

Country Court Care Homes 3 OpCo Limited

Priory Court Care & Nursing 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 well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Priory Court Care and Nursing Home is registered to provide personal care and accommodation for up to 71 older people over three floors. At the time of our inspection 55 people were using the service.

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

During this inspection we did not speak directly with people at the service due to the increased risks associated with the Covid-19 pandemic. People appeared relaxed and had a good rapport with staff. Staff demonstrated a good awareness of the safeguarding processes and told us they would feel comfortable raising concerns with the registered manager.

People's relatives gave us positive feedback about the quality of care people received, however they also said they felt communication could be improved in places. There were governance systems in place to monitor the quality and safety of care provided. Whilst some systems were effective, we identified a small number of records that were inaccurate or incomplete. Although there was no impact on people, this did not evidence a fully effective governance system.

Risks to people were identified, and care was planned to minimise known risks. Care plans were person focused, clear and all had risk assessments relevant to the aspect of care covered. We identified that care planning in relation to diabetes care and treatment could be more personalised and have made a recommendation about this.

There were effective systems that ensured the service was safe. Health and safety checks, together with effective checks of the environment were completed. Medicines were managed safely and there were systems for learning when things could be improved. There were appropriate infection control systems in place.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. We identified some recording improvements were required around capacity assessing and best interest processes. We communicated this to the service management.

Care was planned based on pre-admission assessments and nationally recognised tools used in the delivery and monitoring of care. People were supported by trained staff and staff were supported through supervision and appraisal. Staff at the service worked together and escalated concerns to healthcare professionals when needed.

There were systems to seek the views of people and staff through surveys. Additional surveys had been completed during the Covid-19 period to seek the views of people and staff on how they felt the service was responding to the associated risks.

Rating at last inspection

The last rating for this service was Good (published 31 January 2018).

Why we inspected

We received concerns from other healthcare professionals in relation to medicines, clinical care and effective governance. As a result, we undertook a focused inspection to review the key questions of Safe, Effective and Well-Led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has not changed based on the findings at this inspection.

We found some evidence during this inspection that governance systems were not always fully effective and that communication could be improved. Please see the Safe, Effective and Well-Led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Priory Court Care and Nursing Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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.

Details are in our Safe findings below.

Good 

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good 

Is the service well-led?

The service was not consistently well-led.

Details are in our Well-Led findings below.

Requires Improvement 

Priory Court Care & Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was completed by two Inspectors, a member of our medicines team, a specialist nurse advisor and an Expert by Experience who telephoned people's relatives. They were not physically present at the service during the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Priory Court Care and Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was due to the impact of the Covid-19 pandemic. This allowed us to discuss the inspection process with the Registered Manager and outline the requirements for the day.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is legally required to tell us about. We used all of this information to plan our inspection.

During the inspection

We spoke with five people's relatives or representatives on the telephone. We also spoke with six members of staff. This included the registered manager, nursing staff and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included some people's care records and medication records. We also reviewed records relating to the management of the service such as incident and accident records, meeting minutes, training records, policies and audits.

After the inspection

We received clarification from the service to validate evidence found and requested further information which we have used to support our judgements in the report. We also contacted seven members of staff to seek their views. We received a response from all seven of them which have been used to support our judgements.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. People were safe and protected from avoidable harm.

Using medicines safely

- Medicines were managed and administered safely and there were appropriate policies and procedures in place.
- People's Medicine Administration Record (MAR) charts were completed when doses of medicines were given.
- When medicines were prescribed to be given 'when required' we saw that protocols had been written to guide staff when it would be appropriate to give doses of these medicines.
- There were systems in place to record the application of creams and other external preparations.
- Medicines were stored securely. Storage temperatures were recorded and monitored to make sure medicines would be safe and effective. Suitable arrangements were in place for medicines needing extra security.
- Training was completed, and competency assessment improvement plans were in place which included checking competencies of staff who gave medicines.
- Regular medicines audits were undertaken, and we saw that areas for improvement had been identified and actions taken.

Assessing risk, safety monitoring and management

- Risks to people were identified and management plans were in place to minimise risks. For example, people's care plans included assessments relating to the risk of falls, moving and repositioning, use of bedrails and risk of scalds. Measures were in place to minimise these risks.
- Where people had individual medical needs, for example diabetes or wound care, people had plans of care in place. We noticed that improvement was required around the monitoring and recording of care which was discussed with nursing staff and the registered manager.
- We reviewed care planning around diabetes and found care records could be more person specific in line with national guidance.
- Staff understood the known risks of the people they supported and explained the measures they took to reduce these risks.
- The service environment and equipment was maintained. Records were kept of regular health and safety checks. People had personal evacuation plans which set out the support they would require if they needed to be evacuated from the building. This helped to minimise risks to people in an emergency, such as a fire.

We recommend the service reviews nationally published guidance in relation to the personalised care planning for diabetes care and treatment.

Systems and processes to safeguard people from the risk of abuse

- People's relatives told us they felt people in the service were safe. One relative commented, "[They are] very good and my Mother is very safe there, I've very confident about this." Another said, "They are caring for him, I just feel he is in the right place. He seems to get on well with the carers."
- People were protected from potential abuse and avoidable harm by staff that had received training in safeguarding.
- Without exception, all staff told us they felt confident that any safeguarding concerns they raised would be responded to, would be treated seriously and that prompt action would be taken to address the concerns.
- The provider had safeguarding policies in place for staff to access and follow should they be required.

Staffing and recruitment

- We made observations that there were enough staff on duty to keep people safe and meet their needs.
- People's relatives did not raise any significant concerns with us about staffing levels. All said they felt people's needs were met.
- A relative told us, "He's so well looked after, I can't imagine there aren't enough staff." Another said, "I think they do (have enough staff) because there used to always be plenty when I visited."
- Staff gave mixed feedback, but no concerns were made indicating people's needs were not met. One member of staff said, "Yes, we have adequate staff on a daily basis." Some staff commented on when unplanned sickness could present challenges.
- Staff had been recruited safely. All required pre-employment checks had been carried out including criminal record checks and getting references from previous employers.

Preventing and controlling infection

- People were protected from the risks associated with poor cross infection practice. The service was clean.
- The service had dedicated housekeeping staff to maintain the service environment. Cleaning schedules were maintained and records were completed.
- There were appropriate policies and systems in place to manage the Covid-19 pandemic. Staff had sufficient Personal Protective Equipment (PPE) to support people safely.
- Staff had completed additional infection control training and followed good infection control practices. There were governance systems to monitor infection control standards and practice.
- During the inspection we highlighted where remedial action was needed in a person's bedroom and on entering one area of the home. This was communicated to the service management.

Learning lessons when things go wrong

- Incidents and accidents were recorded by staff and reviewed by the registered manager. The registered manager acted where required to prevent a reoccurrence. This included referring people to the falls team for additional advice and support.
- Accidents and incidents were reported and monitored by the registered manager to identify any patterns or trends.
- Records showed that following an accident or incident, key information such as where the person was or if there was any equipment involved was reviewed. A record of any action taken was recorded.
- Learning from any incidents and accidents was shared and disseminated throughout the staffing team to reduce the risk of recurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had their needs assessed before they moved into the home. This helped to make sure the staff could meet people's needs and expectations.
- Care plans were devised from initial assessments to give staff guidance about how to meet people's needs.
- Assessments of people's needs were comprehensive. Nationally recognised tools in identifying risks in relation to skin integrity, malnutrition, and obesity were used within care plans.
- People's protected characteristics under the Equalities Act 2010 were identified. This included people's needs in relation to their culture, religion and diet.

Staff support: induction, training, skills and experience

- People were supported by staff that had the knowledge and skills to meet people's needs. Staff we communicated with commented positively on the training provided.
- The training record we reviewed showed staff received continual training in subjects to meet the needs of the people they supported. The training matrix identified current and future training requirements.
- All of the staff we communicated with confirmed they received training and no concerns were raised around training provision.
- Clinical staff received specialist training to support them in delivering care.
- New staff received an induction to ensure they had the required skills and competence to meet people's needs.

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

- The service had dedicated dining areas for people to use. We did not speak directly with people about the food quality due to our current methodology.
- Where people were prescribed aids to support with weight gain and maintenance these were recorded as being given as required.
- People were well supported with hydration. We observed people were continually offered drinks throughout the day.
- People's weights were monitored. Where a concern was identified, these were escalated to the appropriate healthcare professional. Some inaccurate weight calculation records were identified. This was escalated to the appropriate staff.

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

- People had individual rooms, all of which had en-suite facilities. There was access to communal areas on all three floors of the service.
- The service was spacious with wide corridors to support freedom. People using mobility equipment would not be hindered whilst walking around the service.
- Within communal areas, the service had arranged furniture in a manner that promoted social distancing, and signage was evident that served as a reminder to remain at distance in communal areas.
- Communal areas such as the toilets had distinctive door colours and clear signage on them to aid people in navigating around.

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

- People had access to a variety of healthcare services and professionals according to their needs.
- People's relatives were confident the service would seek and receive care from external professionals when needed. One relative commented, "If he's not well they are always very good and let me know. I have confidence that they are looking after him."
- Records showed people had received access to health professionals such as opticians, a GP, a podiatrist and a physiotherapist.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions set within authorisations were being met.

- At the time of our inspection, there was one person living at the service with authorised DoLS. Some other submitted applications were currently with the local authority.
- We observed people were consulted prior to any care and support interventions and their consent was sought.
- When people did not have the mental capacity to make a decision, an assessment was carried out. This was followed by a best interest decision to demonstrate agreed actions were in the person's best interests and least restrictive. Some of the assessments required some additional information. We highlighted this to the registered manager.
- One person's care plan stated that they had been assessed as "Not having mental capacity." The care plan did not go on to state the areas where this had been assessed and it was not evident this was a decision specific assessment. The registered manager told us they would review all relevant records.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. The service management was now consistent. However, governance systems were not always fully effective, and some areas of communication required improvement.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a range of audits in operation to monitor the health, safety and welfare of people who used the service. Additional auditing was undertaken by the provider.
- Whilst some audits were effective, we found a number of examples of where people's records were incomplete or inaccurate. Whilst this did not result in any impact on people, it did not evidence all care had been delivered as required or evidence a fully effective governance system.
- The service had previously identified recording issues and work was underway to address this through an action plan and continual staff communication. The registered manager shared their action plan with us.
- Staff had been communicated with over the Covid-19 period and their views sought on how they felt it was handled. We saw records showing that what had gone well and what could have been improved were discussed.
- The services most recent Care Quality Commission (CQC) rating was displayed in the entrance foyer and was displayed on their website.
- The provider had notified the CQC of events which had occurred in line with their legal responsibilities.

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

- Relatives we spoke with gave mixed feedback on how they felt the service communicated with them about people's changing care needs. Some were positive, however others felt their general communication could be improved. One relative said, "The only time they phone is when [person's identity] has to go to hospital or have a Doctor in. I don't get any other updates unless I ring them."
- People's relatives did not indicate communication specific to Covid-19 was clear or transparent. None of the relatives we spoke with said they were informed of any person or staff positive cases or outbreaks within the service. One commented, "They've had a couple of outbreaks. I didn't hear officially though, someone found out and I was told unofficially. I do think they should have told us in the circumstances."
- A survey of people, and their relatives or those acting on their behalf, had been completed in December 2019 which evidenced positive results. Additional surveys for people had been completed over the Covid-19 period to ensure people felt they had sufficient information and protective measures in place were adequate. Results were positive.
- Staff meetings ensured key messages were communicated. Meetings had continued where possible over the Covid-19 period to ensure people's needs were met. Whole staff meetings were scheduled again for the immediate future.

Continuous learning and improving care; Working in partnership with others

- Some links with the local community had been formed. However, in the period leading up to the inspection external visitors were unable to enter the service in line with published government guidance.
- We asked staff whether they could identify any areas for further improvement. All staff responded that they wouldn't like to change anything currently. One commented they were in a positive period or transition with the new registered manager at this time.
- The registered manager maintained a record of accidents, incidents and safeguarding concerns showing the concern raised, action taken and outcomes. This supported any future learning from such events.
- There was a current evident breakdown in communication with visiting healthcare professionals that the registered manager told us they were in the process of addressing. Concerns had been raised by other professionals around aspects of care and communication.
- We saw records showing where the registered manager had made attempts to engage with healthcare professionals and the local authority to achieve this. There was an action plan relating to how concerns raised by visiting professionals would be addressed.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Records showed that when accidents or incidents had occurred, or people's health had declined, people's relatives or those acting on their behalf were informed as soon as possible.

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

- People's relatives and staff told us they had confidence in the leadership at the service. One relative raised concerns about communication methods over the Covid-19 pandemic period and we relayed this back to the registered manager.
- The registered manager told us they felt they led a dedicated team of staff. Staff we spoke with during and after the inspection were committed to their role. The service were in a period of change under the new management and staff roles and responsibilities were being developed. This is aimed at addressing some of the issues identified at the inspection such as record keeping.
- All of the staff we communicated with expressed a level of satisfaction in their employment. Staff commented they could approach the registered manager if needed. All said they would be happy for a friend or relative to live at the service.