

Priory Education Services Limited

Priory Radstock

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Priory Radstock is a care home providing accommodation and personal care for up to 12 people with learning disabilities, autistic spectrum disorder and/or mental health needs. The home comprises of the main house which contains five self-contained flats and five en-suite bedrooms. Alongside the main house there is another house called, The Coach House. At the time of the inspection there was one person living in the Coach House and 10 people living in the main house.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 12 people. Ten people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

Staff had not received a full range of comprehensive training to enable them to fully understand and support people's needs. The registered manager had a plan in place to address this.

There were systems in place to monitor the standard of care provided at the service. The systems were not fully effective in identify all of the areas for improvement we identified during the inspection.

Staff received regular one to one supervision and told us they felt supported.

Most areas of the home were clean; however, the laundry room was not. The registered manager took immediate action to rectify this.

People told us they felt safe living at Priory Radstock. Staff felt confident to raise concerns with the registered manager and were aware of external agencies where they could report concerns.

Staff supported people to manage their medicines safety. Risks to people were identified and guidance was in place for staff to reduce the level of risk to people.

There were enough staff available to support people. Staff were recruited safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's healthcare needs were identified and met. Staff worked with a range of healthcare professionals to meet people's needs.

People were supported by caring staff who worked towards promoting their dignity and independence.

People's care plans were detailed, people and their relatives were involved in writing their plans. Some of the care plans we viewed contained inaccurate information, and daily notes were not always fully completed. Some additional information was required in some care plans to ensure they provided staff with information in line with national guidance.

People's concerns and complaints were listened to and responded to. People and staff commented positively about the management of the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (May 2017).

Why we inspected

We brought this inspection forward because of concerns we had identified in one of the providers other locations.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

Details are in our well-Led findings below.

Priory Radstock

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector and an assistant inspector on the first day. The second day was completed by two inspectors and a member of the medicines team.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider completed a Provider Information Return (PIR). 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. The provider returned the PIR and we took this into account when we made judgements in this report. We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is legally required to tell us about.

We used all of this information to plan our inspection.

During the inspection

We spoke with five people who lived at the service. We also spoke with eight members of staff, this included the registered manager, assistant manager and care staff. We spoke with two visiting professionals. We reviewed a sample of people's care and support records. We also looked at records relating to staff recruitment and the management of the service such as incident and accident records, meeting minutes, training records, policies, audits and complaints.

After the inspection

We contacted seven health and social care professionals who regularly visit the service and received feedback from three of them. We also received feedback from one relative.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

- Most areas within the home were clean. However, the laundry room was not. The room had dirt and chipped paint from the walls on the floor, and cobwebs on the window sill. The cleaning of the laundry room did not form part of the homes cleaning schedule, so we were unable to check when it was last cleaned.
- We discussed this with the registered manager who arranged for the laundry room to be cleaned, redecorated and a cleaning schedule was put in place.
- There was a malodour in the lounge, the registered manager confirmed the cause of this and confirmed they had ordered replacement flooring.
- Staff had access to personal protective equipment such as gloves and aprons.

Assessing risk, safety monitoring and management

- People had individual risk assessments in place covering aspects of their care and support. Areas covered included, accessing the community, travelling in vehicles, risks to others and specific health conditions. We requested the registered manager reviewed one person's risk assessment relating to their health needs to ensure it covered all areas of risk in line with national guidance.
- We found that staff were not fully following one person's risk assessment relating to recording the checks they completed at night. The registered manager told us they would review this.
- People had detailed care plans in place to guide staff on how to support them during times when they were anxious. The plan included details of what made the person anxious and how staff should respond at these times.
- Some people's care plans included that staff could use restraint as a 'last resort' to keep people and others safe. Staff confirmed restraint was rarely used and only ever as a last resort.
- Staff told us incidents were manageable. One staff member told us, "Incidents are manageable we have a really good support system of staff and managers, we are always offered a debrief [following incidents]."
- The service's environment and equipment were maintained. Records were kept of regular health and safety checks. Individual emergency plans were in place to ensure people were supported to evacuate in an emergency.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person told us, "Yes I feel safe." Another commented, "Yes, I am safe."
- There were effective safeguarding systems in place. Staff knew how to identify abuse and were aware of how to report it. For example, one staff member said, "If I had any concerns I would go to [name of registered manager]. They would definitely take the right action, I would ring the adult safeguarding team if no one did anything, I would definitely do that. I have never seen anything here."

- Safeguarding incidents had been reported to the local authority.
- Staff received safeguarding training a part of their induction and regular updates.

Staffing and recruitment

- People told us there were enough staff available to meet their needs. One person commented on the agency use in the home, they told us, "Maybe we need more staff, some days there are more agency on. I don't mind, because there is always one staff member that knows me well."
- Another person told us, "There are enough staff, some familiar some different."
- We discussed agency use with the registered manager and they confirmed they were using some agency staff but this was not excessive. The registered manager had a recruitment plan in place. Staff confirmed the same agency staff were booked where required.
- Staff told us there were enough staff available to meet people's needs. One staff member told us, "I believe there are enough staff, every time I'm on there are enough and people get their one to ones."
- We reviewed the staffing rotas and saw vacant shifts were covered.
- Staff were recruited safely. Checks included references from previous employers and the Disclosure and Barring Service (DBS). DBS checks are important as they help prevent people who may be unsuitable from working in care.

Using medicines safely

- There were suitable arrangements for ordering, receiving, storing and disposal of medicines.
- The charts we reviewed showed medicines were being given as prescribed.

Learning lessons when things go wrong

- Incidents and accidents were reviewed and signed off by the registered manager and the providers positive behaviour support practitioner. Any lessons that could be learned from incidents were recorded on the incident form.
- The providers positive behaviour support practitioner told us they reviewed incidents weekly for themes. They also included an analysis of incidents in people's annual reviews.
- There had been a reduction of incidents for one person living at the service.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff told us they received a range of online training to enable them to support people living at Priory Radstock. We received some comments from staff stating they would benefit from additional face to face training to enable them to fully understand people's individual needs.
- There were nine people living at the service who were diagnosed as having an Autistic Spectrum Disorder (ASD), however staff had only received online "Introduction to Autism" training. Some staff had not received any additional training since 2015 and 2016. One staff member told us, "I don't know a lot, [about Autism], the online training is not enough, I need more training."
- Staff had also not received training in a health condition relating to one person's needs.
- One person told us, "Some staff don't understand me."
- We received some mixed feedback relating to the skills of the staff team from visiting professionals.
- The provider and registered manager had identified the gaps in the training needs and had arranged for face to face training programmes to be delivered to staff.
- Staff were positive about their induction and the support they received. One staff member told us, "Induction was really good, I asked a lot of questions and anything I needed to know was answered."
- Staff received regular one to one supervision to enable them to receive support and feedback on their work.

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

- People's needs were assessed prior to them moving to the home. The assessments formed the basis of the care plans.
- Two of the care plans we reviewed required some additional information to ensure they provided staff with information in line with national guidance. The registered manager sent us evidence of this being completed following the inspection.
- One person had an assessment that recommended a referral to a professional for a further assessment. This had not been completed at the time of the inspection. The registered manager confirmed following the inspection the referral had been completed.

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

- People told us they chose their meals and staff gave them support where required. One person told us, "I choose what I want to eat, and staff help me with cooking." Another commented, "I usually cook my own food, sometimes have it with chef, they cook good food and I used to help them."

- Some people chose to cook in their flats, whilst others chose their meals to be cooked by the chef. The chef told us people could choose that they wanted to eat, and that they would ensure their choices were always catered for.
- Where required people's weights were monitored. Staff supported people where they were at risk of losing weight.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People confirmed staff supported them to access healthcare services. One person told us, "Staff help me with making appointments."
- Records showed people accessed the dentist, GP, had support from the mental health team and attended hospital appointments where required.

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

- The environment was suitable for people's needs. There was a range of different living arrangements. In the main house some people lived in self-contained flats, and others had their own bedrooms. There was also a separate detached house where one person lived.
- People's bedrooms, flats and homes were personalised to meet their preferences. One person told us, "I am happy here, I like my flat."
- In the main house there was a communal space where people could choose to spend their time.

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

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People had the capacity to make most of their day to day decisions. Where it was thought they may not, capacity assessments for specific decisions were completed with relevant professional and family input.
- Staff told us the kitchen door was locked at night for safety and people could enter with staff. We discussed this restriction with the registered manager who told us this had previously been implemented due to a risk. They said however the risk was no longer present, and the kitchen would no longer be locked at night.
- Where people had capacity and chose to make unwise decisions staff respected this.
- Staff had a good understanding of the MCA. One staff member told us, "We promote them to make their own decisions, it's all to do with them, no one will ever make a decision without them, unless it's a best interest decision."
- At the time of our inspection, two people living in the home were subject to an authorised DoLS and three were pending assessment. One person had conditions on their DoLS and we saw these were being met.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- One person told us staff had on occasions entered their flat without knocking first. We fed this back to the registered manager. Other people confirmed staff always knocked on their doors.
- Staff told us one of their aims was to promote as much independence as possible for people. One staff member told us, "We are here to promote as much independence as possible, our aim is for people to move into the community alone, we support them as much as we can to achieve that." Another commented, "We are trying to make people as independent as possible, support them to feel comfortable when they are anxious, we do a really good job here, nothing is rushed there are no set times."

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

- People told us they liked the staff and the staff treated them with respect. Comments from people included, "I get on with them [staff], I am happy with the staff", "The staff are ok, [name of staff] is my keyworker and they are lovely", and "Staff are nice, kind and caring. I trust them and can talk to them."
- Staff spoke positively about their work and the people they supported.
- We reviewed compliments received by the service. One compliment we read stated, "For the first time I don't feel like I need to worry [about name of relative]. I am very happy with the support provided and I hope that this can be their home for many years."
- People's religious beliefs were recorded in care plans and people were supported to follow their faith if they chose to do so. One person told us, "Sometimes I go to church, staff take me."

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

- People told us they were involved in decisions about their care. One person told us, "I feel involved in decisions, yes." Another person commented, "I do feel involved, most of the time I do my own thing."
- One staff member told us, "They [people] make their own choices about everything."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were person centred, individualised and detailed. We found some parts of people's care plans did not reflect their current need or level of support. We did not find that this had any impact on the people. The registered manager confirmed they would update the care plans.
- Staff recorded information about people during each shift. Records we viewed were not fully completed by staff to reflect the support they were providing the person.
- People confirmed they were happy with the support they received and were involved in the care planning process. One person told us, "Staff talked to me about my care plan and I have signed it."
- Staff we spoke with knew the people they supported well and could tell us about their likes, dislikes and what was important to them.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's individual communication needs were assessed and recorded in care plans.
- Staff gave examples of how they met people's communication needs. For example, using pictures for one person.
- Staff knew people well and responded to their individual communication needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they were supported to attend their chosen activities, interests and hobbies. One person told us, "I go horse riding, do gardening, swimming and work on an allotment."
- There were a range of in-house activities planned such as bingo, cooking and music nights. People told us they enjoyed the activities on offer.
- People had weekly activity planners they completed with staff support, which included allocated one to one hours with staff.
- People were supported to access work and voluntary opportunities and confirmed staff had supported them with this.

Improving care quality in response to complaints or concerns

- People knew how to raise complaints or concerns and were happy they would be listened to and resolved. One person told us, "If I was unhappy I would talk to the staff, we have talk time every evening and they do listen to me." Another person told us, "I would talk to [name of registered manager] if I had any concerns."
- There had been two formal complaints raised in the past year. Complaints were acknowledged and responded to by the registered manager.

End of life care and support

- The registered manager told us people's end of life wishes were discussed and recorded if people chose to have this discussion with staff. We reviewed one person's care plan where this was not recorded, and the registered manager confirmed they would complete this with input from the person's relative.
- There was no one receiving end of life care at the time of the inspection.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were systems in place to monitor the standard of care provided at the service. The registered manager and provider had a range of audits in place to identify shortfalls and areas of improvement. The registered manager also completed a walk around the home each day to observe the environment, people and staff.
- Whilst the audits identified improvements required in the service they had not identified some of shortfalls we found. These included inaccuracies in care plans, the lack of daily records being completed, the laundry being dirty and that an assessment for one person had not been completed.
- The registered manager and provider had identified that staff required additional training in subjects relating to people's specific needs and they had arranged for this to be delivered to staff.
- Staff we spoke with were committed to their role and understood their responsibilities. There was a clear management structure in place.
- The Care Quality Commission (CQC) had been notified by the provider and registered manager of all incidents which had occurred in line with their legal responsibilities.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People knew who the registered manager was, and they felt able to approach them. Comments from people included, "[Name of registered manager] is alright, you can talk to them" and "You can talk to [name of registered manager]."
- Staff spoke positively about the culture of the service and staff team. One staff member told us, "We all get on well. Everyone is willing to help everyone, we can have open conversations with each other." Another staff member commented, "I'm glad I'm here, I love this job."
- Staff told us how they supported people to achieve their goals. One staff member said, "They might take a long time to achieve and it may seem to be small thing, but it can be massive for them."
- We received some mixed feedback from visiting professionals relating to people achieving their goals. We reviewed one person's goals which required more detail and structure to support the person to achieve them.
- Staff told us the registered manager was always available and approachable. One staff member told us, "I get on well with [name of registered manager] they are definitely approachable, any issues I would go straight to them, I wouldn't hesitate."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility to let others know if something went wrong in response to their duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People confirmed meetings were held to discuss items relating to the home called 'Your Voice' meetings. One person told us, "Your voice meetings are good." Another person commented, "I sometimes go to your voice meetings, they are alright."
- A survey of people's feedback had been completed in 2018, with mostly positive feedback recorded, actions from the survey had been completed. The registered manager confirmed they were currently collating the feedback for 2019 because this had only recently been sent out.
- Staff confirmed they attended staff meetings. One staff member said, "You can speak up at team meetings, and I do feel listened to."

Continuous learning and improving care; Working in partnership with others

- The service worked in partnership with other organisations to support care provision. For example, a range of health professionals. We received mainly positive feedback from the visiting professionals we contacted.
- The service maintained a record of accidents and incidents showing the details, action taken and outcomes. This supported any future learning from such events.