Bupa Care Homes (ANS) Limited

The Priory Nursing and Residential Home

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

Overall summary

The inspection took place on 2 December and 3 December 2014. It was an unannounced inspection.

The Priory Nursing and Residential Home provides residential and nursing care to older people with dementia. It is registered to provide care for 60 people. The home has two floors with nursing care provided on the first floor. At the time of our inspection there were 36 people living at the home.

At our last inspection in September 2014 we identified concerns with the number of suitably qualified and skilled staff providing care to people. At this inspection we found improvements had been made.

This home is required to have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting

Summary of findings

the requirements in the Health and Social Care Act and associated Regulations about how the service is run. At the time of this inspection there was not a registered manager in post although the process for registering the manager had commenced.

People who lived at the home, relatives and staff told us people were safe. There were systems and processes in place to protect people from the risk of harm. These included robust staff recruitment, staff training and systems for protecting people against risks of abuse. Risks to people were minimised because people received their care and support from suitably qualified staff in a safe environment that met their needs.

People told us staff were respectful towards them and we saw staff protected people's privacy and dignity when they provided care. Staff were caring to people throughout our visit.

People told us there were enough suitably trained staff to meet their individual care needs. We saw staff spent time with people and provided assistance to people when they needed it.

Staff understood they needed to respect people's choice and decisions if they had the capacity to do so. Assessments had been made and reviewed about people's individual capacity to make certain care decisions. Where people did not have capacity, decisions were considered in 'their best interests' with the involvement of family and appropriate health care professionals.

The provider was meeting the requirements set out in the Deprivation of Liberty Safeguards (DoLS). At the time of this inspection, no applications had been authorised under DoLS for people's liberties to be restricted. The registered manager was aware of the recent changes and had submitted applications to the appropriate bodies to make sure people continued to receive the appropriate levels of support.

People's health and social care needs had been appropriately assessed. Pre assessments were completed before people received care at the home. The manager told us this helped them to make sure people's individual needs could be met before people moved to The Priory. Care plans provided detailed information for staff to help them provide the individual care people required. Risks associated with people's care needs had been assessed and plans were in place to minimise any potential risks to people.

There was a procedure in place for managing medicines safely.

Summary of findings

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.

There were systems and processes in place to identify and minimise risks related to the care people received. These included procedures to ensure there were suitable and sufficient staff to meet people's needs, and that staff had the necessary information to minimise risks to people they supported. Medication was managed safely to ensure people received their medicines as prescribed.

Good

Is the service effective?
The service was effective.

There were effective systems in place to make sure people and relatives were involved in their care decisions. Where people did not have capacity to make certain decisions, support was sought from family members and healthcare professionals in line with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). People were provided with a choice of meals and drinks that met their individual dietary needs. People were referred to relevant health care professionals to ensure people's health and wellbeing was maintained.

Good

Is the service caring?
The service was caring.

People were treated as individuals. Staff understood people's personal preferences, knew how people wanted to spend their time and understood how to involve people in the care they received. People were supported with kindness, respect and dignity and staff were patient and attentive to people's needs.

Good

Is the service responsive?
The service was responsive

There were systems in place to make sure people's care needs were managed and responded to when they changed. These included regular care plan reviews with people or family involvement. Staff involved and supported people to maintain their hobbies and interests on a regular basis. Where people were confined to bed, staff spent time with people to make sure they did not feel isolated. People told us they were happy with their care and had no complaints about the service they received.

Good

Is the service well-led?
The service was well led.

Systems were in place that supported and encouraged people and relatives to share their views of the service they received. These included meetings for people who used the service and their relatives and customer feedback surveys. The manager used this feedback to support continuous improvements. Staff told us they felt supported by the manager, were able to raise any concerns they had and felt confident their concerns would be listened to.

Good

The Priory Nursing and Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 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 Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 2 December and 3 December 2014 and was unannounced. The inspection team consisted of two inspectors 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. The expert by experience had experience of caring for a relative with dementia.

Before the inspection, the provider sent us a Provider Information Return (PIR). This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. What we found on the day supported what the provider had told us.

We reviewed all the information we held about the home such as statutory notifications, (the provider has a legal responsibility to send us a statutory notification for changes, events or incidents that happen at this service) and safeguarding referrals. We also reviewed information from the public and whistle blowing enquires. We spoke with the local authority who confirmed they had no additional information that we were not already aware of.

We spent time observing care in the lounge and communal areas. We also 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 spoke with nine people who lived at The Priory Nursing and Residential Home, five relatives and a visiting GP. We spoke with 11 staff (both care and nursing staff). We also spoke with the manager and deputy manager.

We looked at five people's care records and other records related to people's care including quality assurance audits, complaints and incident and accident records.

Good

Is the service safe?

Our findings

At our inspection in September 2014, we were concerned people did not receive care and support from staff at the time people required it. We asked the provider to send us an action plan outlining how they would make improvements in this area. When we inspected The Priory in December 2014, we found improvements had been made.

We followed up our concerns to check people received care and support from suitably skilled and qualified staff. At this inspection people told us there were enough staff to meet their needs. All of the people we spoke with told us they received the help they needed, when they needed it. For example, we asked one person if they had to wait long when they asked for assistance. This person told us, "Not long, they come as quick as they can." During our visit we saw people rang their call bells for assistance and staff attended to people with minimal delay. Relatives we spoke with felt there were enough staff to look after people's needs and had not raised any concerns to the manager about staffing levels. Staff told us they could meet people's individual needs but on occasions they felt rushed, especially at night times. Our observations showed staff attended to call bells, people's requests and supported people at mealtimes, although we saw little interaction on the first floor between staff and people. The deputy manager had identified this and was in the process of speaking with staff to make sure they spent more time with people who needed it.

The manager had put a system in place that identified what people's individual care needs were, and allocated staff to meet those needs. The manager told us they had flexibility to increase staff numbers when required. This system also made sure people received support from staff that were suitably trained and qualified to meet people's individual needs. The manager and deputy expected nursing staff to help care staff with personal care and supporting people throughout the shift. They had identified this may not always have happened, which may have had an impact on the delivery and speed with which people received their care. The manager and deputy manager told us they had worked some night shifts themselves to identify any concerns, and to monitor and review staffing levels to ensure they continued to meet people's needs.

We asked people who lived at the home if they felt safe. One person told us, "Yes I feel safe here because the staff are so very kind." We asked relatives if they thought their relations were safe and they all told us they felt their family members were safe. One relative said, "My [relative] is safe here, the staff always make sure of that."

We asked staff how they made sure people who lived at the home were protected from harm. Staff understood the different kinds of abuse and knew how and where to make a referral. Staff knew what action they would take if they suspected abuse had happened within the home. For example one staff member told us, "I would contact the local safeguarding team." Staff were aware of, and had access to, the provider's safeguarding policies and they had also received safeguarding training. The manager was aware of the safeguarding procedures and knew what action to take and how to make referrals in the event of any allegations being received. The manager said, "It's not for me to decide, I must refer it to the local authority, police and Care Quality Commission."

Information to inform visitors to help protect and keep people who used the service safe, was available in the home. This information contained relevant contact numbers so anyone could make referrals if they suspected or witnessed abuse at the home.

We saw the provider had plans in place to direct staff to the action to take in the event of an unexpected emergency that affected the delivery of service, or put people at risk. For example, in the event of a fire or damage to the building. Staff told us they knew what action to take in such an emergency situation to make sure people were kept safe. We saw records that confirmed regular checks were made on fire safety equipment, fire drills and fire evacuation plans. This made sure potential risks to people were minimised in the event of fire.

Care records showed the service had identified people's potential individual risks and put actions in place to reduce the risks and to support people safely. For example, one person had limited movement and mobility because of their health condition. Specialised equipment had been put in place that made sure this person remained safe and comfortable when they were out of bed. Staff knew about this person's health condition because the care records provided up to date information for staff as to how to ensure this person was transferred safely.

Good

Is the service safe?

Records showed incidents and accidents had been recorded and where appropriate, people had received the support they needed. The system in place identified those people at risk because the manager reviewed these records for any trends or emerging patterns. The manager told us they continually reviewed incidents to make sure people were not placed at additional risks.

We spoke with staff about the recruitment process to see if the required checks had been carried out before they worked in the home. Two staff told us they had to wait until their criminal record check and reference checks were completed before they could start work. The manager told us they followed staff disciplinary procedures when necessary.

We looked at six medicine administration records to see whether medicines were available to administer to people at the times prescribed by their doctor. The records showed people received their medicines as prescribed. People told us care staff supported them to take their prescribed medicines when required. One person said, “I don’t have much medication but I have it when I need it.”

Medicines administration records (MAR) confirmed that each medicine had been administered and signed for at the appropriate times. MAR sheets had been provided by the pharmacy when the medicines were dispensed. There was a photograph of the person kept with their MAR which staff told us reduced the possibility of giving medication to the wrong person.

Staff who administered medicines told us they had completed medication training and understood the procedures for safe storage, administration and handling medicines.

We looked at how controlled drugs were managed, administered and stored. We found the controlled drugs were stored safely and that the recommended procedures for recording controlled drugs had been followed.

Good

Is the service effective?

Our findings

People told us the service they received was good and they received care and support from staff when needed. One person told us, "They [staff] know me, they are very good and they help support me to do as much as I can as I am quite independent." We asked relatives if they felt staff had the appropriate skills and knowledge to provide care to their family members. All the relatives we spoke with felt staff supported their relatives effectively.

Staff we spoke with, told us they felt confident and suitably trained to effectively support people. Staff told us they had regular training and supervision meetings which discussed areas such as performance, training and personal goals. Staff told us they completed an induction and completed all of the training before they supported people. Training records showed all the care staff had completed their training so people received care from staff who were effective in their role.

We found staff understood and had knowledge of the key requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and what it meant for people. Staff ensured people's human and legal rights were respected. The manager understood the requirements of the Mental Capacity Act and made sure people who lacked mental capacity to make certain decisions were protected.

The manager understood the requirements of the Deprivation of Liberty Safeguards (DoLS) and had systems in place to follow procedures when required. The provider had trained their staff in understanding the requirements of the Mental Capacity Act and the specific requirements of the DoLS. The manager had spoken with the local authority and plans were in place to review every person's needs to make sure people were effectively supported and protected.

People told us staff asked them for their permission before any care or treatment was provided. One person told us, "They put cream on my legs when I need it, they also say and explain what they are doing." We spoke with a relative who told us the staff always explained what they were doing, and always involved their relative in what was happening.

Staff told us how they gained consent from people they provided care to. For example, one staff member said: "It's seeking people's permission. If they don't want it, that's okay, we give time and you can always go back and try again. Or get a another staff member to help." This demonstrated staff recognised the importance of ensuring people agreed to any care before they carried it out.

Care records showed individual dietary needs were taken into account and acted upon. For example, some people who had difficulties swallowing had been seen by the speech and language therapy team. Their input helped determine whether people needed specific changes to their diets such as thickeners in their drinks, soft or pureed foods. Staff knew people's nutritional requirements and they made sure people received their food and fluids in line with their personal preferences. People who were at risk of weight loss, were weighed on a regular basis to make sure their health and wellbeing was supported. The manager told us they were in the process of implementing new records to record some people's food and fluid intake which would improve the information provided to specialists, such as dieticians or speech and language therapist.

People told us they enjoyed the food and drinks and were given a choice of options. Comments people made were, "It's very good, I have broccoli because it's essential to have your greens" and "You have a choice." The manager and staff told us if people did not want any choices on the menu, alternatives would be provided. People we spoke with confirmed this.

We spoke with a visiting GP who told us that The Priory was "an exemplar to other organisations." The GP also told us the staff were knowledgeable about people's care and they also said staff were, "Well organised and they always had the correct documentation ready for me which was of a very good standard." Records showed people received care and treatment from other health care professionals such as speech and language therapists and dieticians. Appropriate referrals had been made in a timely way to ensure people received an effective service.

Good

Is the service caring?

Our findings

People told us they thought staff were caring and kind. One person told us, “The girls [staff] work so hard, they are very caring.” Another person said, “The carers are very kind and gentle.”

Staff supported people at their preferred pace and staff spent time helping people who had limited mobility to move around the home. People received care from staff who knew and understood their personal background, likes, dislikes and personal needs. People told us they received support from staff who consistently provided choice. For example, people were given choice about what they wanted to do, what they wanted to wear and when they got up or went to bed. One person told us they preferred their own company but said, “Staff are always checking to make sure I am happy.”

We spent time in the communal areas observing the interaction between people and the staff who provided care and support. We saw staff were friendly but respectful and referred to people by their preferred name. We saw people appeared relaxed with each other and the staff.

During lunchtime we observed interactions between people and staff to see if mealtimes were a pleasant and enjoyable experience for people. We found people chatted to each other which made it a social occasion. Most people did not require any assistance, however we saw one person did require some assistance. We saw this person had to wait over 30 minutes before the support they required to eat their meal was available. Staff told us this was because of a lack of communication between staff members.

We asked people if when providing personal care to them, staff retained their dignity and treated them with respect. People told us they did. One person told us, ““I do most things myself, I am left alone to do this.” Another person said, “Staff have not done anything I have not liked.”

Staff we spoke with understood how to treat people with dignity and respect. They told us they would shut doors and curtains if providing personal care, and use towels to cover parts of the body not being washed to maintain people’s dignity. Staff told us they tried to ensure people maintained their independence. “We try to get them to do as much as possible for themselves and only give support where they need it. I don’t want them to lose their independence.”

We saw people’s preferred names were recorded in their care plans and during our visit we saw staff use them. People’s care records and staff personal records were stored securely so people could be reassured that their personal information remained confidential.

People told us their friends and family members could visit whenever they wanted. Relatives also confirmed this. One relative said, “I can visit any time I want to and they always make me welcome.”

Good

Is the service responsive?

Our findings

People told us they had contributed to the planning of their care. One person said, “Staff ask me about what I need, but I have everything I need.”

We found care plans were individualised. They informed staff about what people liked to do during the day and how they were to deliver care and support in a way each person preferred. People’s likes and dislikes were also recorded. Care records contained personal information called ‘Map of life’. This recorded people’s background information, family contacts, and a summary of their life histories. Staff told us they found this information useful as it helped them get to know the people they supported.

Staff told us they had a handover meeting at the start of their shift which updated them with people's care needs and any concerns since they were last on shift. Staff told us this supported them to provide appropriate care for people. We were told the information provided during the staff handover was important because this was where care staff were informed that people’s care needs had changed. Staff were given an update about each person and a record of what had been discussed was recorded. The manager told us they had recently changed the handover to a ‘walking handover’ that ensured more staff where available to support people, rather than previously when they were taken off the floor. This meant staff were always kept up to date about changes in people’s care and were available to provide support to people as required.

The manager told us care records were reviewed regularly as they had a ‘resident of the day’ The manager explained this system provided people and their families with another opportunity to have a say about their care and what was important to them in how it was delivered. People we spoke with told us they had been involved in making decisions about their care. The care records we saw had been reviewed, reflected the levels of care people required and had recorded people and family member’s decisions.

We looked at five care plans in detail. In one care plan we could not easily see what the most current assessment of the person’s needs were. This was because the care record contained conflicting information. For example, a person had difficulties breathing and had problems eating and drinking. This person had been referred to a speech and language therapist (SALT). The care records did not clearly show what support this person required because the records had not been updated. This had been identified by the manager and steps were in place to complete a full review of everyone’s care records to ensure their care records were up to date and reflected the support they required.

We spoke with the manager and deputy manager about the number of people who were cared for in bed. The manager told us they were reviewing all of these people’s needs because the manager felt there was no clinical reason why some people stayed in bed. The manager told us they wanted to promote and support people’s health and well being where possible with people and, or, their families involvement. Over a short period of time, the number of people cared for in bed had reduced. The manager told us they wanted to continue working with people and staff to make sure everyone received care that supported and promoted their individual health needs.

We saw people taking part in a variety of activities such as arts and crafts. People had decorated the communal hallway with a tree of memory. People had knitted pom poms and families were encouraged to put a knitted pom pom on the tree. One person we spoke with said, “The staff are interested and encourage me to carry on knitting.” People we spoke with were supported to follow their faith and spiritual needs. One person told us, “The priest comes to the home regularly to give me communion.”

We spoke with a staff member responsible for organising activities in the home. They said, “I love it here, I have a lot of ideas.” They told us how they helped provide support to people, such as learning how to make voice and video calls over the internet, helping people with arts and crafts, quizzes, bingo and watching movies. This staff member also told us they spent time with people who did not prefer group activities or who preferred to stay in their rooms to make sure they were not socially isolated. The home had an area that was decorated as a 1940’s lounge. We were told by relatives this helped stimulate memories. One relative told us, “We had a party in the 1940’s lounge and it was very good.”

Relatives and visitors were able to visit the home at any time. People were encouraged to maintain relationships with people that were important to them.

Good

Is the service responsive?

People told us they would not hesitate to raise any concerns they had. One person told us, "I would talk to staff or the manager if I was unhappy, she [manager] is very friendly."

Information displayed within the home informed people and their visitors about the process for making a complaint. There was also complaint forms in the reception area that people could complete if they wanted to raise any issues or concerns. The manager told us they took complaints very seriously, and often spoke with people or relatives before their issues escalated to a complaint.

We looked at the complaints received in 2014. We saw three complaints had been received and all of these complaints had been addressed in line with the complaints policy. Letters responding to the complaints provided information about the action taken to investigate the concerns, the outcome of the investigation and the actions taken to address any issues identified. This meant people could be confident any complaints would be dealt with in line with the complaints policy.

Good

Is the service well-led?

Our findings

People we spoke with were positive about the leadership within the home. One person told us, “We had a new manageress. She is friendly and strict.” Another person said, “The new manager is very good, you can talk to her whenever.” One person said, “It is very nice here, I could not find a better place.”

The manager was appointed in September 2014 and was in the process of applying to the Care Quality Commission to become the registered manager of the service. The manager had demonstrated clear management and leadership since taking up this post. They had identified where improvements were required, began to turn the culture of the home around so it encouraged honest and open communication and a desire to continually improve. The manager told us they set out to improve the quality of care people received and wanted to lead by example. The manager and deputy manager told us they had worked shifts in the home, administered medicines and helped provide personal care to people. The manager said, “No one here is to posh to wash.” The deputy manager told us this approach showed everyone who worked at The Priory that the management was there to help the people who used the service.

Staff told us they felt able to go to the manager with any concerns and these concerns would be listened to. One staff member told us, “The manager is approachable and easy to talk to.” Staff told us they felt supported to share their views at team meetings or supervisions and felt confident their opinions would be acted upon where possible.

We found one of the first tasks completed by the manager was to review the staffing levels at the home because of previous concerns identified. The manager told us they had completed a dependency tool to work out the hours of care that needed to be provided, rather than deciding on a number. The manager was confident that the staffing levels were adequate to meet people’s needs and they told us this would be reviewed when occupancy levels changed.

Everyone said there were regular ‘residents’ meetings and posters were displayed in the lounge area telling people when the next meeting was. All of the people we spoke with said the manager was very approachable and doing a good job. The manager had held meetings with people, relative's and staff in the short time they had been at the home. We looked at the minutes of those meetings and people were encouraged to provide feedback on the quality of the service provided.

The manager had identified staff absence had been an issue and had taken action to ensure any sickness was addressed through regular return to work meetings.

The manager had improved the handover process to make sure it focussed more on people who were at risk, rather than those people who required less support. The manager also changed the handover process so staff were ‘on the floor’ rather than away from people who may need help.

The provider sent out yearly surveys to people and staff so they could seek people’s views on what it was like to live or work at The Priory. These surveys focussed on a variety of issues such as the management, culture and leadership at the home. The manager had an action plan in place that followed from the previous management and steps were being taken to make improvements.

There were systems in place to monitor the quality of the service which were completed by the manager and the provider. This was through a programme of audits, including checks for general health and safety, housekeeping, care plans and medicines audits. Quality checks were also completed and monitored by the provider to ensure any actions identified for improvements had been taken that led to an improved service.

The manager submitted the Provider Information Return (PIR) to us as requested prior to our visit. The information in the return informed us about how the service operated and how they provided and delivered the required standards of care. What we had been told in the PIR was reflected in what we found during our visit. The improvements that the manager had identified had also been included and they provided further information to us during our visit as to how these would be implemented in their future plans.

The manager understood their legal responsibility for submitting statutory notifications to the CQC, such as incidents that affected the service or people who used the service.