

Hawksyard Priory Nursing Home Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Hawksyard Priory Nursing Home is a nursing home providing personal and nursing care to people aged 65 and over and younger adults. The service can support up to 106 people across three floors. At the time of the inspection the service was supporting 64 people, some of whom were living with dementia.

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

Care plans were in place, however for some people there was a lack of recorded information available for staff in regard to distressed behaviours. There were not always enough staff to support those living with dementia.

Where people were prescribed 'as required' medicines there were some incorrect stock levels. Audit processes had not identified issues with behaviour management protocols within care plans or differing stock levels for some 'as required' medicines.

People were protected from the risk of abuse and by trained staff that understood how to keep people safe and the process to report any concerns.

Infection control guidance was being followed to ensure people were being protected against the risks in regard to COVID-19.

Statutory notifications were received as required. Systems were in place to learn when things went wrong and other professionals were contacted for support.

The manager understood their responsibilities, including duty of candour. People and staff were felt able to approach the management team.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 30 October 2019) where there was a breach of a regulation 17

The provider completed an action plan after the last inspection to show what they would do and by when to improve the service. Overall an improvement was noticed in other areas that were not looked at as part of this inspection and there was no evidence that people had been harmed. However, the provider was still in breach of regulation 17.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe and well-led

which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions were not looked at on this occasion but were used in calculating the overall rating at this inspection. The overall rating for the service has remained as requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hawksyard Priory on our website at www.cqc.org.uk.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.
Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.
Details are in our well-Led findings below.

Requires Improvement ●

Hawksyard Priory Nursing Home

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Hawksyard Priory 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.

The service did not have a manager registered with the Care Quality Commission. However, the current manager was applying for their registration.

Notice of inspection

The inspection was announced with less than 24 hours' notice before the visit. This was because we needed to be sure that the provider or manager would be available to support the inspection.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with six members of staff including the manager, senior care workers, care workers, a nurse and a domestic.

We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training records and quality assurance records after the inspection and provided feedback via a video call.

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 requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks to people were assessed and care plans and risk assessments were in place for staff to follow. For example, where a person had a specific health condition there were clear plans in place to monitor this to ensure the correct support was received. However, where some people experienced distressed behaviours there was a lack of documented information available for staff.
- Staff we spoke to were able to describe in detail how they would support people during distressed episodes to maintain their safety and had received training in positive behaviour support and dementia. However, this information was not included in peoples' plans and during the inspection some staff were observed to be struggling to manage these episodes.
- Consistent agency staff were being used at the service, however if new staff were needed at the service they would not have information available to enable them to support people during distressed episodes.

Using medicines safely

- Stock levels were not always correct. We found instances where some 'as required' medicines had the incorrect amounts carried forward from the previous month. This meant accurate records were not being kept of medicine stocks, however we found that no one had come to harm and medicines were stored and administered as prescribed.
- Protocols were in place for 'as required' medicines and body maps were in place for medicines requiring topical application.
- People told us they were happy with how they received their medicines. One person told us, "I get my pills when I need them and they ask me if I need more."
- Covert medications are given to people without their knowledge and often disguised in food or drink. Where covert medicines were used this had been decided in the best interests of the person, with the involvement from the GP, relatives and their pharmacy.

Learning lessons when things go wrong

- Systems were in place to analyse accidents and incidents for trends and had been reviewed by the manager. This was a thorough analysis and identified the number of falls, location and time of day when falls had occurred.
- However, we could not be assured actions identified to review staffing levels and to complete spot checks following an audit had been completed as this was not evidenced on the documentation.
- Following the inspection the manager gave assurances that actions taken following audits would be put in place to ensure actions required were followed up and monitored.

Staffing and recruitment

- Some staff told us there were times when it felt there were not enough staff especially on the unit supporting people living with dementia. One staff member said, "Staffing levels vary, some days it feels like there isn't enough if people are having a bad day." And "We do get busy when people get agitated and it can make other people anxious."
- Rotas were viewed on inspection the manager used a dependency tool to calculate the number of staff required for each shift.
- People were supported by staff that had been recruited safely in line with the provider's policies.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the service. One person told us, "I'm very happy here, I like the home and I feel safe here."
- Staff could recognise the signs of potential abuse and knew how to report concerns. One staff member told us, "If I saw anything I wasn't happy with I'd take it to the nurse on shift and they would raise it with the safeguarding team or I could call the local authority or CQC."
- Safeguarding referrals had been made to the local safeguarding authority and notifications had been received by CQC as required.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

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 requires improvement. At this inspection this key question has remained the same. 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

At our last inspection systems were either not in place or robust enough to identify issues and make improvements and there was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection there was still a breach of regulation.

There was no registered manager in post, however the manager in place at the time of our visit was in the process of registering.

- Audits were not always fully effective at identifying areas for improvement. Care plan audits had not identified the gaps in guidance available to staff to support people with distressed behaviours.
- Medicine audits had not identified where medicine stock records were incorrectly recorded. The audit process had not identified this as only a sample of medicines were being checked monthly. This was highlighted to the management team during the inspection who assured us this would be addressed. The manager confirmed this would now be included in the 'resident of the day' process to ensure stock checks of medicines was done regularly.
- We saw incident records of distressed behaviours charts were reviewed weekly by the manager to check if any care plan updates were needed or if reviews by professionals were required, however these were not documented. We were able to confirm where referrals to health professionals had been made that guidance had been followed. The manager confirmed these would now form part of a documented audit.
- The manager told us following the inspection they had implemented a 'resident of the day' process to ensure all care plans would be audited.

Although improvements have been made since the last inspection, some systems in place were not always effective at identifying improvements at the service. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The management team responded immediately during and after the inspection. They confirmed all the issues raised would be incorporated into their action plan and addressed. We will check this at our next inspection.

- We saw other examples of audits being in place and did identify areas for improvement. For example,

where one person's 'as required' medication protocol was out of date and this had been addressed.

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

- People told us that the staff and management team were approachable. One person said, "Staff are here to help and the boss [manager] is really nice." And "I enjoy watching tv in my room, but staff come in and we have a chat."
- Staff told us that the manager was approachable and supportive. One staff member said, "The manager is really supportive."

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

- Notifications were received when needed and the management team understood their responsibilities in relation to duty of candour. The manager told us, "We try to be as open and honest as we can when things go wrong and learn from them."
- The previous inspection rating was displayed in the home and on the providers website as required.

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

- People, relatives and staff were involved in the service. The management team told us they used electronic methods for relatives to give feedback had a relative's forum to give feedback about the service.
- Staff told us they had meetings with the management team and also had regular supervision sessions to enable them to share any concerns, feedback or request additional training. One staff member said, "The manager always listens and takes on board any suggestions we might have."
- Policies and training were in place in regard to peoples protected characteristics, and we saw that staff knew people well.

Continuous learning and improving care

- Accidents and incidents were monitored for trends, with clear reviews for people which identified the location, staffing levels and time of day and identified potential actions for those people to try to prevent reoccurrence.
- The management team told us they had access to registered manager forums and used this to gain information to gain up to date advice to help drive improvement. Board meetings were being held monthly using key performance indicators to assess the quality of the service being provided. Action plans were used to drive improvements and help to prioritise those areas within the service. The provider had recently been audited by an external company to assess the quality of their service to help drive improvements.
- The deputy manager had been nominated for a care award and on the day of inspection was being interviewed for the competition.

Working in partnership with others

- We saw evidence that the home worked closely with other health agencies to get good outcomes for people. We also saw how they worked closely with the local authority through the COVID-19 pandemic to ensure the home was complying with all current government guidance.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider's systems were not always effective at identifying and monitoring the quality of the service.