

The Community of St Antony & St Elias

Priors Piece

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 unannounced inspection took place on 12 November 2018. Priors Piece is a small care home that provides accommodation, personal care and support to a maximum of four people who are experiencing severe and enduring mental health conditions.

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, both were looked at during this inspection. At the time of the inspection there were four people living at the home. Priors Piece belongs to a group of homes owned by The Community of St Antony and St Elias. The homes act as a community with group activities and group management meetings and oversight.

At our last inspection in March 2016 we rated Priors Piece overall as good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the home has not changed since our last inspection.

The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run.

People told us they were well cared for and said they felt safe living at the home. The registered manager and staff were aware of how to keep people safe. Staff had received safeguarding training and could describe signs that may indicate someone was at risk of abuse or harm.

Risks had been appropriately assessed and staff had been provided with information on how to support people safely. 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 induction, training and ongoing supervision.

People's healthcare needs were monitored by staff and people said they had access to healthcare professionals according to their individual needs. 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 home supported this practice.

The home remained responsive to people's individual needs. Care and support was personalised to each person which ensured they could make choices about their day to day lives. People knew how to make a

complaint and felt confident they would be listened to if they needed to raise concerns.

People benefitted from a home that was well led by a manager who was open and approachable. The provider had systems in place to review, monitor and improve the quality of service provided. This included a programme of audits and checks, reviewing medicines management, quality of care records, support to staff and environmental health and safety checks.

The home was clean, maintained and people were protected from the risk and/or spread of infection as staff had access to personal protective equipment (PPE).

Further information is in the detailed findings below.

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 home remains Good.

Is the service effective?

Good ●

The home remains Good.

Is the service caring?

Good ●

The home remains Good.

Is the service responsive?

Good ●

The home remains Good.

Is the service well-led?

Good ●

The home remains Good.

Priors Piece

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the home, and to provide a rating for the home under the Care Act 2014.

This unannounced comprehensive inspection took place on 12 November 2018. The inspection team consisted of 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 home.

Prior to the inspection, we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make. We also reviewed the information we held about the home. This included any statutory notifications we had received. A statutory notification contains information about significant events that affect people's safety, which the provider is required to send to us by law.

During the inspection, we met with four people living at the home as well as two members of staff, the registered manager and a senior manager [provider's representative]. We asked the local authority who commissions with the home, for their views on the care and support given by the home and received feedback from three healthcare professionals. Following the inspection, we received feedback from two relatives.

To help us assess and understand how people's care needs were being met, we reviewed three people's care records. We looked at the medication administration records and systems for administering people's medicines. We also looked at records relating to the management of the home; these included two staff recruitment files, training records and systems for monitoring the quality of the services provided.

Is the service safe?

Our findings

The home continued to provide safe care and support.

People told us they felt safe living at Priors Piece. One person said, "They [staff] are always ready to help us when we need them, it makes you feel safe knowing they [staff] are there." Another said, "Yes I do feel safe living here, I don't worry as much now and I go out more." A relative said, "I have no concerns about [person's name] safety."

People continued to be protected against the risk of harm and abuse. Staff attended safeguarding training; had a good understanding of how to protect people and who to report any concerns they may have. Where concerns had been raised records showed the registered manager ensured staff learned lessons from investigations and implemented changes to ensure people remained safe. For example, following a recent concern relating to one person's medicines staff told us the registered manager had met with them individually and took time to explain how it had happened and how it could be prevented in future.

Risks to people were assessed and managed in the least restrictive way possible. We found risks such as those associated with people's complex mental health, medical needs and the environment had been assessed and were being managed safely. This included risks of smoking, maintaining a balanced diet, motor vehicles and displayed behaviours which challenged others. Risk management plans were personalised and described what needed to happen to keep people safe and were regularly reviewed. Staff were aware of people's individual risks, potential triggers, signs that might show the person was becoming unwell and how to support the person to manage/minimise these risks.

People continued to receive their medicines safely. There were systems in place to audit medicines practice and clear records were kept to show when medicines had been administered or refused. Where people were prescribed medicines they only needed to take occasionally, guidance was in place for staff to follow, to ensure those medicines were administered in a consistent way. Staff had received training in the safe administration of medicines and were having their competencies regularly assessed. We checked the quantities of a sample of medicines against the records and found them to be correct.

People were protected by safe recruitment processes. Systems were in place to ensure staff were recruited safely and were suitable to be supporting people who might potentially be vulnerable. We looked at two staff files, which showed a full recruitment process had been followed which included obtaining Disclosure and Barring Service (police) checks.

People received care and support from sufficient numbers of staff to meet their needs. The provider had developed a staffing dependency tool which calculated staffing levels according to each person's individual level of need. Rotas demonstrated staffing was planned in advance and the home did not rely on agency staff. One staff member said, "We don't use agency staff, someone will always cover your shift if you need to plan in a day off. It's really good like that."

The premises and equipment continued to be monitored with regular checks undertaken by staff and external contractors. For example, gas safe testing, portable appliance testing (PAT), and the five-year electrical installation test. Fire safety systems were serviced and audited regularly and staff received training in fire awareness. Records showed the provider had acted on advice following a recent fire safety visit and had made improvements to the premises in a number of areas. For example, thumb-turn locks had been installed, this ensure it would always be simple to exit the property in the event of an emergency. Individual personal emergency evacuation plans (PEEPs) indicated any risks and support people needed to evacuate them safely.

Accidents and incidents were appropriately monitored and recorded. An analysis of this information was undertaken by the providers health and safety manager and action had been taken to mitigate the risk of future reoccurrence.

The premises were clean throughout with no unpleasant odours and systems were in place to prevent and control the risk of infection. There was an on-going programme to redecorate and make other upgrades to the premises when needed. For example, the registered manager told us of their plan to upgrade the main bathroom.

Is the service effective?

Our findings

The home continued to provide people with effective care and support. Staff were competent in their roles, had a good knowledge of the people they supported and worked well with others to help ensure people's needs were met.

People were encouraged and supported to engage with a range of healthcare services and staff supported people to attend appointments. People had access to GP services, pharmacist, district nursing teams and other healthcare services as needed to meet their day to day health needs. Where people were unable or found it difficult to attend appointments, staff arranged for people to be seen at the home. For example, on the day of the inspection we saw the community dental service had visited. Following the visit, they told us, "I am pleased to tell you that our involvement with the home has been a positive one. I have always found the staff to be caring and patient focused." Staff continued to support people to manage their mental health and where concerns had been identified, people were referred to or reviewed by an appropriate healthcare professional. In addition, the provider employed an independent consultant psychiatrist who was available to see people on a weekly basis, liaised directly with people's individual GP's, and was available to provide support and guidance to staff when needed. This helped to reduce the time people needed to wait to be seen by an appropriate healthcare professional.

People's care and support was provided in line with relevant legislation and guidance. The Mental Capacity Act (MCA) 2005 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 make decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the home was working within the principles of the MCA and found that people's rights were being protected. People had signed to say they consented to the care arrangements in place. Staff were aware of when people, who lacked capacity, could be supported to make everyday decisions and when people's capacity fluctuated due to their mental health. Staff we spoke with had a good awareness of the Mental Capacity Act 2005 (MCA).

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS). The registered manager was aware of their responsibilities, had liaised with professionals and made appropriate applications for three people who needed this level of support to keep them safe.

People received effective care because they were supported by a staff team who received regular training and had a good understanding of their needs. Staff told us they were happy with the training and support received. One staff member said, "We have lots of training and updates." Healthcare professionals were confident staff had the skills and knowledge they needed to support people safely.

We looked at the induction and training records for three staff. A senior manager told us all prospective staff undertook a taster day prior to being offered a position at the home and 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. The induction process included a period of working alongside more experienced staff until they had developed their skills sufficiently to support people living at the home. Staff we spoke with told us they had good access to training when they needed it. Following the inspection, we were provided with a copy of the home's training matrix. The 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 registered manager told us they had also undertaken specialist training in relation to personality disorder, physical intervention and psychosis. However, records we saw showed that not all staff had received specialist mental health training to support the complex needs of people living at home. We did not find that the lack of specialist training had led to people's needs not being met.

We recommend the provider carries out a review of the specialist training provided to staff and managers.

Records and discussions with staff showed that staff continued to receive regular support and supervision. These meetings provided staff with the opportunity to discuss their work, receive feedback on their practice and identify any further training needs they might have. Staff told us they felt supported by the registered manager. One member of staff said, "[Registered manager's name] is a good manager I can tell them anything." Another said, "I have nothing but respect for them, [registered manager's name] is really supportive."

People were supported to have enough to eat and drink to maintain their health and well-being. Staff knew people's food preferences well and described how they encouraged and supported people to be involved in the choosing, planning and preparations of their meals. We found people made decisions daily about what they ate and drank and when. Although no one living at the home was catering for themselves, staff told us people were free to do so if they wished.

We observed the lunch time meal which was home cooked lamb chops with new potatoes, carrots and broccoli. The food was well presented and looked appetizing. People told us they enjoyed the food provided, comments included, "Very good," "Really nice" and "I enjoy the food, you would never go hungry." Care records provided guidance about how to support people who might have a difficult relationship with food and staff understood how this might affect their mental and physical health. People could help themselves freely to food and snacks throughout the day and we saw the kitchen was well stocked with tea, coffee, and soft drinks.

Is the service caring?

Our findings

The home continued to provide caring support to people. People living at the Priors Piece repeatedly told us how good the staff and management team were. One person said, "The staff are very good and friendly," another said, "I can't fault the manager or staff we all get on well." Healthcare professionals told us staff were kind, caring and polite. One healthcare professional said, "I have always found the staff to be both caring and professional."

The culture within the home ensured people were treated with respect and dignity. The home had a relaxed atmosphere and people responded positively when staff approached them. We saw staff at all levels engaging with people. A relative said, "I have always been very impressed by the standard of care they provide." When we asked staff to tell us about the people they supported, they spoke about people with respect and compassion and could describe people's needs and preferences well. Staff told us how much they enjoyed working at the home. One staff member said, "Some shifts can be tiring but they are also very rewarding and coming to work can be a real pleasure." Another said, "It's so good when we see people making improvements. [Person's name] has come on in leaps and bounds in the last couple of years."

People's preferences were recorded in support plans and staff had a good understanding of these. There was information about each person's life, with details of people who were important to them, as well as information about their hobbies and interests. Staff confirmed they had read people's support plans and explained how each person was different; they had their own personalities and made their own choices. For instance, some liked music and noise while others liked to sit quietly, and they enabled people to do this as much as possible. People told us they could choose how and where they spent their time. People had control over their lives and were free to come and go as they pleased and enjoyed varying levels of independence. For instance, during the inspection we saw some people walked to the local garage or into town for a coffee, some with the support of staff and some on their own.

People were encouraged to play a part in the planning of their care and the running of the home. Staff described how they supported and encouraged people to develop their daily living skills by helping them to take part in household tasks such as shopping, meal preparation, washing their clothes or tidying up. Staff had a sensitive and respectful approach when supporting people, were mindful of people's appearance and understood the impact this might have on their mental health and overall well-being.

People's personal records were kept secured and confidential. Staff understood the need to respect people's privacy including information held about them. People were valued as individuals and their private space/time was respected. One person said, "It's nice to come out and be with others but when I want I can go back to my room and people respect that this is my space." One staff member said it's important people have their own space which is private, "No one would ever walk into someone's room without knocking."

People were encouraged and supported to maintain contact with their relatives and others who were important to them. Relatives told us there were no restrictions on the times they could visit and staff made them feel welcome. People had access to advocacy support if needed and advocacy details were displayed

within the home so that people had contact details should they need them.

Is the service responsive?

Our findings

The home continued to be responsive to people's needs. One person said, "They took time to get to know me, I'm so different from when I came here, I'm fairly settled now." □

People's care records reflected their individual needs and were regularly reviewed and updated. We looked at the care and support records for three of the people living at the home. Records showed that people continued to be involved in identifying their needs and developing their support. Support plans were informative and provided staff with detailed information on people's likes, dislikes, personal preferences, care needs and medical history. This meant people had choice in how their care was delivered and received support that was personalised.

Staff were skilled in delivering care and support and had a good understanding of people's individual needs. Support plans guided staff on how to support people to manage their mental health in a way which caused the least amount of distress, should they deteriorate or suffer a relapse. Risk management plans 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.

The registered manager told us they were committed to meeting people's needs with regards to their age, disability, gender, race, religion or sexual orientation and people were supported to maintain relationships which mattered to them. Support plans identified people's communication needs and how they could be supported to understand any information provided. The registered manager ensured people had access to the information they needed in a format they could understand. For example, we saw the registered manager had developed a number of easy read guides in relation to complaints, DoLS, community treatment orders and guardianship orders. This approach helped to ensure people's communication needs were known and met in line with the Accessible Information Standard (AIS). The AIS is a framework making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

People were encouraged and supported to maintain links with the community to help ensure they did not become socially isolated. People's support plans contained detailed information about people's hobbies and interests. People had many different opportunities to socialise and take part in activities, if they wished to do so. Staff described how they encouraged and supported people to take in things they enjoyed, for example, the community allotment, sports events, guitar lessons and singing. The provider produced a monthly activity programme and people were free to choose which activities they wanted to take part in, for example, walking, climbing, cookery, art, and music sessions. Technology was used to promote people's independence and well-being within the home. The registered manager told us how they had recently put in place a thumb scanner which gave people greater freedom to come and go as they pleased, while providing increased security.

People were aware of how to make a complaint and felt able to raise concerns if something was not right. One person said, "I would go straight to [manager's name]." Staff were clear about their responsibilities in

the management of complaints. They said they felt comfortable speaking to the registered manager if they had any concerns and were confident any concerns raised would be taken seriously and dealt with appropriately.

Is the service well-led?

Our findings

The home continues to be well led. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run.

People and their relatives had confidence in the registered manager and told us the home was well managed. A family member we spoke with told us, "The registered manager and staff are brilliant, I'm delighted with the care they provide."

The registered manager promoted an open culture where staff told us they felt valued, listened to and supported. A member of staff said, "The registered manager is fantastic, down to earth, you can talk to them about anything." Another said, [registered manager's name] is very supportive and hands on and not afraid to help out, even if that means giving up their weekend to support people. You couldn't ask for a better manager."

There were clear lines of responsibility and accountability within the management structure. External professionals expressed confidence in the leadership of the home. They told us, "I found the registered manager to be both caring and professional and has a real empathy towards the people they support" and "The registered manager is excellent at keeping us updated of relevant events." The registered manager said their door was always open if staff wanted to have a chat with them. Staff were happy and confident to challenge poor practice if they saw it and would contact the registered manager or other senior staff immediately if they had any concerns.

The registered manager had a number of quality monitoring systems in place to continually review and improve the quality of the service provided to people. They carried out regular audits, for example, on people's care plans, medication management, accident and incidents, health and safety, and the environment. Lessons learned from audits and investigations were shared with staff to improve practice.

There was a system used to obtain the views of people and their relatives and records showed an employee survey was sent to staff annually so they could give feedback about the home and the company. The registered manager told us they felt supported, communicated with senior managers daily and attended regular management meetings. They engaged in local forums, which provided peer support and enabled them to learn and share good practice.

The registered manager was aware of their responsibilities in relation to 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. They had notified the Care Quality Commission of all significant events, which had occurred in line with their legal responsibilities. We found the provider had displayed their rating in the home and on their web site.