Care Quality Commission

Mr Andrew Burgess and Miss Marian Lloyd

Priory Paddocks Nursing Home

Inspection report

Priory Lane
Darsham
Saxmundham
Suffolk
IP17 3QD

Date of inspection visit:
24 September 2018

Date of publication:
13 November 2018

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

Priory Paddocks Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Priory Paddocks Nursing Home is registered to provide personal and nursing care to a maximum of 40 older people. At the time of the inspection there were 38 people using the service.

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 ongoing 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.
Since the previous inspection the providers had employed a manager to assist them in the running of the service. However, at the time of the inspection one of the providers remained the registered manager. 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.

The service continued to protect people from the risks of abuse or avoidable harm and risks to people were identified and planned for. Where incidents occurred or poor staff practice was identified, action was taken to protect people from harm. Medicines were managed and administered safely and the premises remained clean. There were processes in place to reduce the risk of the spread of infection.

The service continued to ensure that there were enough staff to meet people's physical, social and emotional needs in a timely way and that recruitment procedures were safe.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service continued to support this practice.

The service provided people with a choice of appropriate food and drink. Support people required to maintain good nutrition and hydration was reflected in care planning and staff were aware of the support people required. Some improvements could be made to how the meal service is organised and coordinated by staff.

People received care from staff who had the training, skills and experience for their role. The service continued to reward staff for completing mandatory training and to encourage the development of the staff team.

People told us staff were kind to them and the service continued to promote a culture of kindness, with the providers and all staff leading this practice.

The service continued to offer people personalised care based on their individual preferences and to involve people and their representatives in the planning of care. People were supported to have contact with other health professionals where appropriate.

People were provided with adequate sources of meaningful engagement and were supported to feedback their views and experiences through meetings and surveys. Changes were made to the service according to the feedback received. People were made aware of how they could complain and the service had an appropriate complaints policy and procedure in place.

The providers and staff had an understanding of the Gold Standards Framework for end of life care and had a process in place for supporting people coming to the end of their life. The provider and manager told us they were in the process of developing more detailed end of life care planning.

The provider and manager continued to operate an effective system to monitor the quality of the service provided to people. Areas for improvement were identified and acted upon. The service continued to work towards an improvement plan which set out future changes and improvements to the service people were provided with. This took into account feedback from people, their relatives and staff.

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**

CareQuality Commission

Priory Paddocks Nursing 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 checked 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 comprehensive inspection was carried out by one inspector and an Expert by Experience on 24 September 2018 and was unannounced. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed the contents of notifications received by the service. Services have to notify us of certain incidents that occur in the service, these are called notifications.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Some people using the service were unable to communicate their views about the care they received. We therefore carried out observations to assess their experiences throughout our inspection. We spoke with four people using the service, five relatives, a friend of a person using the service, three care staff, the cook, a domestic staff member, the manager, the medicines manager and the provider.

We reviewed seven care records, three staff personnel files and a sample of records relating to the management of the service.

Good

Is the service safe?

Our findings

At the last inspection on 25 November 2015 the service was rated good in this key question. At this inspection the service remains good in this key question.

People told us they felt safe living in the service. One person said, "Yes I do [feel safe]. I am much happier now I'm on the ground floor. You have a buzzer close by and if you press it [staff] come as soon as they can. The buzzer is close to me when I'm in bed too." Another person told us, "Oh very safe, yes. The [staff] get you sorted out." A relative said, "Oh [relative is] very safe. [Relative] hasn't been back to hospital since [relative] has been here and bearing in mind [relative] was falling that's brilliant." Another relative told us, "[Relative] is very safe." Another commented, "Absolutely safe."

The service continued to operate systems which protected people from the risk of abuse and avoidable harm. Each person had a set of personalised assessments which identified any areas of risk. Where risk was identified these risks were appropriately planned for and managed. Staff we spoke with were aware of the specific risks to people and how they should be managed. In particular, some people using the service had been identified as at risk of choking and care staff were able to tell us how this risk was minimised.

Incidents and accidents were monitored and investigated and actions were taken to reduce the risk of repeat incidents. Where an incident had occurred relating to the practice of one member of staff, prompt action was taken by the providers to ensure people were not placed at risk of harm.

The providers continued to ensure that the service was well maintained and that equipment remained safe for use. The service had two members of maintenance staff who carried out repair and maintenance work when required. They also carried out checks on equipment such as hoists, wheelchairs and electronics to ensure they remained safe for use.

The providers had arranged for an external company to carry out testing to ensure the water system was free of legionella bacteria. They had also arranged for an external company to carry out checks on fire safety in the building and were making a number of changes to the building in line with the recommendations made by this company. Regular tests were carried out to ensure that the fire detection and alert systems remained in good working order.

The provider and manager continued to ensure there were enough staff deployed on each shift to meet people's physical, social and emotional needs. People's dependency was assessed so that the number of staff required to provide care could be determined. Staff told us they felt the staffing level was appropriate and that they had time to spend with people. This reduced the risk of people being provided with task focused care. The service continued to practice safe recruitment procedures, ensuring prospective staff had the skills, character and background for the role. People and their relatives told us there were enough staff to meet their needs. One person said, "I think there are mostly. I pressed the emergency red button once and they came immediately." Another person told us, "They [staff] come as quick as they can." One other person commented, "Yes I think there are [enough staff]." A relative told us, "Yes I think [there are enough staff]. I

often come in later in the day and there are two staff sitting in [relative's] room chatting to [relative]." Another relative said, "There's always [staff] around. You can always find [a staff member]. Another relative commented, "There's always [a staff member] about." One other relative said, "It's nice that there's a low turnover of staff, consistency's vital."

Medicines were managed and administered safely in the service. There was a robust system in place for managing medicines and reducing the risk of errors. The service had one member of staff whose job it was to manage medicines and monitor staff practice. They told us they booked in all the medicines when they arrived from the pharmacy and dealt with medicines left over which required destruction. They showed us their system for identifying and addressing errors. Each month at the start of the new medicines cycle they audited the medicines administration records (MARs) against the number of tablets remaining at the end of the month. This audit also identified where there were gaps in records. The records of the previous months audit demonstrated they had identified a number of occasions when staff had not signed the MAR to indicate they had administered medicines. However, the number of medicines remaining at the end of the month indicated they had been administered but the staff had failed to record this. We were shown the letters which were sent to each staff member which set out the occasions where their practice had fallen below the standard expected and informed them of what action would be taken. We were told that staff who made a lot of mistakes or who failed to improve would have their practice monitored and supervised by the medicines manager.

People told us they received their medicines in line with the instructions of the prescriber. One person said, "Oh [the staff] are really good with my tablets. [Staff] record everything they do and give me." Another person said, "The staff deal with the medicines well. If I'm going out with my [relative] the staff put my pills in a container and I take them with me. They're very good." A relative told us, "The home is very careful and has a good system with medicines." Another relative said, "I have no concerns there. [Staff] always make sure I've got [relatives] medication before we go out."

Appropriate procedures were in place to ensure the cleanliness of the service and we observed that the premises appeared clean and free from unpleasant odours. The provider and manager continued to operate effective systems to monitor the cleanliness of the service and ensure the risk of the spread of infection was minimised. People told us they felt the service was clean. One person said, "They're red hot on cleaning. [Staff] know I like my room kept clean and tidy – it gets done every day." Another person told us, "Every where's kept lovely." One other person commented, "It's spotless." A relative told us, "The whole place is spotless." Another relative said, "I'm very pleased with the standard of cleanliness and the gardens are gorgeous. Even the ornaments around give a feeling of home."

The service learned lessons when things went wrong and made changes to reduce the risk of repeat incidents. For example, where errors in medicines administration occurred investigations were conducted and appropriate support and monitoring of staff implemented. Issues in staff practice were promptly identified and actions taken to ensure the care people received was not compromised.

Good

Is the service effective?

Our findings

At the last inspection on 25 November 2015 the service was rated good in this key question. At this inspection the service remains good in this key question.

Some improvements were required to the way the meal time service was organised and coordinated. We observed that staff on the day of our visit did not respond to one person's assertion that they were very hungry in a timely way, serving others before them. Improvements could be made to the atmosphere of the meal time to ensure people were fully engaged by staff. Some meals for people requiring pureed food could have been presented in a more appetising way, for example, each part of the meal could have been presented separately on the plate.

People were provided with a choice of food and drink in line with their specific needs. Care plans made clear what support people required to eat and drink. Where people were at risk of malnutrition or dehydration, clear management plans and procedures were in place to monitor and control this risk. People told us the food was good quality. One person said, "The food is excellent. I don't eat meat now and they cook me salmon – all dished up lovely. Do you know I was even offered something to eat at 11 o'clock the other night. [Staff] really look after you here." Another person told us, "The meals are very good. I like plain food and the staff know I like plenty of gravy." One other person commented, "The meals are very good. We get a choice. I expect you could have something else but I've never asked as I've been happy with the choices. We get drinks and biscuits brought round." A relative told us, "The meals are fantastic. I've eaten here. The day [relative] came in [the family] stayed for lunch. I had fish and chips, it was great." Another relative said, "The meals are wonderful. I have lunch here every week – wonderful."

The service continued to assess people's needs before they came to live at the service. People's care plans demonstrated the service had taken into account best practice guidance, legislation and standards to ensure care planned was effective.

The service continued to ensure that staff had appropriate training and development for the role. Staff demonstrated a good knowledge of subjects they had received training in and told us they were supported to obtain further qualifications if they wished. The provider operated a rewards scheme to encourage staff to complete their mandatory training in a timely way, offering them financial bonuses for completing all the training required within 12 months. The service continued to operate procedures to assess the competency of staff and identify areas for improvement. Area's for improvement were discussed with staff at one to one sessions with their manager to ensure the continual development of the staff team. Staff told us they felt well supported by the providers and manager. They told us they had regular one to one sessions where they could discuss any issues or training needs. Staff also had an annual appraisal, setting goals and objectives for the next year to offer opportunities for growth. People told us they felt the staff were suitably skilled and experienced. One person said, "Yes, the staff know what they're doing alright." Another person told us, "[Staff] certainly know what they're doing." A relative commented, "[Staff] are well trained." Another relative said, "I've no concerns, the staff know what they're doing."

People told us that the service continued to support them with accessing support from external healthcare professionals such as GP's, dentists and opticians. One person said, "The doctor comes here regularly though there's been no need for me to see him so far. The chiropodist comes." A relative told us, "The residents get to see the doctor when it's needed." Another relative commented, "The doctor comes regularly." The contact people had with other health professionals was recorded and any advice provided transferred into care planning.

The service was decorated in a way which would help a person living with dementia orientate themselves and find their way to key areas. For example, corridors, bedrooms and other rooms were decorated differently to make it easier for people to differentiate between them. There was signage on rooms such as toilets so people could identify these more easily. One person told us, "It's beautiful. I can't find fault with anything." One other person said, "I like the home. It's very nice living here." A relative told us, "The home is first class – easy to get around."

People who lack mental capacity to consent to arrangements for necessary 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 the Deprivation of Liberty Safeguards (DoLS). The service continued to act in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards. The service assessed people's capacity appropriately and gave consideration to whether DoLS applications were required. People were supported in the least restrictive way possible and were encouraged and enabled to make decisions according to their ability. People told us that staff asked their consent before providing care to them. One said, "[Staff] always ask, do you want your bath today? Would you like a drink? [Staff] always ask." Another person said, "The staff are very respectful and listen to you." A relative told us, "[Staff] regularly say – 'do you want….?' [Relative] is always asked." Another relative commented, "The staff show a lot of respect. [Relative] is never forced to do anything."

Good

Is the service caring?

Our findings

At the last inspection on 25 November 2015 the service was rated good in this key question. At this inspection the service remains good in this key question.

The provider, manager and all staff continued to promote a culture of caring. We observed that staff interacted with people in a kind, caring and personalised way. It was clear from our observations that all staff, including the manager and provider had taken time to get to know people personally. For example, we saw staff speaking with one person about a particular hobby they had and another staff member discussing historical events with another person.

People told us that staff were kind, caring, understanding and that they knew them individually. One person said, "Do you know when I moved rooms, one of the staff took a photo of my shelf unit so that everything I had on it was put back in the same place once the unit was down in my new room. I think that was very caring – the staff are brilliant." Another person told us, "I get on with them well. The staff know me well and they are caring and kind, all of them." Another person commented, "It's very good. I always have a laugh with them. We have to work together don't we? The staff are caring and kind. I can't really tell you how good they are." One other person said, "I have a good relationship with the staff – they are a kind and caring team. I know them and they know me well." A relative told us, "The staff are excellent. The staff look after the families as well as the residents. The staff know [relative's] likes and dislikes." Another relative said, "I'm very happy with the staff. I know them all by their first names. They [staff] call out 'hello' when I come in. They know [relative] really well now."

People told us that staff continued to respect their privacy and uphold their dignity. One said, "I can sit here in my room if I want to and [staff] leave you privately in the toilet until you're ready." Another person told us, "If I want to go up to my room I can and [staff] just come now and then to check if I'm alright." A relative said, "In the summer they set up a table in the summer house for [relative] and I to have lunch together, privately. It was so lovely. The staff are so respectful." Another relative told us, "The staff are very respectful."

The service continued to involve people and their representatives in the process of planning their care and in making decisions about their care. People's care records made clear their views about their care and what they would like support with. The tasks people could complete independently were clearly recorded to reduce the risk of people being over supported and losing their independence. Relatives told us they had been involved in the planning of their relatives care. One said, "I've given [staff] information." Another relative told us, "My [siblings] have been [involved]. They provided information when [relative] came into the home."

Good

Is the service responsive?

Our findings

At the last inspection on 25 November 2015 the service was rated good in this key question. At this inspection the service remains good in this key question.

The service continued to offer people personalised care based on their individual preferences. Care records were individualised and were person centred to include detail about people's likes, dislikes, hobbies and interests. Observations and discussions with the provider, manager and staff demonstrated that they knew people well and this meant that they could provide people with personalised care. The service benefitted from having a stable staff team which meant people were able to form positive lasting relationships with staff.

The providers and manager had given thought to how they could provide people with effective, caring and dignified end of life care. They had implemented a process and procedure based on a traffic light system from the Gold Standards Framework. This is best practice guidance for providers in delivering end of life care. The service rated those coming to the end of their life based on their health and medical needs. This prompted them to take certain actions. For example, we were told that if a person was in the last stages of their life their relatives or representatives would be contacted daily and provided with updates on their condition. The process of rating people according to their needs also meant that they could determine the best time to obtain anticipatory drugs for people and when it might be appropriate to start these. Anticipatory drugs are medicines which are obtained by care services so that they can be provided to people at the time they require them. This reduces any unnecessary delays in providing necessary pain relief to keep people comfortable.

Consideration had been given to the impact that unnecessary hospital admissions could have on people coming to the end of their life. The provider told us that they carefully considered decisions to call ambulances for people and had a positive relationship with the GP surgeries they used to obtain advice. This meant they had been able to limit unnecessary hospital admissions to reduce the risk of people becoming distressed. The provider had also given consideration to how they could provide the best readmission experience for people who had required a hospital stay. They told us that due to the services location, hospital transportation to bring people back to the service often arrived later in the day. This meant people arrived back at the service at the busiest time when staff were supporting others with meals. The provider told us they felt this meant people may not receive the attention and support they deserved. As a result, the provider told us they personally went to pick people up from hospital and brought them home in a more timely way so they could be settled and provided with one to one time with staff.

People told us that they had opportunities to engage in a good range of activities within the service. On the day of our inspection a singer came to entertain people and we saw that people appeared to enjoy this. The service had a member of activities staff who we saw engaging people in activities throughout the day on both a group and one to one basis. The provider told us they were currently recruiting for another member of activities staff to spend more time with people. Activities were displayed on a board in a communal corridor and the service had their own minibus so people could be taken out on trips. People made positive

comments about the activities on offer. One person said, "There's a board to tell you what's on during the week. I go to things. Bored, oh no. I'm quite happy." Another person told us, "Yes, I like the music. I like to go out with my family too. I don't get bored – goodness no." A relative commented, "[Relative] likes the singalongs, bingo and [staff] sometimes take them out in the home's van. [Staff] took a group of residents out to Minsmere recently." Another relative said, "[Relative] enjoys the singing."

The service continued to support people and their relatives to make complaints. There was a complaints policy and procedure displayed in a communal area which informed people of how they could complain. The service had not received any complaints at the time of our visit. People and their relatives told us they knew how to complain. One said, "I would speak to the staff if I was bothered about something. [Staff] would sort it out I'm sure." A relative told us, "I would talk to [provider] to get any concerns sorted out."

Good

Is the service well-led?

Our findings

At the last inspection on 25 November 2015 the service was rated good in this key question. At this inspection the service remains good in this key question.

One of the providers had also registered with us as the manager. 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.

The service continued to operate effective systems to monitor and assess the quality of the service. Following our previous inspection, the provider had acted on recommendations to implement a wider range of audits to assess the quality of the service. Monthly audits of the meal time experience, staffing, health and safety, infection control, maintenance, medicines and care planning were carried out. Records demonstrated that where issues were identified actions were taken and overseen by the manager or providers.

Each year the service carried out surveys of the views of people using the service, their relatives and staff. The results of these surveys were analysed and percentages calculated. The providers prepared an annual report with these figures and compared them to previous years to ascertain whether the service had improved or whether satisfaction in some areas had decreased. The providers were open and transparent with the results of these surveys, and a copy of the results was displayed in a communal area. The providers created an action plan based on the results of the surveys which informed people of what changes they would be making in the coming year in order to address people's feedback. This demonstrated a commitment to continuous change and improvement. We saw that the previous years report had identified that the décor could be improved upon, with people saying some areas were in need of redecoration. At our visit we observed that the decoration in all areas of the service was in good order and that redecoration of communal areas and bedrooms had taken place as a result of people's feedback. Great care was taken by the service to ensure the décor was maintained to a good standard and we observed maintenance staff touching up paintwork which had been scuffed.

People and their relatives made positive comments about the leadership of the service. One said, "The [provider] is wonderful. Yes he's often around. I usually chat with him." Another person told us, " [Provider's] very good. Yes I often talk with him – he's always around the home and pops in to see how I am." Another person commented, "[Provider's] always around. He's very approachable – easy to talk to." A relative said, "[Provider is] wonderful. He's always around the home talking with people – he's very approachable." Another relative told us, "[Provider] is very good, excellent. I often speak to him and see him around the home. He likes to check things you see." Another relative commented, "[Provider is] wonderful. He's always around the home talking with people – he's very approachable."

Staff made positive comments about the leadership of the service. They said they felt involved in the development of the service and in decisions made about it's future. Staff told us they felt the service had a

family feel to it and several staff we spoke with had worked for the service for over 10 years. One staff member told us their relationship with one of the providers was so good that he was singing at their wedding. Staff told us the providers were visible and led by example. The providers both carried out nursing shifts every week, including night shifts, and this meant they were able to lead by example and monitor the practice of staff.