

Burlington Care (Yorkshire) Limited

Priestley

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

About the service: Priestley is registered to provide accommodation for up to forty people aged 65 and over who require residential care. At the time of our inspection there were 38 people at the home. Some people who used the service were living with dementia.

People's experience of using this service: Safe recruitment processes were followed, although one recruitment file did not state why an applicant's reference had changed. There were sufficient numbers of suitably qualified staff to provide care who received ongoing support and training.

People said meals were not always being served hot. This was identified in the satisfaction survey and the registered manager had taken action. We have asked them to monitor this. People were supported to maintain a healthy and balanced diet and they had enough to drink.

People felt safe living at this home. They were supported by staff who received training and were able to identify and respond appropriately to abuse. Risks to people were assessed, monitored and reviewed.

Safe systems were used to support the management of medication. Staff had regular training and competency checks were carried out. People received prompt support from staff to access healthcare services.

Care plans were person-centred and provided relevant information for staff. We observed staff were kind and compassionate in their interactions and they knew people's needs and their preferences. Privacy and dignity was always respected.

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 service supported this practice. When people were unable to make their own decisions about their care and support, the principles of the Mental Capacity Act (2005) were followed.

Feedback was invited through satisfaction surveys, meetings with people and relatives as well as the complaints process. These were discussed with staff which helped to promote continuous improvement. A regular system of audits was found to be effective. The registered manager provided strong examples of where they had developed relationships with partners in the local community. People and relatives provided positive feedback about the registered manager.

Rating at last inspection: This was our first inspection of this service since it re-registered in February 2018.

Why we inspected: This was a scheduled inspection based on the date the registered provider re-registered this service.

Follow up: We will continue to monitor intelligence we receive about the service until we are scheduled to return. We inspect according to a schedule based on the current rating, however may inspect sooner if we receive information of concern.

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

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 safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Priestley

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection team consisted of two adult social care inspectors and an expert by experience with experience in dementia care. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type: Priestley is a care home without nursing. This means it provides people with accommodation and personal care. 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: Our inspection was unannounced.

What we did: Before the inspection we reviewed the information we had received from the service including notifications about incidents in the home that the registered manager is required to make. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also asked the local authority, safeguarding teams and other professionals who have contact with the home for any information they could share about the service. We did not receive any information of concern.

During the inspection we spoke with the registered manager, deputy operations director, four members of staff, 12 people who used the service and six visiting relatives. We looked at four people's care plans and other records including those connected with recruitment and training, maintenance of premises, medicines administration and quality monitoring.

We observed staff providing support to people in the communal areas of the service. By observing we could judge whether people were comfortable and happy with the support they received.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe with the care provided at the home.
- People were supported to understand how to keep safe and to raise concerns when abuse occurred. People and relatives told us they felt safe and protected from harm.
- Staff knew how to recognise abuse and protect people from the risk of abuse.
- The registered provider had an up-to-date safeguarding policy and they were following the West Yorkshire safeguarding procedures.

Assessing risk, safety monitoring and management

- Key safety checks were undertaken on the building to help keep people safe. Fire safety was appropriately managed.
- Individual risks to people were assessed, monitored and reviewed. Accidents and incidents were analysed to look for themes. The registered manager told us they had scheduled a night time spot check as they identified a theme with falls occurring around this time. The registered manager wanted to check for hazards which might increase the risk of falls. For example, whether people had access to call bells.
- Safe moving and handling practices were carried out by staff and they reassured people they were assisting.

Staffing and recruitment

- People told us there were enough staff to meet their needs. One person told us, "They come around every two hours [at night time] to make sure you're alright."
- The registered provider had 'bank' staff which meant they did not need to use agency workers.
- Staff had a visible presence around the home. There were sufficient numbers of staff to meet people's needs.
- Safe recruitment processes were followed, although we found the recording of why one staff member's reference had changed was not clearly stated. The registered manager told us they would address this.

Using medicines safely

- People told us they received their medicine when they required them.
- Systems used to ensure the safe management of medicines were organised and people were receiving their medicines as prescribed. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- Staff had received up-to-date medication training and had their competency to administer medicines was assessed annually.
- Safe protocols for the use of 'as required' medicines were in place.
- Medication audits were regularly completed and found to be effective.

Preventing and controlling infection

- Staff were seen regularly using hand sanitising gel from stations which were fitted throughout the building. We saw staff wearing gloves when they were helping with personal care or serving food.
- The home was found to be clean and without odours.

Learning lessons when things go wrong

- The registered manager told us they learned lessons when things went wrong. For example, feedback from complaints was discussed with staff to ensure continuous improvement.

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care and support needs were assessed so care plans could be written to show how those needs would be met.
- Nationally recognised risk assessment tools were used to assess risks, for example, those associated with nutrition and skin integrity.

Staff support: induction, training, skills and experience

- People were supported by staff who had ongoing training. Training records we looked at showed high levels of completion.
- Staff were given opportunities to review their individual work and development needs through regular supervision and appraisal.
- Staff induction procedures ensured they were trained in the areas the provider identified as relevant to their roles.

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

- A relative told us staff recognised their family member wasn't eating very well and had lost weight. Staff had sought help and advice regarding this.
- People told us they were pleased with the food provided, but some others mentioned their meals were not always hot. We saw 'resident' meeting minutes where this had been discussed and the registered provider had purchased trolleys to keep the food warm.
- People had a positive mealtime experience which happened in a relaxed environment with people and staff chatting. People were offered alternatives if they wanted something different to eat.
- Staff were familiar with people's dietary needs. Special equipment was provided for people who needed special cutlery or plate guards.

Staff working with other agencies to provide consistent, effective, timely care

- We observed a handover between shifts and found relevant information was shared which included details of professionals' staff worked with to meet people's needs.

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

- The registered manager told us one of their challenges was making the living environment more dementia friendly. They told us doors would be painted in unique colours and they had signage ready to fit. These kinds of adaptations can make navigating the living environment easier for people living with dementia.
- Coloured plates were used to help provide contrast with food served for people living with dementia and those experiencing sight loss.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare from professionals such as GPs, chiropodists, dentists and opticians. They told us staff were quick to spot changes in people's health and arranged for GPs to attend in a timely way. One relative said, "They noticed straight away [that person was unwell] and got the doctor in."

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

Staff had received training in MCA and DoLS and could describe the impact of these on people's care and support. The registered manager maintained an overview of DoLS authorisations and had been in touch with the local authority regarding outstanding applications.

We saw staff asked for consent before providing any support. People were given choices as part of their daily routines.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were consistently positive about the care and support they received from staff. Their comments included, "Staff are very kind and caring," "They talk to you and discuss things, how I like things," "They're all very good and kind," "They've always time for you" and "You have fun with the staff," "It's the personal care and they know everybody's name, as soon as they open the door in the morning they said good morning [person's name]."
- One relative said, "Staff are very friendly." They also told us they were always made welcome when they visited.
- One person explained how a person had recently died in the home and they commented about the support from staff following this event, "They (staff) were just angels in here."
- Throughout our inspection we witnessed many caring and sensitive interventions and discussions between staff and the people.
- The registered manager told us a group of people enjoyed getting together on a night time to chat and enjoy a glass of cream liquor.
- Staff knew the people they were caring for and the electronic daily records meant every interaction was recorded. The atmosphere was relaxed and calm.
- The registered manager tried to avoid the stereotype of older person's homes. They said, "We're just people looking after people."
- The activities coordinator worked with one person who was anxious about leaving their room. They were supported to gradually build up their confidence and spend longer periods in other areas, enjoying coffee and cake. Another person who preferred to stay in their room was encouraged to participate in a flower arranging session.
- One person's soup was too hot. A staff member noticed they were not eating and asked the person if they wanted it taking away to cool down and they agreed.
- Feedback from the January 2019 satisfaction survey included 'Staff are always very helpful and efficient. It is obvious that all staff care and respect all residents. Staff always ensure residents are treated with respect, demonstrating compassion at all times. Priestley is a love home.'

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

- We saw there was consistently positive feedback about care and support in the questionnaires sent regularly to people and their relatives.
- One person told us they were having their room painted and were given the choice of colour. They said, "They consult with you."
- The activities coordinator sat with people to plan the activities rota for the following month.

Respecting and promoting people's privacy, dignity and independence

- One relative when asked if they felt their family member received their care in a dignified way said, "It was done extremely well and I know they're happy with it."
- We observed staff knocking on people's doors throughout the inspection.
- People were supported by staff to take pride in their appearance. We saw people wearing jewellery and make up. People told us they were supported to maintain their personal hygiene through baths and showers when they wanted them.
- People's dignity was respected during moving and handling transfers.
- The registered manager provided a good example of how they met people's equality, diversity and human rights. Staff received training in equality and diversity. We found people were supported to maintain their religious beliefs.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's needs were assessed and from this care plans were developed. They were person-centred and reviewed every month. Care plans contained information to help staff understand how best to support people according to their needs and preferences. Our observations of care showed staff followed this guidance to provide person-centred care.
- There was a mix of paper and electronic care records as the registered provider was moving to electronic care planning.
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals. For example, picture cards had been used to assist people to communicate and the satisfaction survey was available in an 'easy read' version.
- The activities coordinator told us a mobile library provided people with audio books. The library provided a memory stick with audio readings of the news which assisted people living with sight loss.
- People told us they were encouraged, but not pressured into joining in activities. One person said, "They [staff] come in and say would you like to join us in the lounge, but accept if I say 'no'."
- We observed people taking part in activities and could see from their reactions they were enjoying the events. Each morning the activities coordinator encouraged people to participate in gentle exercises which helped people to retain muscle strength.
- People had grown their own tomatoes, chillies, peppers and potatoes. Staff and one relative told us how the home took part in 'Birstall in Bloom' and noted the home had won certificates.
- The activities coordinator provided one-to-one activities as some people were unable or preferred not to socialise.
- One person had recently been out on a visit to an event in the community which linked to their job, when they worked. Staff arranged for them to accompany the person as they wouldn't have otherwise attended.
- Staff used handheld electronic devices to access and record information about people's care needs and how these were met. We found people had access to social media, electronic tablets and they were able to access the home's own Wi-fi.

Improving care quality in response to complaints or concerns

- We saw the complaints procedure was on display in the home. People knew how to complain if they were dissatisfied.
- The registered manager carried out a periodic review of complaints and concerns. This was to look for any themes and trends and action to address these.
- Complaints were taken seriously and investigated. Remedial action was taken to ensure complaints were

resolved in a timely way and feedback was provided to complainants.

- We passed on a concern to the registered manager which was raised by a relative on the day of our inspection. They told us they would look at this.

End of life care and support

- The registered manager had contacted Kirklees Council to access training for staff in end of life care. The registered provider had also accessed training at a funeral parlour. This was to give staff an understanding of what happens when someone dies and to share this with families, if they were interested. End of life care discussions were recorded in the care plans.

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

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

- At the time of our inspection there was a registered manager in post. They were aware of the legal requirements regarding events which they are legally required to tell us about.
- People and their relatives told us Priestley was well led. One person told us, "Honestly, anything you request, it's granted to you."
- The registered manager and staff demonstrated a commitment to providing a high standard of care both in their responses to our questions and in the care delivery we observed. People and staff gave positive feedback about the leadership in the home.
- The registered manager empowered their staff team to take responsibility for their areas of interest. Champions were appointed for care planning, moving and repositioning, dignity and dementia.
- There were systems in place to measure and improve quality in the service. We saw a range of quality assurance audits which demonstrated the registered manager's oversight of the home. They looked for themes and trends and areas of concern were found to be addressed.
- The registered manager completed a daily walkaround to check whether any issues with the living environment were evident.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager explained how they wanted staff to view the home, "To me it's someone's house. We work really hard at it being people's home."
- We asked one person about the registered manager who said, "A lovely person, ten out of ten, that woman." Staff all said the registered manager was approachable and they felt they worked well together as a team.

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

- Quarterly meetings were held for people and their relatives to raise issues and make suggestions. no one attended the last meeting, but in January 2019, eight people attended. There were regular meetings in 2018 and we saw these meetings were used to discuss issues which showed the registered manager was open about the running of the home. For example, discussions about the move to electronic care planning and discussing end of life care were seen.
- Staff meetings were also held quarterly and showed, for example, action was taken as a result of feedback about the home.

Continuous learning and improving care

- A satisfaction survey had been completed in January 2019. The registered manager carried our surveys every six months to give people a chance to voice their opinions. 'You said, we did' findings from the survey were on display which explained what actions had been taken. We saw people's feedback about the service was positive.

Working in partnership with others

- The registered manager told us, "I've worked really hard to make us part of the community." We found the registered manager had excelled in this area.
- The registered manager had developed a relationship with a supermarket chain who offered the home flowers which they were unable to sell. This contributed to Priestley looking colourful and provided a topic of conversation. People had been invited to local schools and various other groups and in turn, they were invited to the home. Volunteers from the local college helped to make beds, provide drinks and interact with people. We saw them providing assistance on the day of our inspection. The Royal Voluntary Service visited the home once a month to sing. The registered manager had engaged with different faith groups and befrienders as well as Kirklees Community Plus.