

The Royal Masonic Benevolent Institution Care Company

Harry Priestley House

Inspection report

Harry Priestley House
30 Fieldside, Thorne
Doncaster
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Ratings

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

Overall summary

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

Harry Priestley House is in Thorne, near Doncaster. It is registered to provide accommodation for up to 12 people who require personal care. The home specialises in supporting adults with learning disabilities. At the time of our inspection there were 12 people living in the home.

This inspection took place on 3 September 2018 and was unannounced. Harry Priestley House was last inspected in February 2017 when we rated the service as good. In September 2017 the service was re-registered with the Care Quality Commission. The change in registration was the result of changes within the provider's organisation. There had been a consolidation process amongst all the charitable arms of the Masonic Foundation and all the social care services now come under the Royal Masonic Benevolent Institution Care Company. The nominated individual remains the same. This was the first comprehensive inspection under this registration. We found the service was good.

You can read the report from our last inspections, by selecting the 'all reports' link for 'Harry Priestley House' on our website at www.cqc.org.uk.

The service had a registered manager 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.

The care service has been developed and designed in line with the values that underpin the 'Registering the Right Support' and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

This was a well-established service which was well managed and run in the interest of people using it. Their needs and wishes were met and the staff worked hard to create a homely atmosphere and engage people both in the home and in the wider community.

Staff were aware of how to recognise and report safeguarding concerns to help ensure people were protected as far as possible from abuse.

People who were supported with medicine and their relatives told us they were confident medicines were administered and recorded properly, which helped to promote good health for people.

People benefited because they were supported by staff that had been trained to understand how to provide effective care that met their needs. Staff were supported through a regular programme of training, supervision and appraisal.

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.

People were supported to have sufficient food and drink and were involved in the decisions about the food they ate. Staff were familiar with people's personal preferences, likes and dislikes.

People were supported to maintain good health and staff encouraged people to have a healthy lifestyle and participate in regular exercise.

People were supported by a highly committed, kind, respectful and caring staff team.

There was a regular staff team who knew people well and everyone involved with the service showed mutual respect. We saw staff treating people with dignity and compassion and being patient and considerate when providing different elements of care.

People were involved in their care and support and were encouraged to be active in the running of the service.

People's health needs were monitored well and staff were responsive in seeking treatment and maintaining regular health appointments.

The registered manager was well thought of and respected by people involved with the service. People told us the registered manager made herself available to look at any issues and listen to their comments.

The registered manager sought people who used the service, relatives and staff's feedback and welcomed their suggestions for improvement.

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.

People received their medicines as intended.

Staff understood how to recognise abuse and what actions they should take to keep people safe.

There were enough staff to meet people's needs.

Recruitment checks were robust and contributed to protecting people from staff not suitable to work in care.

Is the service effective?

Good ●

The service was effective.

People's right to make their own decisions was encouraged and staff met people's needs in the way they preferred.

Staff understood the requirements of the Mental Capacity Act (MCA) and considered people's best interests.

People were supported to eat and drink enough to maintain good health.

Staff were given appropriate support and development through a programme of regular training, supervision and appraisal.

Is the service caring?

Good ●

The service was caring.

People's needs were met by a caring staff team who worked together in the best interests of the people they provided care to.

The service was inclusive and involved people in decision making and deciding how they spent their time. People were consulted about their care.

Staff promoted people's independence and upheld their rights.

Is the service responsive?

Good ●

The service was responsive.

People were offered individualised care in the way they preferred.

People's needs were regularly assessed and support plans were changed as and when necessary.

People were supported to pursue their interests and avoid social isolation.

People could talk to the registered manager and staff about their concerns and felt listened to.

Is the service well-led?

Good ●

The service was well led.

Everyone held the registered manager in high regard and said they ran an inclusive service in which everyone's opinion mattered.

The service was well led by the registered manager who had support from the provider in ensuring that quality assurance systems were effective.

Audits were carried out to identify how the service could improve and the registered manager had an on-going improvement plan for the service.

Harry Priestley House

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 registered 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.

The inspection took place on 3 September 2018 and was unannounced. The inspection was carried out by one adult social care inspector 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. At the time of our inspection there were 12 people using the service.

Prior to our inspection we gathered and reviewed information about the service to help us to plan and identify areas to focus on in the inspection. We considered all the information we held about the service. We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with four people living at Harry Priestley House and three relatives. We spent time observing people going about their daily lives and looked round the home's facilities, including people's rooms, communal areas and bathing facilities.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with staff including the registered manager, the deputy manager, the administrator, shift leaders, care workers and the facilities manager.

Prior to the inspection we contacted healthcare professionals who were involved with supporting people who lived at the home, such as the local authority, case managers and advocates. We also contacted Healthwatch Doncaster. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We looked at three people's care files and three staff records. We also looked at records relating to the management of the home. These included minutes of meetings, medication records and quality and monitoring checks carried out to ensure the home was operating to expected standards.

Is the service safe?

Our findings

People spoken with told us they felt safe living at the service. Their comments included, "I like living here and I am very happy with everything. It's good living here. I get on with everyone especially my keyworker, she is nice and nobody shouts," "I feel safe living here and I can get up when I want and go to bed when I want. I can talk to the manager, she is very helpful," and "I have lived here since 1999. I liked it then and I still like it now. It's clean and tidy and the food is good."

Relatives were also contacted during the inspection. Their feedback was very positive and they said their family members were safe. One relative said, "I feel [family member] is safe here. They have only been here a couple of weeks everyone is so approachable. I haven't met the manager yet but the staff are getting to know [name] well and when I ring they give me a good explanation of how they have been. Any issues are sorted quickly." Another relative said, "I have no fear. My relative has lived here a long time and I visit whenever I want. There is no fear and the staff are wonderful."

Staff demonstrated a good knowledge of safeguarding procedures and the processes around the reporting of suspected abuse. The home had a safeguarding policy and procedure, which included the provider's whistleblowing policies along with a flow chart explaining how to report an incident or allegation of abuse. Staff completed monthly reviews that detailed, amongst other elements of care, how to maintain people's safety and ensuring that health needs were addressed.

The registered provider had a system in place for the safe administration of medicines. Senior staff had been trained in medicine administration and were regularly assessed to ensure they remained competent.

Each person had a lockable medicine cabinet in their room. Shift leaders held the keys to these and administered medicines from the person's room. One shift leader told us, "This has been a really good idea because it's more private and quiet so it's better for the person and for the staff."

We looked at the system in place for the ordering, administration and disposal of medicines. People were receiving their medicines according to the dosages and directions on their medicine records. Auditing systems were in place to ensure the system for medicine administration worked effectively and any issues could be identified and addressed. Where people had been prescribed medicines on an 'as required' basis, plans were in place to guide and support staff with their administration. These protocols ensured staff delivered 'as required' medicines effectively and safely.

We found accidents and incidents were recorded appropriately. Where incidents or accidents had occurred, these were recorded by staff and actions taken were reviewed. These were recorded electronically and a monthly report was compiled so managers could analyse trends and act accordingly, such as starting additional monitoring of people or areas of the service.

The service was well maintained and risks were minimal. When people were admitted to the home a wide range of risk assessments were completed. These included falls risk assessments, moving and handling

assessments, choking risk assessments, a personal emergency evacuation plan and assessments relating to the use of equipment. Risk assessments were reviewed regularly and as people's needs changed. Staff were observed supporting people to manoeuvre safely using equipment such as hoists. Supportive technology such as flashing door bells, vibrating pillows and sensor alarms were also in place following agreement that this would support the person to remain safely independent.

The home was clean and tidy and there were systems in place to ensure hygiene standards were maintained and staff understood how to prepare food safely. Staff were observed using the appropriate personal protective equipment to ensure safe infection control.

There were enough staff to meet people's assessed needs. The registered manager told us they had recently completed a review of staffing hours. From this the provider had agreed to two additional care workers as it was acknowledged people living in the home were getting older and their care and support needs were increasing. Until the new care workers were employed the service was using regular agency workers to ensure safe staffing numbers were maintained.

The staff recruitment process was thorough, which helped to keep people safe. Staff were employed after they had attended a job interview and were able to satisfy the registered manager they were fit for employment. Candidates had to demonstrate their fitness by completing an application form showing their previous work and life experience and its relevance to care. Professional and personal character references were obtained to check if the candidate was of good character. They also completed a disclosure, and barring check. These tell the employer if the person was barred from working in care or if they had committed an offence, which might make them unsuitable to work in care. Proof of personal identification was also supplied and on file.

Is the service effective?

Our findings

People told us staff supported them to live healthy and fulfilling lives. Their comments included, "I am happy with everything. I like my keyworker and the staff make me happy, they really look after me," and "The staff advise me about what's good for me, they want the best for me."

We found the registered manager ensured people's rights were upheld. The law requires providers to make sure people are not discriminated against on the grounds of specific characteristics, such as their gender, ethnicity or disability status. Additionally, providers are also required to ensure people's individual needs are met.

We saw people were given choices and supported to make decisions in line with the 'Registering the Right Support' guidance which states people who live in a registered care home should consistently, meaningfully and continuously be involved in decisions about their care and other needs, and how they will be met.

People's needs and choices were assessed in a holistic way and detailed care plans were then developed. Regular reviews of people's needs were completed to assess the effectiveness of care plans in achieving the desired outcomes of people. People had health care plans in place that identified the support they required to maintain their health and well-being. People's care plans were personalised. They included input from the person about their personal goals and plans and what they would like to achieve.

People's needs were being met by the adaption and decoration of the service. This also met the values that underpin 'Registering the Right Support' and other best practice guidance. The layout of the property was homely and people's rooms were decorated tastefully and personalised to their own individual tastes and wishes. A member of staff told us they encouraged people to choose the décor for the home and said they had purchased magazines so people could choose from these. There was also an iPad which people could choose their soft furnishings from.

People's health needs were monitored effectively and they were supported to access the health care services they needed. Each person had a health action plan in place with details about their health needs and the professionals involved. Staff maintained consistent records to support the monitoring of specific health conditions. People were supported to attend regular health care appointments including GP visits and dentist appointments. One person told us, "I have been to see my opticians for new glasses. I go regularly." One relative told us, "My relative has had a recent health problem and all the staff looked after them really well I am so pleased with them."

Healthcare professionals told us, "I am currently happy with the level of care and support delivered by the home. The home demonstrates care and compassion and have endeavoured to promote people's health and wellbeing, current quality of life and social inclusion. Following the admission of a person to the home, there has been a significant reduction in restrictive practice, increased family contact and access to the wider community and attending health appointments."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People's care records demonstrated their capacity had been assessed when planning care and that DoLS applications, had been made when necessary to the supervisory body. People's rights to make choices about their care and lifestyle was promoted and understood by staff. Best interest discussions had taken place when people had been assessed as lacking capacity to decide. One healthcare professional told us, "I have recently reviewed a person and been involved in best interest meetings for the person. At meetings I found staff supported the person to facilitate their decisions and made the process easy for them."

People were supported to maintain good health by being provided with food and drink that met their individual tastes and preferences. People spoken with told us they liked the food provided to them. Their comments included, "At our meetings we talk about the menu. We have lots of choice and the meals are good," and "If we don't like what's on offer we can have something else. I like spaghetti bolognese and I sometimes go shopping for food."

We observed lunch being served to people in the main dining room. This was seen to be a pleasant experience. Tables were laid nicely and people enjoyed their food. People were chatting amongst themselves and with staff and smiles and laughter were seen and heard throughout the meal. Staff discreetly supported people when they needed help or sat and chatted to people socially.

Everyone was asked about their preferences and choices, to minute detail. For example, when someone wanted soup they were asked what flavour soup, how did they want it served and did they want any condiments. We also observed a member of staff showing people who were not able to verbally communicate picture cards of the choices of food available so they were able to decide on their preference.

Individual risks associated with nutrition and hydration were assessed and care plans provided staff with information on how to support people effectively. Speech and language therapy guidelines and weight management records were in place for people within the service. One person's records showed staff were monitoring the person's food intake and this had been effective in gradually increasing their weight when an increase was beneficial to their health.

Records seen showed staff received regular training, supervision and appraisal which helped to ensure they had the correct skills and knowledge to fulfil their roles and responsibilities. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. Appraisal is a process involving the review of a staff member's performance and improvement over a period, usually annually.

Staff told us they had the training and support they needed to carry out their roles. They were provided with the opportunity to achieve qualifications relevant to their role enabling them to meet people's needs effectively. Training provided to staff included safeguarding, moving and handling, fire safety, and equality and diversity.

Staff files evidenced the training staff had achieved. Staff completed the training the provider expected promptly and updated it when necessary. One staff member said, "The managers remind us when we are due to complete an update and this is put onto the rota for us." Another staff member said, "We have regular supervision sessions but we can go to the managers at any time and they have time for us. We can talk through any concerns or ask their advice."

Is the service caring?

Our findings

People who used the service and relatives told us the staff were kind, caring and considerate. Their comments included, "I can tell my relative is happy and I am very happy with the care they receive," "The manager is really good and I have told her everyone is so caring and could not be more helpful," "My honest opinion, is it's the nearest thing to a home and my relative is genuinely loved by all the staff. They are wonderful and professional. They are honest caring and nurturing," and "I am happy. The staff are friendly and helpful. The manager 'shines', my relative has come a long way they have grown independence and staff know everything about them."

One healthcare professional told us, "I have always found Harry Priestley House to be a very homely, caring environment. Staff are consistent, there is not a high turnover of staff, which is a benefit to the people living there."

People were supported to maintain relationships with family members as they wished and relatives were welcomed by staff in a warm and friendly manner.

We saw people and staff had lots of laughter together and had formed warm, caring relationships with each other. When one person was seen to be upset, a staff member went to them and reassured them. They asked the person why they were upset and remedied the situation immediately by arranging to go to the shops together later that day. This made the person happy and lightened their mood.

Staff demonstrated an appreciation of people's individual needs around confidentiality, privacy and dignity. Staff respected people's privacy by knocking on doors and calling out before they entered their bedroom or bathroom and toilet areas. Staff were seen to be highly motivated to provide the best and most suitable support to people they worked with. Staff were not rushed, were focused and spent time on an individual basis with people.

Staff were considerate of the equality and diversity needs of people and had received training in this. Staff demonstrated an awareness and knowledge of how they would support people from diverse backgrounds. Care plans sensitively highlighted potential differences in people's sexual orientation and people's requirements for gender when personal care was to be delivered. For example, when a person requested only female staff dealt with their personal care needs, this was respected and accommodated.

People were being supported to maintain and improve their independence. Staff described how they encouraged people to improve their skills. One person's desired outcome was to be involved in cooking. They told us, "Staff help me bake cakes and buns and I have made spaghetti bolognese. I go in the kitchen with support from staff to make drinks and my breakfast." Another person was actively involved in the completion of household tasks. They told us, "I can go in the kitchen when I want and I occasionally wash up and sometimes polish."

Is the service responsive?

Our findings

People who used the service and their relatives told us staff were responsive to their needs. People were receiving care in a personalised way. Care plans reflected people's physical, mental, social and emotional needs. Details in care plans reflected the complexities of people's care and guided staff to provide the support that was important to them. One person told us, "Everything is nice about living here. The staff come and wake me and when I have a shower they help me".

Care plans seen had detailed information about people's assessed needs and how staff should provide support to each person. They included details of people's health care needs, and any medicines required. They gave background history for each person and their earlier life experiences. There was guidance on supporting people with positive mental health and support around behaviours which might put the person or others at risk. Risks to individuals either from their care or from the immediate environment were documented and showed what was in place to reduce the risk.

Care plans and risk assessments were reviewed and regularly updated to ensure they reflected the person's current needs and preferences. This included details of progress, challenges and changes in their support needs. One healthcare professional told us, "At review meetings the staff provide good quality information and quickly act when needed."

People benefitted from being involved in a variety of activities, both inside and outside the home. People told us, "We have meetings and we discuss the menu and activities. At my last meeting I asked if I could go for a meal at Sunnybank and staff have supported me to go," "What makes the best day for me is when I go out shopping. I love going out and would like to go out a bit more," and "I said I wanted to go home for my birthday to my mums and go to the pub. I really enjoyed it and the cake."

One person told us, "Today is my 'gold plan day' and I am baking buns for tea." The staff explained each person had a 'gold plan day' once a week when they could choose what activities they would like to do for that day. A designated member of staff then supported the person with their chosen activity. This gave people one to one time and support from a staff member so they could fulfil some of their identified wishes and goals.

Staff told us that people had a range of needs and interests. On the day of our inspection some people had already left for the day and there were plans for those still at the service. One person wanted to be left alone, to sleep in late and staff respected this. Another person asked staff to take them out to the shops and this was arranged. We heard staff asking two people if they would like to go to the ice cream parlour and they eagerly agreed.

One member of staff told us how they supported people with hearing impairment. They said, "We encourage one person to draw with pencils because we know they love this. We sit together with the person and find they start to communicate with us. We know exactly what they like and we have had some training in Makaton." Makaton is a way of communicating with people who cannot communicate effectively by

speaking.

There were no open or unresolved complaints but we did see lots of positive feedback for the service. The registered manager was very open and regularly communicated with the staff, people who used the service, their family members and other healthcare professionals. By having this open approach concerns could be dealt with quickly. There was an established complaints procedure. This gave details of who else people might be able to contact if they were unhappy with the home's response.

The provider had supported people with making future arrangements for end of life support. The registered manager confirmed that no one at the service was at the stage where they required direct support with end of life care. End of life plans were in place for those people who had consented to them. The registered manager confirmed the plans they had completed had been done so with the input of the person and their relatives or advocate.

Is the service well-led?

Our findings

The service had a registered manager who had been in post since 2014. 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.

People who used the service, and their relatives were very complimentary about the management of the service. Their comments included, "I am able to talk to the manager, she is so nice," and "The manager is wonderful and she knows the residents well." When asked if there was anything they would like to change one relative said, "How can you improve on perfection?"

Staff and management worked well in partnership with other agencies and professionals. People's health plans showed regular and timely contact with health professionals and specialists. Records showed staff communicated effectively with many healthcare professionals to ensure people's needs were considered and understood so that they could access the support they needed. The registered manager maintained good contact with relevant local authorities.

Healthcare professionals told us, "The registered manager runs a tight ship and all the staff are lovely. It's a nice, homely place and nothing is too much trouble for the registered manager or her staff," "It is a well led service and the manager is highly involved in the care provided. If they have any concerns about anyone they are always quick to contact us" and "We have no concerns about this service. The registered manager has a good reputation and always notifies us of any issues or concerns."

There was a positive culture where staff and management took pride in the care and support that they provided. The registered manager was clear about the provider's vision and strategy for the future and fully supported this. The registered manager was clear on the future outcomes and targets that staff intended to implement for people.

The registered manager was knowledgeable about people who used the service. She knew people who used the service and could talk in detail about their care and support needs. The registered manager told us she audited all areas of the service, which included accidents and incidents, complaints, safeguarding, staffing, health and safety and medicines. We saw audits had been completed and the registered manager was able to evidence the action taken because of carrying out an audit.

The minutes of staff meetings showed they were kept updated with any changes in the service or to people's needs, and they were encouraged to share their views and comments to improve the quality of care. Staff told us they were happy working in the service. One staff member said, "All the staff including the manager are kind and compassionate by nature. We want people to live in a family, homely environment and lead a fulfilling life. We work as a team to achieve this."

The provider sent out quality questionnaires to people who used the service and their relatives each year. A

summary of the information received from people had been completed. The last survey was completed in 2017. The results were positive and people had said complementary things about the staff and the running of the service. People who had raised any concerns or issues had been contacted by the senior staff and action had been taken to rectify their concerns. This showed the service listened to people and took on board their comments and feedback.

We saw there were policies and procedures in place to guide staff in all aspects of their work. These could be easily accessed by staff and it was expected that staff kept themselves up to date with any updates or changes made to the policies and procedures. One member of staff told us, "We go through any updated information in supervisions and team meetings. This helps to make sure we all understand current guidelines and best practise."

Before our inspection we checked the records, we held about the service. We found the service had notified us of significant events such as safeguarding allegations. Notifications allow us to see if a service has taken appropriate action to ensure people are kept safe.