid and diet intake. Information was also on display around the home, to remind staff on the importance of ensuring people received sufficient fluids to keep them well.

We spoke with the cook, who confirmed that they had plenty of resources to ensure that there were ample stocks of fresh foods and vegetable to meet the needs of people. Fresh fruit and vegetables were delivered daily and we saw that this was available for people. The cook told us that specific dietary needs were catered for to meet people's needs and that people were free to change their minds about what they wanted to eat on a daily basis. We observed that where people were not eating their meal, staff would ask them if they wanted something else. Staff told us and records looked at showed that staff were given information on how to monitor and support people who had specific dietary needs, such as diabetic diets and people who could not receive food and fluid orally.

Requires improvement

Is the service effective?

People felt their health care needs were met. People told us they saw the doctor when they were unwell. A health care professional spoken with told us they had no concerns about people's health. They said they could trust staff to call for medical attention when appropriate. Records looked at showed that people had access to GP, optician, chiropodist, dentist and dietician. People were supported to attend hospital appointments and to have regular checks where required.

Requires improvement

Is the service caring?

Our findings

Most people told us the staff were kind and caring towards them. One person said, "I am very happy here. They are lovely, staff are marvellous." Another person told us they had been in a previous home, they commented, "It's better here but I would rather be at home." We saw a number of thank you cards from relatives on display. One card read, "All the help and kindness … has made such a difference to our lives." However, some people had different experiences and felt that not all staff were as caring as they should be. One person said, "Some are kind others can be a bit abrupt…They won't help me to make a call… they will say they are busy, they say, I'll be back in five minutes, and they never do." Another person said, "It's alright here, can't expect too much can you? I am looked after, fed and watered." One relative said that staff were mostly kind, but mentioned an incident when they described one staff member on night being tired and told the person they were "a horrible lady for disturbing others.

We observed that the majority of staff interacted well with people. However, we saw occasions where staff undertook their role in an uncaring way. For example without speaking to the person they were supporting. On both days of the inspection we observed staff supporting people with their lunch. Whilst some staff would talk to the person they were supporting and explained what they were doing. We saw other staff that did not explain to people what they were doing and helped people in complete silence. We saw one person appeared a bit startled by a member of staff just wiping their mouth without warning. Staff were observed at one point to be talking to each other socially across people whilst assisting them. We saw one member of staff stood in front of a person pointed and said to another staff, "Have you done her."

Staff spoken with said they knew how to respect people's dignity and privacy and we did observe this happening in most cases. For example we saw two staff members helping to reposition someone in bed, we saw that they explained to the person what they were about to do, and closed the doors and curtains before they helped the person. One person told us that staff always respected their dignity whilst providing personal care, and said they were encouraged to be as independent as possible.

People told us they had a choice and made decisions about their daily routine. Staff said they provided care taking into account people's preferences, For example people were asked what time they wanted to go to bed and to get up. One person we saw that was having a wash very late in the day, they told us it was their choice to be washed and dressed later. Another person told us, "You please yourself what time you go to bed."

Requires improvement

Is the service responsive?

Our findings

People we spoke with were not aware that a plan of care was available, which showed how they were to be cared for and records looked at showed that care plans were often signed by family members. We saw that although each person had a summary plan of care in their room, they were not aware that it was there. One person said, "Care plan, I don't know about care plans, they may have some. I'm not asked about what I want or think about it… it's up to them I suppose." The provider information return, did not fully tell us how the provider ensured they responded to people's needs.

People were able to participate in activities, as the home employs an activity coordinator. Some people took up the opportunity to be involved in the activities that took place in the lounge area, other people preferred to stay in their rooms. People said they enjoyed the activities that took place. One person told us they didn't want to go to the lounge for activities, they said, "I don't want to go to the lounge; I can't walk. It's too much fuss in the chair." Someone else said, "I don't bother going in to the lounge, I'm more comfortable in bed". "I used to knit, but I can't get my head around it at the moment." A member of staff also confirmed what the person was interested in, so there was a process in place for staff to obtain information about people's individual interests and hobbies, to help in supporting them, should people want to pursue these. We saw a member of staff offering to paint a person's nails and asked what colour the person would like. We saw that the person enjoyed this.

We saw that people were supported to maintain their spiritual needs, a church service took place during the inspection and we were told this happened regularly. Someone else had a visit from the priest, so that they could have Holy Communion.

People told us there were no restrictions on their friends and relatives visiting them. Relatives said they were free to visit the home. We saw that visitors were free to visit the home and there was a notice on display extending an invitation to visitors to attend the Christmas party. One person told us, "I have visitors every day."

We saw that the complaints procedure was displayed in a simple format outside the manager's office along the corridor for people to see. One person living at the home felt there was no point in them making a complaint. However, they did not say whether or not they had complained previously, so we could not make a judgment about why they made this statement. One relative told us, "Ready to report to office if I was unhappy and I would be confident that appropriate action would be taken."

We looked at a sample of records of complaints that had been received, and we saw that they were investigated and responded to. We saw that where the complaints were more complex, the provider would meet with the person making the complaint to discuss the findings.

Requires improvement

Is the service well-led?

Our findings

We saw that there were systems in place to monitor the quality of the service, and various quality audits were completed. These included audits of medicine management, care records, health and safety, accident and incidents, infection control. We saw that the nominated person also visited the service regularly and completed a monitoring report on the quality of the service. However, we found shortfalls in practice throughout the inspection, which showed that some practice issues were not being identified by these quality audits. These included, senior staff and management not knowing that unexplained bruising could potentially be a sign of abuse, which could impact on the safety of people. We saw that staff interactions with people needed to be monitored, so that they had clear understanding of how to communicate with people and support them in a caring way. We saw that obtaining appropriate consent for care and treatment was not monitored to ensure practice was in line with regulations.

The provider information return was returned to us within the timescale we requested. However, this did not give us all the relevant information requested, indicating the provider had not made a full assessment of the service.

The provider kept us informed of some events that affected the safety of people. The significance of some incidents were not always recognised, so we were not informed of them.

We saw there were procedures in place to seek the views of people that used the service. This included, relatives and resident meetings, analysis of questionnaires sent to people living at the home, relatives, staff and care professionals. The registered manager told us about actions the provider had taken following feedback from relatives. They told us that the care parking facilities were very limited, and people were concerned about this. We saw that this had been action and the car park had been suitably extended. People had also made comments about the décor of the lounge areas and we saw that this had been re-decorated.

There was a registered manager in post and all conditions of registration were met.

Most people living in the home, relatives and health and social care professionals spoken with said the service provided was good quality. One person said, “It’s pleasant. “They look after me.” A care professional told us that this was one of the good homes. We saw that the home received a number of compliment cards which showed that people were on the whole satisfied with the standard of care they received.

We saw that the registered manager had a visible presence in the home. All the staff told us that the manager was very approachable and that they could speak with her at any time. A member of staff told us, “Any problems we can go to the manager or [nominated person’s name]. They will address any problems.” Staff told us that regular staff meetings were held where there were able to put forward ideas about improving the service and said they would be listened to and acted upon. Health and social care professionals spoken with said staff listened to and acted on any concerns they raised.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 11 HSCA (RA) Regulations 2014 Need for consent **The provider was not always obtaining the consent of the relevant person when providing care and treatment.** Regulation 11 (1)