

Priory Court Limited

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Inspection report

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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

This inspection was announced and took place on the 23 March 2016. The registered provider was given 48 hours' notice of the inspection because the location provides a domiciliary care service and we needed to be sure that someone was available in the office as well as giving notice to people who used the service that we would like to visit them at home. At our previous inspection in October 2013 we found that the registered provider was meeting the regulations in relation to the outcomes we inspected.

Priory Court is a complex providing 44 owner occupied apartments. The complex provides a range of communal facilities including a lounge, dining room and parking. Staff are available 24 hours a day to provide general support. If needed people can purchase a care package from Priory Court to support them with their personal care. It is this part of the service that is registered with the Care Quality Commission to carry out the regulated activity 'personal care'.

At the time of the inspection only one person was receiving personal care.

Priory Court has a registered manager. 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 registered manager was based in the office and had oversight of the service. Day to day management in the settings where support was provided was undertaken by five duty managers who were rostered to provide support throughout the day and night hours.

The service had a range of policies and procedures in place which helped staff refer to good practice and included guidance on the Mental Capacity Act 2005. This meant that the staff members were aware of people's rights to make their own decisions. They were also aware of the need to protect people's rights if they had difficulty in making decisions for themselves.

We asked staff members about training and they confirmed that they received regular training throughout the year, they described this as their CPD (continuous professional development) training and that it was up to date. Staff training files looked at confirmed that they received regular updated training

We looked at one person's care file in the office and also viewed the copy they held within their own home. Both explained what was important to the individual and how best to support them. This meant that staff had access to relevant information around what support people required, which helped to ensure that people's needs continued to be met.

Staff members we spoke with were positive about how the service was being managed. During the visit we observed them interacting with the people they were supporting in a professional, caring and friendly

manner. All of the staff members we spoke with were positive about the service and the quality of the support being provided.

We found that the provider used a variety of methods in order to assess the quality of the service they were providing to people. These included regular audits on areas such as the care files, including risk assessments, medication, individual finances and staff training. The records were being maintained properly.

During our visit to this location, there was one person who received support with personal care. We spoke with this person who made positive comments about the staff team who assisted them once a week with various personal care needs.

During our inspection, we looked at the file of the person who received personal care support. We found they had been involved in the care planning process. This helped to ensure support was provided in a way they wished it to be.

Consent forms had been signed by the person in relation to granting permission for staff to enter and leave their apartments using a master key. The consent form stated 'I consent to staff sharing information with other agencies to assist with my care package, to protect me from risk or harm, to enable me to gain the best possible outcome and to receive the right level of service'.

The plan of care for one person recorded, 'Apply prescribed cream to legs when instructed by (name removed) or assist with shower at persons request. This showed the individual had control over the treatment she received. The person confirmed staff were very respectful and always asked permission before any tasks were conducted.

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.

The staffing rotas we looked at and our observations during the visit demonstrated that there were sufficient numbers of staff on duty to meet the needs of the people living in Priory Court on the day of our inspection.

Staff members confirmed that they had received training in protecting vulnerable adults.

Is the service effective?

Good ●

The service was effective.

Staff members received regular training and on-going supervision. The staff members that we spoke with said that they felt that their training needs were being met.

Policies and procedures were in place regarding the MCA and staff members had a good understanding of the process involved.

Is the service caring?

Good ●

The service was caring.

The people using the service were positive about the staff members.

The staff members we spoke to could show that they had a good understanding of the people they were supporting and they were able to meet their various needs. We saw that they were interacting well with people in order to ensure that they received the care and support they needed.

Is the service responsive?

Good ●

The service was responsive.

There was a formal care review process in place. This was done

with the involvement of the people living in Priory Court and where applicable their family members.

The service had a complaints policy and processes were in place to record any complaints received and to ensure that these were addressed within the timescales given in the policy. There had not been any complaints made.

Is the service well-led?

Good ●

The service was well- led

There was a registered manager in place.

The registered manager spoke with the people living in Priory Court on a very regular basis. This meant that information about the quality of service provided was gathered on a continuous and on-going basis.

The organisation had robust systems in place to audit the quality of service being provided at Priory Court.

Priory Court Limited

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 checked 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.

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This inspection took place on 23 March 2016 and was announced. The provider was given 48 hours' notice because the providers offered a domiciliary care service and we needed to be sure that we could access staff and people who used the service at the time of our visit.

The inspection was undertaken by one adult social care inspector.

Before the inspection we reviewed the information we held about the service including notifications and information received from members of the public. We also invited the local authority to provide us with any information they held about Priory Court DCA. We used this information to help to plan our inspection.

We used a number of different methods to help us understand the experiences of people who used the service. We visited one person in their home. We spoke with two duty managers and the registered manager. We also spoke with one house keeping assistant who was currently providing personal care to one person who lived at Priory Court.

We looked at one person's care records and a variety of documents which related to the management of the service.

Is the service safe?

Our findings

We asked the person who used the service whether they felt safe and did they like the staff members supporting them. They told us that they got on well with the staff members. Comments included, "I feel safe when they provide me with personal care". We did not identify any concerns regarding people's safety during the inspection and observed that there was a relaxed and friendly relationship between staff and the person who used the service.

Our observations during the inspection were of a clean, homely environment which was safe and comfortable and had been adapted to meet the needs of the people living there.

We saw that the service had a safeguarding procedure in place. This was designed to ensure that any problems that arose were dealt with openly and people were protected from possible harm. The registered manager was aware of the relevant safeguarding process to follow. Any concerns would be reported to the local authority and to the Care Quality Commission [CQC]. Services such as Priory Court are required to notify the CQC and the local authority of any safeguarding incidents that arise. There had been no safeguarding incidents requiring notification since the previous inspection took place.

The staff members we spoke with during the inspection were aware of the relevant process to follow if a safeguarding incident occurred. They told us that they would report any concerns to the safeguarding lead who was the registered manager and they were aware of their responsibilities when caring for vulnerable adults. The staff members confirmed that they had received training in this area and that this was updated on a regular basis. They were also familiar with the term 'whistle blowing' and they said that they would report any concerns regarding poor practice they had to senior staff. This indicated that they were aware of their roles and responsibilities regarding the protection of vulnerable adults and the need to accurately record and report potential incidents of abuse or poor practice. Whistle blowing is a process where staff can report any concerns internally, or outside the organisation, without fear of reprisal.

Risk assessments were carried out and kept under review so the people who used the service were safeguarded from unnecessary hazards. We could see that staff were working closely with people and, where appropriate, their representatives to keep people safe.

It was established that the turnover of staff was very low and most people had worked at this location for a long period of time. We looked at the recruitment records for two members of staff and found that both had been required to complete an application form and had gone through the interviewing process. All relevant checks had been conducted before people were employed. These included police disclosures and written references. Together this information showed people were appraised before they were employed and it also helped to ensure only suitable people, who were deemed to be of good character were appointed.

Records showed job descriptions, relevant to individual positions and a staff handbook were issued to all new employees, which incorporated a wide range of information, including the disciplinary and grievance procedures and the equal opportunities policy. This helped to ensure staff were fully aware of their roles

within the organisation and were mindful of action that would be taken in the event of staff misconduct.

We saw that the service did not manage any medicines at the time of our visit.

A range of Health and Safety risk assessments had been conducted, which showed the hazards identified, control measures and monitoring processes such as fire safety, trips slips and accidents, so people living at Priory Court were, wherever possible, protected from harm.

It was evident a contingency plan was in place so everyone was aware of action to take in the event of an emergency situation. This helped to ensure the safety of people was protected. Staff we spoke with talked us through the emergency process and they were evidently confident in dealing with any given situation.

Is the service effective?

Our findings

The staff members we spoke with told us that they received on-going support, supervision and appraisal. Supervision is a regular meeting between an employee and their line manager to discuss any issues that may affect the staff member; this may include a discussion of the training undertaken, whether it had been effective and if the staff member had any on-going training needs.

We observed that the staff members were aware of people's rights to make their own decisions. They were also aware of the need to protect people's rights when they had difficulty in making decisions for themselves. During our visit we saw that they took time to ensure that they were fully engaged with the individual and checked that they had understood before carrying out any tasks with the people using the service. They explained what they needed or intended to do and asked if that was alright rather than assume consent.

A training programme was in place for all staff. We looked at the training programme for 2015-2016 which showed that all training was up to date. Records were kept on the computer system for all staff. Each individual had a programme of training courses to complete. On-site training was accessible.

Records showed that essential training was provided annually, there was a programme of training available. We saw from individual employees' records that they had received induction training in core subjects necessary to their role: fire prevention, food hygiene, health and safety, infection control, moving and handling, safeguarding, basic first aid and management of medication.

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 found that policies and procedures had been developed by the service to provide guidance for staff on how to safeguard the care and welfare of the people using the service. This included guidance on the Mental Capacity Act 2005 (MCA).

The registered manager told us that if they had any concerns regarding a person's ability to make a decision they worked with the local authority to ensure appropriate capacity assessments were undertaken. This was done to ensure a person was not unlawfully deprived of their liberty.

All of the staff we spoke with demonstrated an understanding of the MCA and its principles. They were able to describe such areas as 'best interests', not restraining people and ensuring that people had a say in the care they received. Comments from staff included, "We understand the importance of gaining consent from the people who use the service, where someone lacks capacity we would ensure a mental capacity

assessment is undertaken."

Consent forms had been signed by the person who used the service in relation to granting permission for staff to enter and leave their apartment using a master key.

Is the service caring?

Our findings

People told us they were satisfied with the way staff supported them. When asked how they found the support, people's comments included, "The staff always treat me with respect. They provide the care I request, sometimes its looking after my feet and other times its helping me to shower"; "The care staff are fantastic, they are very helpful."; "It's nice to have the same carers coming day in and day out, they are all very caring."

Positive caring relationships were developed with people. Staff told us they valued the people who they supported and spent time talking with the people while they provided support. One staff member said, "We understand the needs of the people, we tend to provide care to the same people and that helps build positive relationships with the people."

The support plan we saw demonstrated that people were involved in making decisions about the support they received. People we spoke with explained they felt involved in the support of their care and how they wanted it delivered by the service. For example one person said; "I have the same carers coming to assist me and that is how I like it."

People's preferences regarding their daily care and support were recorded and reviewed. Staff demonstrated a good understanding of what was important to people and how they liked their care to be provided, for example people's preferences about the way their personal care should be provided.

People said staff maintained their dignity and privacy. Staff described how they would ensure people were given privacy and how their modesty was protected when providing personal care, for example ensuring doors were closed, and not discussing personal details in front of other people.

Staff were aware of the need to maintain confidentiality. They described the importance of not sharing information with anyone else without permission. They told us their induction included customer care and maintaining confidentiality of information. We saw people's care records were kept securely in a locked cabinet in the main office of Priory Court.

Is the service responsive?

Our findings

The registered manager assessed people's needs before the support was provided. These assessments identified what people wanted their care package to achieve. The person who used the service told us, "The manager discussed my needs and the times staff would call to assist me and wrote it all down in a plan". Staff told us that these plans provided the information needed by staff to ensure people's individual routines and practical needs were met.

The service provided was person centred and based on care plans agreed with people. Care records were held at the office with a copy available in people's homes. We viewed the care records of the person we visited. People's needs were assessed and care plans completed to meet their needs. Care records were person centred and included information on people's likes, dislikes, hobbies and interests.

Records showed us that staff supported and encouraged people to express their views so they received care and support which met their individual needs and personal preferences. Care and support plans also held signed agreements from people who used the service. For example, details of how people preferred to be assisted and what support they wished for. Staff followed these instructions to deliver care and support in a way that was personalised.

We discussed complaints with the registered manager. As part of the service introduction the complaints policy and procedures were explained to people and their relatives and they were encouraged to speak to the registered manager at any time. The complaints policy clearly detailed the process to go through should people wish to complain. The document included expected timescales, what action would be taken and contact details of the organisation.

Is the service well-led?

Our findings

We saw quality assurance questionnaires had periodically been completed by those who used the service and all the responses received had been positive. People were also involved in providing comments about their key workers' visits. An evaluation report was then developed in accordance with the feedback received, which was circulated to those who used the service. This enabled people to voice their opinions about the quality of service provided and allowed them access to the overall results of any surveys completed.

A good range of updated policies and procedures were in place, which showed an 'open door policy' was encouraged, so people could freely access staff at all times to discuss any areas of concern or satisfaction. This support for people was observed during our visit.

Regular health and safety reviews and quality audits had been conducted. This helped to assess and monitor the standard of service provided, so any shortfalls could be promptly addressed.

A management checklist showed various health and safety areas were frequently assessed and monitored. These included fire safety, control systems, fire escapes and emergency lighting.

Good evidence was available to show the staff team were regularly supervised and monitored, to ensure they were maintaining good standards of care and support.

We were able to see the minutes of a variety of meetings, which had been held for people who lived at Priory Court, the staff team and the managers of the location and organisation. These meetings enabled information to be passed on to all relevant parties and also allowed people the opportunity to discuss any topics of interest openly, raise any concerns they may have had and put forward any suggestions for improved practice.