

Hawksyard Priory Nursing Home Limited

Hawksyard Priory Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

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

Hawksyard Priory is a nursing home providing personal and nursing care to 50 people aged 65 and over at the time of the inspection. The service can support up to 106 people in one adapted building split over three floors. The home provides support to people living with dementia.

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

People's medicine records were not consistently completed accurately and risk assessments and plans for mitigation were not always in place for people at risk. People were supported by enough safely recruited staff, however some improvements were needed to staff deployment.

Actions were not consistently taken to make improvements where these had been identified through quality audits and some audits were not effective in identifying concerns. Checks on the environment were carried out and recorded, however the records lacked detail to show if current guidance had been considered. We have made a recommendation about window restrictors.

People were protected from the risk of abuse and cross infection by trained staff that understood the procedures to keep people safe. Where people were involved in incidents, there was a learning process in place to prevent them from reoccurring.

People had their needs assessed and plans put in place to meet them, these included clear plans for maintaining their health and wellbeing and input from health professionals. People had a choice of food and drinks and their needs were understood by staff. The home had been adapted to meet people's individual needs, staff were trained and were providing consistent support.

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 were supported by caring staff who they had developed good relationships with. Staff offered people a choice and supported them with decision making. People were treated well, with dignity and respect and had their privacy maintained.

People received support in a person-centred way. Individual needs and preferences were understood by staff and people were supported to do things they enjoyed. Needs and preferences for when people were receiving end of life care had been considered.

People were supported in an inclusive environment. The manager understood their responsibilities including duty of candour. Notifications were received as required. There were systems in place to learn when things went wrong, and partnerships were in place with other professionals. People were involved in

the service and 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 Inadequate (report published 15 May 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough, improvement had not been sustained and the provider was still in breach of some regulations.

This service has been in Special Measures since 15 May 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

Enforcement

We have identified breaches in relation to how the home is governed and managed at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the 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 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 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.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. 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

Hawksyard Priory 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 in post. They had applied to be registered with the Care Quality Commission but their application had not been fully processed at the time of the inspection. This means that once registered 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

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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.

During the inspection

We spoke with nine people who used the service and six relatives about their experience of the care provided. We spoke with 14 members of staff including the nominated individual, managers, consultants, nurses, senior care workers, care workers and the human resources staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included 11 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 training records, audits and governance systems were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found and we looked at training data made available following the inspection.

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 now improved to requires improvement. 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.

Using medicines safely; Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people and safely administer medicines. 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.

- People and relatives told us risks to safety were managed well. One person said, "I came here because I had fallen over and cracked my ribs. As I had fallen on my back, but since I arrived here they won't let me use the bathroom on my own."
- Staff were knowledgeable about how to manage risks to people's safety. Staff described risks and management plans for people at risk of falls, their skin breaking, from behaviour that challenged and risks associated with specific health conditions.
- Risk assessments and plans to mitigate the risks were in place for most people, however we found the system to document this had not been used consistently for behaviour that challenged. The manager acted straight away to update the care plans and assessments were being completed during the inspection.
- People and relatives told us they received their medicines as prescribed. One person said, "I take tablets when necessary and I do know what they are for."
- Medicines were stored safely and there were systems in place to ensure there was enough medicines available for people. There was guidance in place for staff on how to safely administer medicines. This included protocols for medicines taken on an as required basis.
- We found there were gaps in people's Medicines administration records (MAR). We checked and found people had received their medicine as prescribed, but the records had not been signed. The manager told us they would investigate why this had not been identified early and would look to change the checking process to prevent this from happening again.

Staffing and recruitment

- People were supported by enough safely recruited staff, but staff deployment required some improvement at mealtimes. One person told us, "I ring the bell, they come and help me, they are very good if they are busy they check how I am and tell me they will be back." However, some people and relatives also commented they felt the home could do with more staff. One person commented, "I don't know if they have enough staff."
- Staff told us the home mostly had enough staff on duty but there were times when they felt they could do with more staff available. There was a dependency tool in place which was used to determine how many

staff were needed to support people safely.

- We saw people that called for help were not having to wait for their care and support. At lunchtime on the top floor staff were not always free to encourage people to eat and people walked away from their meals. The manager told us they would look at deployment of staff at lunch times to improve this, we will check if this is effective at our next inspection.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from the risk of abuse. People told us they felt safe and relatives confirmed they had no concerns over people's safety.
- Staff were trained in safeguarding procedures and how to recognise abuse. Staff were able to describe how incidents were reported.
- Records of incidents showed staff alerted the manager to any potential concerns. The manager had reported incidents to the local authority where required and notified CQC.

Preventing and controlling infection

- People were protected from the risk of cross infection. Staff told us they had received training and could describe how they followed procedures to keep people safe.
- We saw staff used protective equipment such as gloves and aprons during the inspection and hand gels were available throughout the home.
- The home was clean and free from any malodours and there were systems in place to ensure daily cleaning routines were followed by staff.

Learning lessons when things go wrong

- There were systems in place to learn when things went wrong. For example, all accidents and incidents were reviewed to see if there had been any trends or patterns. The manager could show us where a reduction in falls had happened following changes to the environment.
- The manager told us issues and incidents were also discussed in the daily meetings of department heads. The meeting allowed discussion across all areas of the home and enabled learning to be shared.

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 requires improvement. At this inspection this key question has now improved to good. This meant 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 had their needs assessed and plans put in place to meet them. Where people had specific health concerns such as diabetes or epilepsy there were specific plans in place. Staff told us the system provided them with the information they needed to support people effectively.
- The assessment and care plan considered people's protected characteristics including their culture and sexuality for example.
- The assessment and care plans were electronic and prompted nurses to do act when updates were due. We found wound care plans for some people were flagged for update but had not been updated. Nurses had completed the assessment and agreed treatment but not yet updated the plan. The manager said they would follow this up with nurses.
- The manager explained there was more work to do to link the systems reporting processes to care plan audits and this was included in the homes action plan. We will check progress of this at our next inspection.

Staff support: induction, training, skills and experience

- Staff received an induction into their role and ongoing training. One staff member said, "The training is so much better now, I really like the new system, I am starting my level three training soon."
- Our observations showed staff had the skills to support people. Staff understood how to seek consent, were observed communicating with people appropriately, meeting people's dietary needs and could demonstrate knowledge around safeguarding and equality and diversity for example.
- The provider told us they had invested in training and had ensured staff had received updates to their mandatory training, an eLearning system was now in place and there were other courses including access to nationally recognised qualifications for staff. Records supported what we were told.

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

- People were supported to have a choice of meals and their dietary needs met to maintain a healthy diet. One person told us, "The food is good, especially the puddings." Another person said, "There is a variety of food we get menu choices." A relative told us, "I am impressed, they always have something to drink that is fantastic."
- Staff understood people's needs and preferences for meals. We observed staff following people's care plans, documenting people's food and fluid intake and ensuring people had a choice. We saw staff showing people a picture menu to choose their lunch and drinks and snacks were available for people all day.
- Where needed specialist advice had been sought and this was included in people's care plans. Where people were at risk of choking this had been assessed, a referral had been made to the speech and language

therapy team (SALT) and the advice given was documented in the person's plan and followed by staff.

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

- People received consistent care. The staff worked well with nurses to ensure information about people's needs were understood.
- There was a new handover system in place which gave detailed information about people's needs and any changes. There were daily meetings which shared information about people with all departments including nurses, care staff, housekeeping, catering and maintenance.
- There were good relationships in place with other health professionals and advice given was incorporated into people's care plans.

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

- The home had adaptations in place to support people. There was a lift to access upper floors, handrails in corridors and adapted toilets and bathrooms.
- The signage in the home had improved and there were pictures and decoration used to help people know where communal areas were.
- Investment had been made in providing themed areas for people, this included a garden room, a pub and a tearoom setting. People were seen exploring these areas and using the various items of interest during the inspection. The provider told us there was more work planned which included improving access to outside areas for people.

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

- People were supported to stay healthy and had access to health care services. One person told us, "I see the doctor whenever I need to." A relative told us, "Their response to [person's name] deterioration was excellent."
- People's individual health needs were understood by staff. Staff could describe how they supported people to maintain their health.
- Where needed other health professionals had been involved in planning people's care. For example, specialist nurses had been involved in plans to maintain skin integrity, community psychiatric nurses had been involved in assessments and the SALT teams had received referrals for people when needed.

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 and relatives told us staff always sought consent. One person said, "Yes, the staff always ask for consent first." A relative commented, "They ask for permission and get consent all the time."
- Staff understood the principles of the MCA and could tell us where people lacked capacity to make

decisions how these were made in their best interests.

- There were decision specific mental capacity assessments in place with documented best interest discussions. Where needed the manager had made appropriate applications for DoLS and these were used to inform people's care plans and any conditions were 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 requires improvement. At this inspection this key question has now improved to good. This meant 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 treated well and their diverse needs were understood and respected. One person told us, "The staff do really care, the way they speak to me is always polite." One relative told us, "The staff are very caring it shows in their mannerisms." Another added, "The staff make time to speak to [person's name]."
- Staff knew people well and could describe people's diverse needs. Staff were observed using their knowledge of people during the inspection. For example, understanding people's diverse history helped them tailor their engagement with people.
- We saw staff engaging in conversations and spent time with people, encouraging people to speak with each other and were attentive and responsive to people. People knew staff by name and they were seen smiling and happy in conversation with people.

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

- People were involved in making decisions about their care. People told us they could make their own decisions and choices. One relative told us, "The staff talk to [person's name], they ask what they prefer."
- Staff were able to describe how they offered people a choice and helped them to make decisions for themselves. One staff member said, "Things have really improved, people can choose much more for themselves."
- We saw people were offered choices and made decisions for themselves. For example, we saw staff ask one person where they wanted to eat their meal and another person was observed deciding to stay in their night clothing. Staff respected the decisions people made.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect and were supported to maintain their independence. One person said, "Yes, the staff treat me with dignity and respect, they never enter my room before they knock." Another person commented, "I find the staff very pleasant and respectful." Whilst another person told us, "I am a very independent person, staff know this."
- Staff were respectful in how they spoke with and about people. The manager told us they had spent time ensuring staff understood the importance of promoting people's dignity and staff had received training. Staff encouraged people to do as much for themselves as possible.
- We saw people were moving around the home freely deciding where to spend their time. Staff spoke to people respectfully and were attentive and responsive. People were engaged with staff throughout the inspection and we saw positive interactions with people smiling and chatting.

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 requires improvement. At this inspection this key question has now improved to good. 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 received responsive care which was person centred and their preferences were understood and observed. One person told us, "If I ask for a drink, the staff bring it to me." One relative told us, "My relative doesn't like joining others, they prefer to stay in the room."
- Staff knew people well and could describe how people liked to be supported with all aspects of their care. Relatives felt involved in people's care. One relative told us, "I like this place, I get more interaction about [person's name]."
- Care plans had been updated to include more information about people's preferences. We saw people's life history had been explored and this was used by staff to help them provide people with person centred care.

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.

- The home was following the AIS standards. Information was given to people in a way they could understand.
- People had their communication needs assessed and plans in place guided staff on how best to communicate with people. We saw staff used this information to support people effectively.
- Information was presented to people in ways they could understand. Pictures were used to share information and staff adjusted their communication style to ensure people understood what was said to them.

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 were supported to engage in activities of their choice and people were supported to maintain relationships. One person told us, "They sometimes have speakers and they talk about all sorts." Another person told us, "The activities person organises different things. Quizzes, bingo and board games."
- We saw there were activities taking place during the inspection. People appeared to enjoy the activities and staff were observed engaging well with people. We saw staff spent time talking to people when they had chosen to spend time in their bedrooms.
- There had been investment in items of interest to place around the home and we saw these were used by

people during the inspection. The manager told us they had plans to continually improve on this.

Improving care quality in response to complaints or concerns

- People understood how to make a complaint and there was a policy in place to manage any concerns. One person told us, "I have never complained; I can speak to the manager if there is a problem."
- We saw there was a complaints policy in place and where people had raised concerns these had been investigated and responded to in line with the policy.
- The manager told us they also ensured learning was taken from complaints and changes made to prevent the situation arising again.

End of life care and support

- People were supported to consider their needs and preferences for care at the end of their life.
- We found people had considered their future wishes regarding how they would want to be supported and where they would want to be cared for.
- Where people were reaching the end of their life there were plans in place which looked at pain management and specific wishes for the time of their death.

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 now 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

At our last inspection the provider had failed to implement systems to monitor, assess and improve the quality of care provided to people in the home. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Audits were not always ensuring action was taken to make improvements. A wound audit had identified a need to update a person's records. However, there was no system to check this action was taken and two months after the audit this was still not complete.
- Weights audits had also identified a need for a person's care plan to be reviewed. However, there was no system in place to ensure this was completed.
- Care Plan audits were conducted on 10% of people's care plans each month. The audit had failed to identify the concerns we found about nurses not consistently using the correct assessment and care plan for people with behaviour that challenged.
- Medicines audits were in place which checked 10% of people in the home medicine stock and records. The audit had not identified the concerns we found with missed signatures and nurses had not followed their procedures to report and investigate when a missed signature was found.
- The manager took immediate action to investigate the concerns we found. They told us monitoring would be introduced for actions following the audit completion. The manager told us they would also review how care plans and medicines were audited to ensure the issues we found would be identified in the future.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to effectively identify and make improvements. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider 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.

- Other audits and checks had been introduced which were effectively driving change. For example, checks were completed on daily records and this had reduced the concerns relating to missed entries.

- Audits were carried out on the building for example, mattress checks were carried out and checks on window restrictors. We saw checks were completed and records kept some of the we checked the window restrictors and could not be assured these met the current guidelines. The provider agreed they would check the current guidance and ensure the restrictors in place were meeting the current guidance.

We recommend the provider consider current guidance on the provision of window restrictors and take action to update the provision accordingly.

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

- The changes in the service had improved the culture of the home. There was a focus on being person centred and treating people as individuals.
- People and relatives were complimentary about the home, the management and staff. One person told us, "They have an open-door policy, can't fault them." Another person commented, "Very approachable." A relative told us, "I think policies are reflected in the workers, their demeanour and they appear to be motivated." Another relative told us, "They show interest."
- Staff told us they felt supported by the management team and had welcomed the changes. One staff member said, "Morale has improved and there is better team work." Another staff member said, "There has been lots of change, things are getting better all the time, we can speak to managers and they take action."

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 manager understood and acted on their duty of candour. Relatives confirmed they were always kept informed. One relative said, "The home keeps us informed."
- Records we saw showed when incidents occurred which required sharing this was done in an open and transparent way this included speaking with relatives, the local authority and notifying CQC where 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 and felt the manager was approachable. One person told us, "If I had any problems I would speak to the manager they are good." One relative told us, "We attend resident's meetings."
- Staff told us there were opportunities to be involved in the service and they felt able to approach the management team. One staff member said, "Managers are very approachable, communication is better and morale has been boosted."
- We saw systems, policies and training in place to ensure people's protected characteristics were considered.

Continuous learning and improving care

- The home had systems in place to continually learn. There were open discussions daily with staff which enabled suggestions for improvement.
- On the day of the inspection we attended the discussion and saw a suggestion was made to further improve recording on people's care charts. This was welcomed by managers and they agreed to implement the change.
- Learning from accidents and incidents was also in place and the management team had an action plan which incorporated learning from quality checks, both internal and external and was kept under review.

Working in partnership with others

- The home was working in partnership with other agencies. The management team, nurses and staff could share examples of how they worked with other health professionals to support people.
- Records showed the engagement with other health professionals was used to ensure people received the support they needed.

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 governance arrangements were not consistently identifying areas of concern. Issues we identified had not been found through the audits systems in place. Where audits had identified issues actions were not consistently taken to make improvements.