

Priory Education Services Limited

Priory Rookery Hove

Inspection report

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Priory Rookery Hove is a residential care home for up to 13 younger adults with learning disabilities, autism, or mental health conditions. Six people were living at the home at the time of our inspection. Priory Rookery Hove is a transitional unit. The aim of the service is to develop people's life skills and give them opportunities to move on to more independent living.

Priory Rookery Hove was designed, developed and registered before 'Registering the Right Support' best practice guidance was published. If the provider applied to register Priory Rookery Hove today it is unlikely the application would be granted. The model and scale of care provided is not in keeping with the cultural and professional ideas of how services for people with a learning disability and/or autism should be run to meet their needs. Improvements are needed to ensure the service develops in line with the values that underpin the Registering the Right Support and other best practice guidance. The building design fitted into the residential area and the other large domestic homes of a similar size. There were no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were 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

People told us they felt safe at the home and with the staff who supported them. They said staff had time to spend with them to plan and review their support.

There was evidence of learning when things went wrong. When accidents or incidents occurred, these were reviewed to identify measures that could be put in place to prevent a similar incident happening again. If risks to people were identified, a risk management plan had been put in place. These included guidance for staff about how to support people in a way which minimised risks.

The use of Positive Behaviour Support (PBS) was more effective than it had been at our last inspection. (PBS is a person-centred approach to supporting people with a learning disability or autism.) Potential triggers for behaviours were identified and recorded. Strategies to avoid escalation had been developed, which were known by staff.

People told us staff had supported them to protect themselves from the risk of COVID-19 infection. Additional infection control measures had been implemented to protect people and staff during the COVID-19 pandemic. These measures included the use of appropriate PPE, more frequent cleaning of the home and ensuring staff were up-to-date with guidance about infection control.

People's care records had improved since our last inspection. Old material had been archived and people's support plans reviewed with their involvement. This meant people's support plans were more relevant to their needs. For example, some people's support plans focused on developing the skills needed to move on

to more independent living.

Staff told us they received good support from the registered manager and deputy manager. They said the registered manager had improved many aspects of the service since taking up post in March 2020. Staff described the registered manager as approachable and supportive and said he had instilled a sense of clarity about what the service aimed to achieve for people.

Opportunities for people to have their say about the home and the support they received had increased. People told us they were involved in planning their care with support from an allocated keyworker. Residents' meetings took place regularly at which people were encouraged to give their views about the service and the support they received. People told us staff listened to and acted upon what they had to say.

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.

Although we found evidence of improvements at this inspection and improvements in the ratings for the key questions we reviewed, we were unable to change the overall rating as we did not review all of the previously 'inadequate' domains.

Why we inspected

Priory Rookery Hove was last inspected in November 2019 and was rated 'Inadequate' overall and placed in special measures. The provider completed an action plan after the last inspection to show what they would do and by when to improve Safe care and treatment, Safeguarding and Good governance.

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.

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

Follow up

We will continue to monitor the service action plan to understand what the provider will do to improve standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 ●

Priory Rookery Hove

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.

This was a focused inspection to check whether the provider had met the requirements of the last inspection in relation to Regulation 12 (Safe care and treatment), Regulation 13 (Safeguarding) and Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Inspection team

The inspection was carried out by two inspectors. A third inspector made telephone calls to staff after the inspection.

Service and service type

Priory Rookery Hove 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 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

We gave the service 24 hours' notice of the inspection. This was because we needed to check our visit was carried out in a way which complied with the provider's policies and procedures about infection control and the use of PPE during the Coronavirus pandemic.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority who work with the service. We used the information the provider sent us in the provider information return (PIR) on 17 April 2020. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service about their experience of the support provided at the home. One person who used the service left us written feedback as they knew they would be out when we visited the home. We spoke with the registered manager, deputy manager and four staff. We spoke with the operational supervisor during feedback at the end of the visit. The operational supervisor supervises the management of the service on behalf of the provider. We reviewed four people's care records, including their support plans, risk assessments and risk management plans. We read minutes of residents' meetings and staff meetings. We checked arrangements for medicines management and the quality monitoring checks carried out at the home.

After the inspection

We made telephone calls to three staff who were not on duty at the time of our inspection to hear their feedback about the service. We reviewed additional information sent to us by the registered manager, including training records and the service action plan.

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 Inadequate. At this inspection this key question has improved to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was a risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection, we found that lessons were not learned when things went wrong. Accidents and incidents were recorded but action was not taken to reduce the risk of them happening again. We also found that risks to people were recorded but not managed robustly. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12. Although we found evidence of improvements in this domain, we are unable to award a Good rating until we can be sure that these improvements can be sustained.

- We found evidence that staff learned from accidents and incidents. If an accident or incident occurred, senior staff held a 'huddle' as soon as possible after the event to understand the triggers and to identify any learning that could be implemented. Accidents and incidents were reviewed to identify actions that could be taken to reduce the likelihood of a similar incident happening again.
- At our last inspection, we found risks were recorded but there was no evidence of effective measures to mitigate these risks. At this inspection, we found that risk management had improved. If risk assessments identified situations which could pose a risk, there was a clear risk management plan in place. Risk management plans provided guidance for staff about how to support people in these situations to prevent harm and to prevent the risk level escalating.
- Staff told us risk management plans meant people received consistent support if an incident did occur. One member of staff said, "We have risk assessments for people and they include procedures for staff to follow, so we know what to do. I'm confident of the procedures."
- Since our last inspection, staff had attended training to ensure they had the skills they needed to provide people's support safely and effectively. This included training in medicines, autism, gender identity and transgender training. One member of staff said, "There is plenty of training now. We've had autism training, transgender training, health and safety. The transgender training was really informative. We have SCIP training coming up, too."
- Staff also attended training in PROACT-SCIP, which is a person-centred approach to supporting people who display behaviours that challenge. The registered manager told us some staff still needed to attend this training but that the additional required sessions had been scheduled.

Systems and processes to safeguard people from the risk of abuse

At our last inspection, we found that although policies to protect people from abuse were in place, these had not always been followed. An incident in which a person made an allegation about their treatment had not been properly documented or investigated. This was a breach of regulation 13 Safeguarding service users from abuse and improper treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- People told us they felt safe at the home and with the staff who supported them. They said they had previously felt unsafe due to staff being unable to manage antisocial or violent behaviours displayed by people at the home. One person said, "In the last few years, things have been up and down due to bad choices about who lives here. It stressed me out and caused my anxiety to peak. But in the last few months, the place is going back to normal at last. I feel safe to live here now, like I used to."
- Staff attended safeguarding training and understood the different kinds of abuse people may experience. Staff told us they would feel confident to speak up if they had concerns about people's safety or well-being. They said they knew how to escalate concerns outside the service if they felt their concerns were not responded to appropriately.

At our last inspection, the premises and some of the equipment used were not clean or properly maintained. The registered person had not maintained appropriate standards of hygiene. This was a breach of regulation 15 Premises and equipment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

Preventing and controlling infection

- The home was clean and hygienic at the time of our inspection. Additional infection control measures had been implemented to protect people and staff during the Covid-19 pandemic. These measures included more frequent cleaning of the home and ensuring staff were up-to-date with guidance about infection control and PPE.
- People told us staff had supported them to protect themselves from the risk of COVID-19 infection. One person said, "The staff have done a good job keeping us safe since COVID-19 hit this country. They have kept us safe by making sure we wear the right protection and when we go out, asking if we want staff to come with us."
- The provider's PIR confirmed that staff had always had access to the PPE they needed. The PIR stated, 'We have worked closely with local providers and our central team to ensure that we have sufficient supplies of PPE at all times. This is to ensure we can safeguard the residents and staff with the current COVID-19 pandemic.'
- Staff confirmed that they had access to the PPE they needed and that they had attended training specifically related to COVID-19. One member of staff told us, "We have enough PPE; we can change PPE as we need to. On the shift plan there is a plan for changing the masks, and we can change them when we want to. We provide PPE for people if they want it, for example some people like to wear gloves when they go out." Another member of staff said, "We all wear masks. And the cleaning is better. It's cleaner here now than it ever was. We've had COVID training, weekly updates and there is a policies folder."

Staffing and recruitment

- People told us staff were always available when they needed them, which helped them feel safe. This was confirmed by staff, one of whom told us, "[People at the home] feel safer now. There are staff around to support them. Before, the staff were busy just dealing with incidents. Now we have more time to spend with them."
- Staff said people's experience of living at the home had improved as a result of staff having more time to support them. One member of staff told us, "Residents are calmer since other people left. It feels like a better vibe now. You can just feel it when you walk in. People have definitely changed. There are more activities. Before there was too much just coping, we didn't have time to do anything else. Now there is structure and people like that."
- Staffing levels were monitored through the provider's quality assurance systems. We observed that staff had time to spend with people during our inspection. This included supporting people if they wished to go out.
- We did not check recruitment records at this inspection. All the staff at the service except the registered manager were employed at the home at the time of our last inspection. At the last inspection, we found that staff were recruited safely. The provider had systems in place to ensure staff were safe to work with people before they started working at the home. References were checked and a Disclosure and Barring Service (DBS) certificate obtained before staff started work at the home. The DBS allows employers to find out if a potential staff member has any criminal convictions or they have been barred from working with adults receiving care.

Using medicines safely

- People's medicines were managed safely. People told us staff supported them to take their medicines when they needed them. If people wished to manage their own medicines, a risk assessment was carried out to support them to do this safely. Any homely remedies people used had been authorised by a healthcare professional.
- Each person had a medicines administration record (MAR) which detailed the medicines they took, including their purpose and potential side-effects. The medicines records we checked were accurate and up-to-date.
- There were appropriate arrangements for the ordering, storage and disposal of medicines. Staff followed recommended good practice guidance in medicines management, for example recording double signatures on hand-written MAR entries, and carried out regular medicines audits. Two of the home's senior staff had been appointed as medicines leads, which helped ensure accountability for standards of medicines management.

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 Inadequate. At this inspection this key question has improved 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; Continuous learning and improving care

At our last inspection, systems were not in place to mitigate risks relating to the health, safety and welfare of service users and others. This was a breach of regulation 17 Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17. Although we found evidence of improvements in this domain, we are unable to award a Good rating until we can be sure that these improvements can be sustained.

- People's care records had improved since our last inspection. Old material had been archived and people's support plans reviewed and updated. Where necessary, new support plans had been developed to reflect people's individual needs. For example, some people's support plans focused on developing skills which would enable them to move on from the service to more independent living.
- The use of Positive Behaviour Support (PBS) had increased. This involved identifying potential triggers for behaviours and developing strategies to avoid escalation.
- Staff told us these monitoring systems helped ensure that people received the individualised support they needed. One member of staff said, "Even when we have incidents now, I think we as a team are better prepared. We know what causes it and the triggers. The signs are recorded; how they talk, what they might say. It is really a good tool."
- Staff maintained a system of in-house checks and audits which monitored standards in areas including medicines, health and safety and the activities people took part in. The nominated individual visited the service regularly and the provider carried out internal quality checks.

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

- We heard much positive feedback about the impact the registered manager had had in improving the service. One member of staff told us the registered manager had brought calm to what had previously been a chaotic atmosphere, which had improved the experience of people living at the home. The member of staff said, "It feels a happier place now, and a safer place. [Registered manager] has contributed to that. He

has a calming presence." Another member of staff said, "It is a lot calmer since [registered manager] has been here. He has come in and steadied the ship. Lots of things have been addressed."

- Some people had been supported to progress towards more independent living. One person told us they had been supported by their keyworker to explore more independent accommodation and a member of staff said of another person, "He is looking at independent living with support. We are speaking with his social worker to help him buy a house and have support at home. We talk to him about moving on. His social worker comes and we talk about it."
- The registered manager understood the need for transparency and openness when adverse events occurred. Staff said they felt able to speak up if they had any concerns about the service or about people's care.
- Communication amongst the staff team had improved, which meant people received more consistent support. Team meetings took place regularly and staff told us they were encouraged to speak up if they had any concerns. One member of staff said, "Paperwork is better now, better communication too. We have more staff meetings now; they are regular and there are minutes we can read if we miss them." Another member of staff told us, "There have been staff meetings weekly. We discuss each resident and their needs. Staff can bring up their concerns if they have any."
- Staff said they received good support from the registered manager and deputy manager. They said they received one-to-one supervision which enabled them to discuss their role and any concerns they had. One member of staff told us, "They are very supportive. I would feel comfortable talking about anything with either of them. I would not wait for supervision though, I could go to them anytime." Another member of staff said, "The manager feels like a manager. I feel now there is someone I can go to with my concerns."

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

- People told us they were involved in planning their care and support. They said they did this with support from an allocated keyworker. One person told us, "I went through [my support plan] with my keyworker and signed to say I was happy with it." Another person said, "I have a keyworker session once a month. I can say what I want help with."
- Residents' meetings took place regularly and people said they were encouraged to give their views about the service and the support they received. One person told us, "We have residents' meetings. We talk about trips we want to do."
- The minutes of residents' meetings demonstrated that people were asked about activities they would like to take part in, meals they would like to cook and how they would like the home to be decorated. The minutes also demonstrated that staff had given people information about how to keep safe during the COVID-19 pandemic.
- People had been involved in the recruitment process of the home's registered manager. People had opportunities to think of questions they would like applicants to be asked and one person sat on the interview panel.
- Staff told us they felt involved in the development of the service. They said the service now focused more on the individual needs and wishes of the people who lived there. One member of staff said, "There's been a lot of improvement. I feel it's moving towards a better place. We look at residents' wishes more; we all have the same aim."

Working in partnership with others

- Since taking up post, the registered manager had liaised with the local authority and CQC to ensure service commissioners and the regulator was kept up-to-date about progress towards improvement. This included reviewing and updating the service action plan which recorded the measures required to improve, such as reviewing people's support plans and risk assessments, holding regular governance meetings, staff

training and supervision.