Priory Rehabilitation Services Limited

Priory Egerton Road

Inspection report

18 Egerton Road
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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 24 April 2018 and was unannounced.

Priory Egerton Road 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; both were looked at during this inspection. Priory Egerton Road is registered to provide accommodation for up to 11 adults living with an acquired brain injury and provides a rehabilitation service to those living there. Nine people were living there at the time of inspection.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People told us that they liked the staff that supported them, they felt listened to and felt safe and settled where they lived. Staff had an excellent understanding of people's individual needs: they provided person centred care that placed people at the heart of the service provided. People worked with staff to develop personalised plans of the care and support they needed. Staff were kind and caring and people told us staff respected their dignity and privacy.

New staff received an appropriate induction into their role that included shadowing experienced staff and completion training. All staff undertook a programme of regular mandatory and specialist training. Staff were enabled to take further qualifications as part of their development. Staff felt supported they had opportunities to discuss their training and development needs through regular supervision and annual appraisal.

There were enough staff to safely support people to learn independent living skills and to help them to lead the life they wished. There was a positive approach to risk taking to enable people to develop their independence. Risks people might experience were assessed and measures implemented to reduce the likelihood of harm occurring to them. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

Medicines were managed well so that people receive them safely. Staff understood the systems in place for managing safeguarding matters and behaviours that can be challenging to others. Peoples health needs were supported and monitored to ensure they remain well and access health professionals as and when they need to. People were supported to eat healthily and were consulted about what they eat. Advice was sought when needed from health professionals regarding people's diet and weight.

The premises were well maintained. People and staff worked together to ensure the service was clean and

tidy. Regular tests and checks of fire safety equipment and annual servicing of gas and electrical installations were made. Safe systems are in place for the management of people's medicines and administering staff were trained to do so.

People were encouraged to speak up and they had several forums where they could express their views; such as one to one meetings with their key worker, resident meetings, surveys and at their local Headway support group. People felt able to raise concerns if they had them and found staff approachable. People and relatives knew what to do if they were unhappy and were confident of taking action around this.

People were supported to develop a full and active lifestyle that included opportunities for skills development but also encouragement to pursue interests and hobbies and make use of community activities that enabled them to socialise and integrate into the community they lived in. Staff enabled and encouraged people to experience holidays and supported them with destinations of their choice, or attendance at special family events to ensure they remained very much part of the family group.

There was a clear management structure. Staff felt valued and listened to. The registered manager was a visible presence and knew people well. A range of quality audits were conducted regularly to ensure service quality was maintained and improvements made where needed.

Further information is in the detailed findings below

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 remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

Priory Egerton Road

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 is 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 24 April 2018 and was unannounced. The inspection team consisted of two inspectors.

Before the inspection we reviewed the information about the service the provider had sent us in the Provider Information Return. This is information we require providers to send us at least annually to give some key information about the service, what the service does well and improvements they plan to make. We also looked at notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

We looked at three people's care and support records, associated risk assessments and medicine records pathway tracking one of these. This is when we looked at people's care documentation in depth, obtained their views on how they found living at the service where possible and made observations of the support they were given. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

We looked at management records including two staff recruitment records. We also looked at staff training and support records and staff meeting minutes.

We spoke with the registered manager, the deputy manager, and four other staff in addition to eight people using the service.

After the inspection we asked for feedback on the service from relatives, social care professionals and other visitors to the service who had involvement with the people living there. We received information from three relatives and one social care professional.

Good

Is the service safe?

Our findings

People said they felt safe and comfortable living in the service. One person told us "It's nice here. I feel safe and respected; safe because of the environment, it has good karma." A relative told us "he feels safe there, he couldn't go out alone but he can now."

People found staff approachable and were confident of raising issues with staff that made them feel unsafe or unhappy. One person told us "If anything upset me I'd speak to (name) the registered manager or the person who upset me." Staff were trained to understand and recognise abusive behaviour in all its forms and were confident of taking forward their concerns to the senior staff, they understood they could also report concerns to other agencies to help ensure people were kept safe.

There was a positive approach to risk taking. People were enabled by staff to take everyday risks to help reclaim lost independence. Risks people might experience from their environment or through their specific needs and condition were carefully assessed; measures were implemented in the least restrictive way to reduce the likelihood of harm occurring. Risks were kept under review and updated when there were changes to people's needs or the environment they lived in. Some people when distressed expressed behaviour that could pose a risk and be challenging for staff and for other people. Staff had received positive behaviour training to help them support people appropriately at these times. They used individualised agreed strategies to de-escalate situations when they arose. Incidents and accidents were appropriately responded to, recorded, monitored and analysed. The registered manager checked each accident/incident form to ensure appropriate action had been taken; staff meetings were used to debrief staff on incidents that had taken place and to discuss lessons learned from these to inform future practice.

The premises had been well maintained and repairs and upgrading were undertaken to sustain this. Staff had received training in infection control, they had an awareness of how to handle soiled and normal laundry appropriately and personal protective equipment such as gloves and aprons was readily available. People and staff worked together to keep the premises clean and tidy with people responsible for their own rooms and laundry with staff support.

Electric and gas supplies along with portable electrical items were serviced annually, a legionella test of the hot water storage was also conducted. A fire alarm, emergency lighting and fire extinguishers were tested and serviced regularly. Fire drills were held with staff and people attending, each person had their own fire evacuation plan that informed staff what support they needed in the event of a full scale evacuation. Health and safety checks were conducted regularly and action taken to address any areas needing attention to maintain a safe environment. A service contingency plan was in place to inform staff of the actions that needed to be taken to keep the service going in challenging circumstances for example loss of electricity, gas or water.

Staff received training to administer medicines safely. Since the last inspection a new medicines room has been installed and this has improved the way in which people's medicines were handled and secured. There were appropriate systems in place for the ordering, receipt, storage, administration recording and disposal

of medicines. Staff knew the actions to take in the event of medicine errors and there was learning for staff from this. Protocols were in place for those people who took 'as and when required' medicines. Medication records were attached to an individual profile detailing the person's allergies and diagnosis.

There were enough staff to support people safely and in line with their needs and wishes. Staffing was kept under review to ensure a flexible approach was maintained in respect of people's changing needs. Staffing levels helped people to lead the lifestyle they wished and to explore their interests. A robust recruitment process for new staff was in place that included application and interview followed by checks on suitability.

Good

Is the service effective?

Our findings

People referred to the service had their needs assessed prior to coming to live there. Staff conducted a face to face assessment with the person. They also spoke with their relatives and others involved in their care; including professionals from whom they sought additional reports. Visits and trial stays were offered and the views of those already living in the service following these were considered to inform a decision to admit. Recently this process had not worked as well as it usually did. The registered manager confirmed that they and staff had reflected on lessons learned from this experience; they would be implementing changes as a result. For example, not accepting verbal assurances from other professionals, seeking more in depth reports, and involving a doctor to help with assessments.

The provider continued to provide staff new to the service with an appropriate induction of both practical shadowing of experienced staff for several weeks and the completion of knowledge units based on the skills for care model (skills for care is a nationally recognised organisation that works with providers to develops the skills and knowledge of care staff). All staff received regular mandatory training and specialist training which was relevant to the needs of the people who they supported.
Staff said they found the registered manager approachable and very supportive, they felt there was good communication and team work. Supervisions were held with individual staff every four weeks, when their training and development needs were discussed with them. Staff were in receipt of an annual performance appraisal of their performance. A system was in place to reward staff at local level for their contribution to the team and service, and at national level there was a system for rewarding staff for their performance through nomination by the registered manager.

People had capacity for everyday decision making with some needing additional prompting and supervision from staff. Care plans contained details of people's consents to for example care and treatment, and having their photograph taken. Capacity assessments were in place and best interests decisions recorded if they lacked capacity. People were enabled and supported to live a full life in the least restrictive way. Staff had received training in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Staff understood people sometimes needed help to make decisions in their best interests, and that in some circumstances where decisions were complex this may need to be taken for them by others who knew them well. Staff were familiar with the need to assess people's capacity and the use of Independent Mental Capacity Assessors (IMCA) where needed. Where there were concerns that a person may lack capacity the staff worked to the principles of the MCA, involving other health or social care professionals in helping with capacity decisions. People who lack mental capacity to consent to arrangements necessary for care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called (DoLS) authorisations. Three people were subject to DoLS authorisations and these were kept under review.

People were consulted about the meals they would like to have on the menu and ensured foods were made available that met people's diverse needs. People made drinks and snacks for themselves and staff were mindful of those who may need support around this. People were supported to plan and cook their own meals. A pictorial menu was available: this enabled people to make an informed choice about what they

wanted to eat, and alternative options were also available. Staff were mindful of people's preferences and religious requirements and took care to support these in accordance with each person's individual wishes and choices.

People continued to be supported to access routine and specialist health appointments helping to ensure they remained healthy. Health plans were in place. Staff worked in partnership with occupational therapy and psychology staff to develop support plans and activities for people, people were referred appropriately to other health professionals for example dieticians if this was needed. Each person was weighed monthly. Any concerns about people gaining or losing weight were referred to health professionals such as dieticians.

Only people with low level personal care and physical needs were accepted into the service. People with mild mobility issues could be accommodated on the ground floor as this was wheelchair accessible. Major adaptations were not in place, although walk in wet rooms had been added to avoid the risk of tripping. People's needs were assessed on an individual basis. Specific equipment people needed to aid independence for example specialist cutlery, cookery knives and chopping boards, or a tilt chair to access kitchen work surfaces was provided as required.

Good

Is the service caring?

Our findings

People were relaxed in the company of staff; staff understood their different characters, needs and method of communication. Staff used different approaches to suit people's personalities. People told us that they liked the staff and that they were kind. One person told us, "Everyone's so relaxed here; staff are kind and care about me and listen to what I have to say."

A relative told us, "They are brilliant and provide excellent care; they always give us a good welcome and talk to us or ring us about any problems." Another said "They have given him the confidence to go out and walk up the road, to use local buses."

We observed staff to be kind, taking their time with people and explaining what they were doing. There was laughter and jokes between staff and people being supported. Staff demonstrated a good knowledge of people's individual preferences. They understood people well and provided gentle prompts and reminders to people when needed to ensure they were ready for appointments or activities.

People said their privacy and dignity was respected by staff who they said always knocked on their door, closed curtains and turned away when they were changing. Staff were reminded about the need to respect people's privacy in staff meetings. Everyone could have a key to their bedroom but only two had chosen to do so. People's bedrooms reflected their own tastes and interests and people respected each other's space.

Relatives said staff made birthdays special for people providing a birthday cake to celebrate with others and a birthday present.

Staff had shown dedication and commitment in supporting one person to obtain a passport from their country of birth. This had been a complex piece of work that staff wanted to achieve to enable the person they supported to travel outside of the country; which was their wish. Great effort was put into advocating on the persons behalf navigating all the requirements of documentation, gathering necessary documents together and liaising with and accompanying the person to the London embassy until this was finally and positively resolved. Staff dedication in pursuing this meant that the person was now able to travel outside of the country and to their birth country if they wished.

Other people had been supported with holidays and to travel outside of the country to destinations of their choosing. The provider gave a contribution towards each person's holiday annually if they took one. Staff also arranged day trips to France for those who were interested in going.

Relatives said they were made to feel welcome by service staff that had been supportive in arranging home visits and inviting family members to events held at the service. Another relative told us that the service was supportive of people maintaining family links and had enabled their family member to attend a family wedding, this had been important to the person and the family that they were present for the event. Another person had expressed a wish to go to a specific holiday destination in the Far East linked to a sporting interest, staff had arranged for this to happen.

People were consulted about their therapy programme and provided with opportunities to develop their skills. In discussions with staff they agreed goals to work towards. People started off with small tasks to undertake and these were gradually increased for example progressing from cooking once per week to as much as six times per week for them self. For each person a multi-disciplinary meeting was held every nine weeks to monitor their progress and suggest new or different goals. A key worker meeting helped each person develop the goals they had been set and monitor their progress, discuss other things they might wish to do so they had enough to occupy them. Where relevant staff supported people to develop links to specific groups in the community to support needs around their interests, culture or ethnicity. Where able to people were encouraged to be involved in writing up their daily notes to detail what they had done during the day and how the day had gone for them.

People were enabled to express their faith either in the privacy of their own room or through visits to a preferred place of worship, some people visited church on a regular basis. Staff tried to accommodate people's preferences in regard to the gender of the staff that supported them, but often the ratio of female to male staff was unequal and people and relatives understood it was not always possible to always meet people's preferences.

Staff had an understanding of people's individual communication needs and styles. One person had a communication passport to inform staff how the person communicated and the gestures they might also use. This helped staff understand, interpret and communicate appropriately with the person.

Residents meetings were held monthly for people to attend and give their views on aspects of the service. Minutes of these meetings were placed on an information board that contained information specifically for people in the service. People were also surveyed on a regular basis in order to capture their views and their responses were viewed and analysed by the registered manager, to see if any improvements to service delivery needed to be made.

Good

Is the service responsive?

Our findings

Relatives told us "I attend reviews I only have to ask them something and they tell me. I get a copy of the care plan"; "They are so lovely, brilliant with me and if I raise issues they do it"; "We're invited to reviews regularly, absolutely feel listened to" and "He goes out a lot more now."

Each person had an individualised plan of care; this contained a personal profile of the person to give staff an understanding of their needs and wishes. A personalised plan for each area of need was developed with the involvement of the person and their relatives. Communication and cognitive needs were also detailed to inform staff how to engage with people and understand any de-escalation strategies that might be needed should the person become anxious or distressed. Each care plan was audited with the person by their key worker (a key worker is an allocated member of staff who knows the person well and meets with them monthly to review their care and support needs, they also help to co-ordinate aspects of the persons). The audit looked at progress towards agreed goals and identified areas that required follow up.

People were confident of raising concerns with staff about things that upset them or made them unhappy they knew who they would approach. People said they felt listened to. The complaints procedure was displayed for people but they also had a range of opportunities including one to one key worker meetings, residents meetings, surveys and attendance at the local Headway support group (Headway is a support organisation that works specifically with people who have experienced brain injury) , where they could raise any issues of concern if they needed to. The Provider Information Return (PIR) informed us that no complaints had been received when this was completed in November 2017. Since then two complaints had been received and responded to appropriately.

Each person had an individualised activity planner that had been developed with them to reflect their interests as well as the need for skills development. The amount of activities and skills sessions were dependent on what each person was able to cope with and could increase over time. People and relatives confirmed that people had lots of activities and interests including support from a computer teacher to use new technology or to use computer games to improve their cognition. People played games with others; they had sessions for listening to their favourite music, or watching films of their preference, and participated in one to one cooking sessions. People met staff for one to one coffee in local cafes, people attended college for example, art classes and participating in voluntary work at horticultural or charity outlets. Everyone had an opportunity to attend the Headway support group at least once per week, sometimes more.

People had been supported to plan for the end of their life: people and relatives had helped complete part of the person's care plan called 'when I am sick and might die,' this detailed their wishes in the event of illness or death. No one at the time of inspection was assessed as requiring end of life care. Some people had 'Do not attempt resuscitation' (DNAR) forms in place to inform staff of their wishes or the best interest decision made on their behalf should they experience a cardiac arrest.

Good

Is the service well-led?

Our findings

There was 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 the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There was a clear management and team structure with a deputy manager, senior staff and support staff. Some staff had additional roles as health and safety leads or responsibility for medicines ordering, booking in and auditing. These roles enabled them to monitor and develop practice and share learning with staff to improve practice in these areas. Staff were proud of the work they did. The whole staff team showed commitment and dedication to their role of enabling and supporting people to regain skills and independence and this was embedded into their everyday practice. The registered manager was a visible presence in the service and people knew them. The registered manager demonstrated a detailed knowledge and understanding of people's history, their needs and their progress towards greater independence.

The registered manager attended peer group meetings with other registered managers. The provider's operations manager provided the registered manager with supervision and support. The quality of the service was monitored and reviewed at local and provider level to ensure that people were kept safe and quality standards were maintained. The Provider Information Return (PIR) told us and the registered manager confirmed that regular clinical governance and business meetings were held that looked at roles, responsibilities and any actions needing to be taken in regard to service delivery and development. Daily weekly and monthly audits of different aspects of the service were conducted to ensure standards were maintained and tasks had been completed effectively.

The provider had conducted a benchmarking report in November 2017 which was their own assessment of the service performance against the key lines of enquiry used by CQC to assess service compliance. The service had performed well in this assessment which was to be conducted annually. An annual health and safety assessment of the service was also completed by the provider. A risk register was maintained of environmental risks and measures implemented to reduce the likelihood of risk. Four medicines audits were conducted annually by the provider in addition to an annual medicines inspection by the pharmacy. The operations director also visited and undertook quality checks. The registered manager informed us that they had implemented quality walk rounds which were conducted by staff on a regular basis and reviewed documentation as well as environment.

Staff said there were appropriate systems in place to support them and assess their performance, they felt valued and listened to.

There was an out of hours on call system that staff understood how to use in an emergency a rota of out of hours contacts and their telephone numbers was available for staff and kept in the office. Contingency plans were in place to guide staff in the event of emergencies that impacted on the operation of the service.

Staff had an understanding of their role and responsibilities. They understood the aims of the service in rehabilitating people whose cognition had been severely affected by their injury; working to reintegrate them back into community living. In conversation staff demonstrated enthusiasm for their role and purpose.

Staff said they felt supported and found the management team approachable. Staff thought they were kept well informed of happenings in the service through daily handover meetings, the staff communication book and also regular monthly staff meetings. Staff meetings were used effectively to discuss a range of subjects including general staff conduct, lessons learnt from incidents, training, dignity and respect, praise and areas for improvement. Staff meetings were minuted; staff were asked to sign to say they had read these. Minutes were thorough and actions were given timescales for completion and signed off when completed. Staff said they felt able to raise issues within staff meetings and were able to influence to some degree practice within the service.

People and relatives felt listened to and were surveyed for their views, their feedback was analysed by the registered manager and informed service development. People had opportunities to express their views in various forums including one to one meetings with their key worker and within resident meetings. The service staff work with local partners such as their own multi-disciplinary staff to assess and monitor people's individual progress, they work with other brain injury organisations in the local area, to share practice and assess referrals. The service worked with organisations that contributed to skills development of people for example the use of new technology, and the benefits this can provide individuals with.

Policies and procedures were easily accessible to staff. These were kept updated by the provider; staff were made aware of any changes to these and asked to read updates and sign that they had done so.

The registered manager understood the need to notify the Care Quality Commission should any significant events occur, in line with their legal obligations and had done so when required.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the reception and on their website.