MACC Care Limited

Priestley Rose Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Priestley Rose Nursing Home is a care home providing personal and nursing care to up to 47 people. The service provides support to adults of all ages, some of whom may have dementia or physical disabilities. At the time of our inspection there were 37 people using the service.

People's experience of using this service and what we found
People were protected from the risk of harm through effective systems which assessed, monitored and mitigated risks to people's health, safety and welfare. People were supported by an established staff team, who knew people's needs well. People received their medicines safely and were cared for in an environment where the risk of infection was managed through regular cleaning and good hygiene practices.

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.

Quality assurance systems were effective for people, which meant people received consistent, good quality and safe care. People, relatives and staff spoke positively about the management of the service and systems were in place to seek people's feedback and drive continuous improvements.

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 (published 19 October 2019).

Why we inspected
The inspection was prompted in part by notification of an incident following which a person using the service died. This incident is subject to further investigation by CQC as to whether any regulatory action should be taken. As a result, this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of healthcare emergencies. This inspection examined those risks. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next

inspect.

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 well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Priestley Rose 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 Health and Social Care Act 2008.

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 1 inspector and a nurse specialist advisor.

Service and service type
Priestley Rose Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Priestley Rose Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with 9 people and 5 relatives about their experience of the care provided. We spoke with 2 professionals who have contact with the service. We spoke with 13 members of staff including the nominated individual, registered manager, clinical lead, quality and compliance manager and 9 members of nursing and care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 9 people's care plans, a range of medicine administration records (MAR) and 2 staff recruitment files. We viewed a variety of records relating to the management of the service including audit systems. We spent time observing the care that people received within the home.

Good

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People, relatives and staff told us people were safe at Priestley Rose Nursing Home. One person said, "They're looking after me, the staff are pretty good and all nice. I couldn't ask for more."
- Systems were in place to identify, report and investigate any safeguarding risks to people. Incidents were recorded and referred to the Local Authority safeguarding team where appropriate.
- Staff had received safeguarding training and understood the signs of abuse and how to report any concerns they may have. One staff member told us, "If I see something, I will report it straight away. I will inform the nurses and the manager."

Assessing risk, safety monitoring and management

- People's care needs were assessed, monitored and managed effectively. For example, systems were in place to monitor people's health needs such as diabetes or skin integrity. Relatives told us the care provided had led to good health outcomes for their loved ones.
- Staff knew people well and were knowledgeable about each person's individual health or support needs. One person told us, "Oh yes, they know me. It can be very helpful as well. They are very friendly, if I don't like things I tell them and they talk to me as a person."
- People's person-centred dietary needs were assessed and managed. Where people were at risk of choking, or had dietary requirements, this was reflected clearly in care plans and staff knowledge. The kitchen staff and care staff worked in collaboration to ensure risks relating to nutrition and hydration were robustly managed.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- Systems were in place to seek DoLS authorisations for people at risk of being deprived of their liberty. The

management team maintained oversight of completed authorisations to ensure further requests were submitted prior to the expiry dates for these documents.
● Staff worked within the principles of MCA and sought consent from people about their care. One staff member advised us, "First we say hello and ask permission to support the person. If they say no, that is fine. We will ask again later."

Staffing and recruitment
● Staff had been recruited safely. Pre-employment checks had been carried out including Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
● Staffing levels were maintained to meet people's needs in a timely way. Records showed, and our observations confirmed, that there were adequate staff available to support people. A relative said, "Staff are always walking past. I must have seen 20 in the last half hour."
● There was an established staff team, with several staff working at Priestley Rose Nursing Home for many years. This meant that people were supported by a consistent staff group and staff got to know people well.

Using medicines safely
● People's medicines were managed safely. Records showed medicines were administered as prescribed and we observed they were stored, monitored and labelled correctly. Where flammable creams were prescribed, associated risks to people were assessed and documented in their care plans.
● Systems were in place to ensure people's individual medication needs were met. For example, clear protocols were in place for people's 'as and when' medications or if a person needed to take their medications covertly.
● Staff received appropriate training and competency assessments were in place to monitor staff practice in relation to administering medications. We observed nurses confidently administering medication to people, in line with good practice.

Preventing and controlling infection
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. Whilst there were some signs of wear and tear throughout the home, this had been identified by the provider and plans were underway to make improvements.
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was supporting people living at the service to minimise the spread of infection.
● 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 responding effectively to risks and signs of infection.
● 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.

Visiting in care homes
The provider was facilitating visits for people in the home. During the inspection we observed several relatives and friends visiting their loved ones.

Learning lessons when things go wrong
● Systems were in place to review accidents and incidents and identify any learning. Incidents were

reviewed by the registered manager and audit systems tracked any themes or trends at the service. However, individual incident records did not always contain full details about the investigation carried out by the registered manager and the circumstances leading to the incident or injury. The register manager was responsive to this feedback during the inspection.

● The provider shared learning gained at other services within its group, to ensure a consistent approach at the homes within the organisation. Records showed this learning was discussed at management meetings and actions were identified for registered managers to address. For example, records from a management meeting focusing on dementia highlighted the use of 'rummage boxes'. We observed the boxes throughout Priestley Rose Nursing Home, containing tactile objects for people to enjoy.

Good

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Robust systems and processes were in place to oversee the quality and safety of the service. The provider also maintained oversight through audits and quality visits. This meant people received consistent, good quality care.
- The registered manager promoted a positive culture at the service that benefited both staff and people. There was an established staff team, many of whom had worked at Priestley Rose Nursing Home for several years. Some staff and relatives spoke of a family atmosphere at the home.
- Staff were clear about their roles and spoke positively about the people they supported. One staff member said, "I love it, everything about working with people. I sit with them and hold their hand… What people really need is gentle care and love. We have to put in our mind that that is the reason they are here and give them the best."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service engaged well with people, relatives and staff to drive continuous improvement. For example, the provider had implemented a 'Tea at 3' initiative, where staff and people took time together at 3pm to stop and have a chat. Staff met with people in communal areas or 1 to 1 in their rooms, to ensure everyone was included.
- Records showed that feedback surveys were conducted annually, and whilst the results were largely positive, any issues highlighted were actioned. In addition, resident meetings were conducted to involve people in the running of the service.
- Staff felt supported and found the registered manager approachable. One staff member said, "We have supervision and team meetings every 3 months. If there are any issues, the manager's door is always open. We have a very good manager who is very kind."
- The home worked closely with external professionals to provide people with any support they required. Relatives told us they were very confident that staff would contact health professionals and keep them updated as needed. One family member said, "I feel we've been supported and [my loved one] has been supported. We trust them, and that's everything."

Continuous learning and improving care

- Systems were in place to audit processes, highlight any issues and take action to address them. Audits

showed that any shortfalls identified were addressed and records updated.
● The provider had an improvement action plan in place to carry out renovations to the environment. This included refurbishment to the dining room and lounge areas, to improve the dining experience and communal space for people.

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 in relation to duty of candour. Systems were in place to ensure any incidents were recorded, investigated and relevant parties notified.
● Staff were aware how to raise any concerns if they were to arise and felt confident to escalate their concerns should they need to.