

Purity Nursing Limited

The Priory Nursing and Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 31 January and 8 February 2017 and was unannounced. The Priory Nursing and Residential Home is registered to provide accommodation for people who require nursing or personal care, diagnostic and screening procedures and treatment for disease, disorder or injury. At the time of our inspection there were 35 people living at the service. Most people required nursing support and some were living with dementia.

There was a registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

At our last inspection carried out 28 January and 1 February 2016 we asked the provider to make improvements to how they managed risks, the deployment of staff, the application of the principles of the MCA and some required changes to the building. At this inspection we found the provider had taken action to make some of the improvements required, however there were some issues which had not been addressed.

People sometimes had to wait for their care and support as staff were not always deployed appropriately across the home. People did not always receive their medicines in a safe way and it was not always clear if people received their medicines as prescribed. People were supported by staff that had been safely recruited. People were safe; staff understood how to protect people from harm. People's risks had been assessed and staff understood how to provide safe support to minimise the risk of harm. Accidents and incidents were documented and analysed to prevent them from re-occurring.

People received support from staff that were suitably skilled to meet their needs. Staff used their skills and knowledge about people to provide effective care and support. People were asked for their consent to care and support and staff followed the principles of the MCA. People's nutritional needs were understood by staff and people could make choices about the food. People's health needs were understood by staff and they were supported to monitor and maintain their health and wellbeing.

People were supported by staff that understood their needs and had good relationships with them. Staff were caring in their approach with people. People had support from staff to make choices about their care and support. People received support from staff that understood how to protect their privacy, dignity and independence and offered support in a respectful way.

People's needs were assessed and reviewed and their needs and preferences were understood by staff. People were involved in all aspects of planning their care. People were able to follow their interests and staff made sure people had an opportunity to spend time talking each day. People understood how to make a complaint.

The provider had not taken action to make all the required improvements since the last inspection. Quality checks were in place; however these were not always identifying issues with the quality of the service and action had not always been taken to address the improvements. For example, with medicines and staffing. Staff were supported throughout their daily work, however there was no formal opportunity for them to raise any issues such as training requirements. People and their relative's spoke highly of the service, they were happy with the care and support people received.

There was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 regarding good governance. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Staff were not always deployed in a way that ensured people's needs were met.

People's medicines were not always administered in a safe way.

People felt safe and were supported by staff who understood how to keep people safe and protect them from harm.

Is the service effective?

Good ●

The service was effective.

People were supported by staff that understood their needs and had the skills to meet them.

People's rights were protected by staff who understood the principles of the MCA.

People enjoyed the food and told us they had their needs and preferences met.

People received support to monitor and maintain their health and had access to relevant health professionals.

Is the service caring?

Good ●

The service was caring.

People had good relationships with staff and found they could approach them.

People were able to make choices about all aspects of their care.

People were supported by staff that were respectful and promoted their dignity, privacy and independence.

Is the service responsive?

Good ●

The service was responsive.

People's needs and preferences were understood and met by staff.

People could spend time doing things which they enjoyed.

People and their relatives understood how to make a complaint.

Is the service well-led?

The service was not always well led.

Required improvements were not made to the service and quality checks were not always effective at identifying the issues which needed improvement.

Staff were not always given the opportunity to seek formal support through supervision.

People, relatives and staff told us they had good relationships with the management team and were happy with the service they received.

Requires Improvement 

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 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 31 January and 8 February 2017 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.

We reviewed the information we held about the service. This included statutory notifications we had received, which are notifications the provider must send us to inform us of certain events, such as serious injuries. We also contacted the local authority and commissioners for information they held about the service. We used this information to help us plan our inspection.

During the inspection, we spoke with 12 people who used the service and 13 relatives. We spoke with the provider, the registered manager, the clinical lead, four nurses, eight staff and the cook.

We observed the delivery of care and support provided to people living at the location and their interactions with staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records about how people received their care and how the service was managed. These included eight care records of people who used the service, medicine administration charts, three staff records and records relating to the management of the service such as staff rotas, complaints, safeguarding and accident records.

Is the service safe?

Our findings

At our last inspection the service required improvement to how staff were deployed. We found staff were not being deployed appropriately to ensure people were safe and receiving prompt care and support. At this inspection we found the provider had improved the way staff were deployed.

There were mixed views from people, relatives and staff about staffing levels. People and their relatives told us they felt there was enough staff most of the time. One person said, "The staff were rushing around the other day and were so busy, it took them a while to come, but that it was not always like that". A relative said, "We can always find a staff member. We can't say they are short staffed." Some staff we spoke with felt there were sufficient staff available to keep people safe. Nurses however, told us there were issues with deployment of staff. For example, one nurse said, "Sometimes, one nurse is not enough for the home. Because of the home being spread out, it causes issues when nurses are needed at both sides of the home at the same time". Nurses said people sometimes had to wait for the next nursing shift for dressing to be done and they had other duties such as answering the telephone which took them away from nursing support. We saw there was one nurse on duty at all times throughout the day and people's nursing needs were met in a timely manner. We saw non-qualified staff supporting nurses with tasks such as medicine rounds. We observed mealtimes and found staff were rushed trying to ensure meals were delivered to people promptly. We saw people had to wait for their meals and on one occasion we saw one staff member supporting two people to eat their meal at the same time. We observed people needed help with condiments and getting a further drink, but staff were not available to help. We spoke to the registered manager about the staff deployment they told us they had been looking at ways to improve staff deployment and this was ongoing. This meant people did not always have support from staff when they needed it.

People told us staff helped them manage their medicines. However one person said, "The staff are not allowing me to have one of my medicines and I don't know why". We spoke to the nurse about this and found there was a suitable explanation for this; however this had not been communicated with the person. We asked the nurse to explain this to the person which they did. Staff raised concerns about having to undertake other duties, such as answering the phones or helping other staff when giving out medicines and raised concerns that this may increase the risk of medicines errors. We saw staff were interrupted during medicine rounds on both days of the inspection. Staff told us they had received training to administer medicines. We found where people needed as required medicines there were not always instructions available to staff about how and when to administer this medicine. We looked at medicine administration record (MAR) charts for eight people. We found the MAR charts difficult to read and were not always accurately completed. For example, it was not possible to see if the medicine had been administered or refused in some cases. There was incorrect information on the MAR chart provided by the pharmacy. Where some medicines had not been received by the provider, the pharmacist had not removed the number dispensed off the MAR sheet. This meant that the amounts could not be clearly verified. We spoke to the registered manager about these concerns following the first inspection day and saw that some improvements had been made on the second day of the inspection however further improvements were required to ensure people received their medicines safely. People received their medicines from trained staff

and we found medicines were stored safely. This meant people's medicine administration was not always recorded accurately and the provider could not be assured people had received their prescribed medicines.

People received support from safely recruited staff. Staff told us the application and interview process included providing information about their work history and experience. They said two references and employment checks were also carried out. The provider had followed safe recruitment practices which included checking to ensure staff were safe to work with vulnerable people through the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

People told us they felt safe with the staff team. Relatives told us they felt people were safe. One relative said, "I feel confident that they do all that they can to make [my relative] comfortable and look after them, I feel they are safe here". Another relative said, "I feel [my relative] is safe here". Staff understood how to safeguard people. They could tell us about the signs of abuse and what action they would take if they suspected abuse, including the use of whistle blowing to other organisations. One staff member said, "I would report any concerns about people straight away". Another staff member said, "If we see a bruise or a mark, this is documented on a body map and the manager investigates how it happened". Records we looked at confirmed staff were appropriately reporting concerns about people's safety. We found the registered manager and the clinical lead were appropriately investigating and escalating concerns about people's safety. For example referring them to the local safeguarding authority. People were supported by staff who knew how to protect them from harm and abuse.

At our last inspection we found some staff were not following risk assessments for people and risk assessments were not always up to date. At this inspection we found the provider had made the required improvements.

People and their relatives told us staff supported people to manage risks to their safety. One person told us, "The staff help me with moving, I have to use a wheelchair, they always do this safely". Another person said, "Staff help me with equipment to stand up, there is always two of them and I feel safe". Relatives told us staff understood risks and were able to support people to stay safe. Risks to people were assessed and documented. Staff were able to tell us about people's risks and the actions they needed to take to keep people safe, and we saw staff working in ways to reduce potential risks. For example, we observed people transferring from wheelchairs to lounge chairs safely. One staff member said, "[Persons name] is at risk of rolling out of bed, so there is a crash mat in place". Another staff member said, "[Persons name] is a high risk of developing pressure sores, so we have to monitor and make sure they are repositioned regularly". Accidents and incidents were recorded and analysed and we saw appropriate action had been taken to prevent future incidents from occurring. For example, one person was at risk of falls as they sometimes tried to get up without help, an alarm had been put in place to alert staff to any movement and help prevent this person from falling. This showed there were systems in place to ensure people were kept safe.

Is the service effective?

Our findings

At our last inspection we rated the provider as required improvement because staff received insufficient training and had not ensured the principles of the MCA were followed. At this inspection we found the provider had made the required improvements.

People and their relatives told us staff understood how to meet people's needs. One person said, "Staff support me well, they know what help I need". A relative told us, "[A person's name] came here to receive specialist care; the staff know how to look after them well". Some staff told us they had knowledge and skills to support people effectively. For example, staff could describe the support they needed to give to people with different needs such as people who were at risk from pressure areas or choking when eating and how to support people with dementia. We saw examples of staff using the skills they described in an appropriate way. Such as when supporting people with dementia using specific equipment to support the person. Most staff said their training was up to date and had been very effective in helping them understand their role. Our observations supported this. We looked at training records and we could see staff training was mostly up to date. There were some staff that required updates to their training in line with the providers policy on refreshing courses annually. We spoke to the registered manager and the clinical lead about this and they told us there was a plan in place to deliver the required training. They showed us details of training which had been booked for staff, this included updates to the medicines management training.

Staff told us they received an induction when they first started work and completed some training and shadow shifts. They said this helped them to get to know people and understand their needs and preferences. A relative commented, "There has been a turnover of staff recently but the new staff have all fitted in easily, seamless. You wouldn't know they were new because they know [my relative] so well. The obviously take the time to learn about people". The registered manager told us competency was checked before staff were able to support people on their own. The records we saw of staff induction supported what we were told. This meant that staff were provided with induction training which was effective in developing the skills and knowledge to support people.

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 told us staff sought their consent to care and support. Staff told us they had received training in the principles of the MCA. They understood the need to seek consent when providing care and support. They told us where people were thought to lack capacity to consent, an MCA assessment would be carried out and decisions made in their best interests. One staff member told us, "I always ask, if someone refuses I leave it and go back and try again later". We saw staff seeking consent when offering care and support to people. We viewed records in peoples care plans and saw the provider had sought consent to the use of photographs. We also saw where people were unable to consent discussions had been held with appropriate people and decisions were being made in their best interests. For example a best interest discussion had led to bed rails being used to maintain one person's safety and an alarm to prevent falls in

another case. This showed the provider was appropriately applying the principles of the MCA in order to protect people's rights.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We saw the registered manager had identified people that may be having their liberty restricted to ensure their safety. They had made the appropriate applications to the local authority for a DoLS authorisation. Although there were no conditions attached the authorised DoLS, the registered manager understood the need to meet conditions when they were included in the authorised DoLS. This showed the registered manager had systems in place to make applications for DoLS and monitor their application.

People and their relatives told us there was a good choice of food and people enjoyed their meals. They told us people received the support they needed to manage their dietary needs. One person said, "I like to have toast for my breakfast, you can choose whatever you want and have it when you like". Relatives told us, "[Person name] has a good appetite now, staff help them to eat and they have drinks from a special cup". Staff told us they understood people's dietary needs and could describe how people required support. One staff member said, "[A person's name] has to be monitored whilst they eat as they are at risk of choking, we follow the advice of the speech and language therapy (SALT) team". We saw people could choose what to eat during the day and could access drinks whenever they wanted. At lunchtime we observed people received food that was appropriate to their dietary needs and received support in line with their care plan. We saw staff made sure people had their preferences met and they followed nutritional advice from health professionals. Where people had specific dietary requirements, such as diabetes, we saw appropriate meals were given, in line with their diabetes care plan. We saw people were supported to maintain their independence with eating and drinking, staff offered support and encouragement as required. We spoke to the cook who told us they understood people's needs and preferences and ensured these were met. This showed people had access to a choice of food and drinks and were supported to maintain their independence. Where special diets were required these were provided.

People were supported to monitor and maintain their health. People and their relatives told us they received support to access health professionals when required. One person said, "I haven't been well, the staff have been monitoring me, they will call the doctor if I don't feel better today". One relative said, "They have had the GP out to look at the tablets my relative is taking". We observed the staff shift handover and could see how staff were monitoring people who were unwell. We saw records which showed people were referred to health professionals for support when required. For example people had been referred to their GP, dieticians and continence advisors. This showed people's health was monitored and they were supported to access health professionals when required.

Is the service caring?

Our findings

People told us staff were kind and caring and they had good relationships with them. One person said, "They [the staff] are excellent, always happy and pleasant". Another added, "I am very happy living here. It was a dreadful wrench to leave my home, but it is OK now. I would not want to live anywhere else". One relative said, "[My relative] is cared for beautifully in every way. They (staff) love [person's name] and it shows". Another relative told us they felt, "The staff here are kindness itself". Staff told us they had good relationships with people. We saw staff spent time with people, they were smiling and having conversations with people throughout the inspection. We saw one staff member, spend time talking with someone who had stayed in bed for the day as they were not feeling well. We heard staff communicating with and about people in a caring way. Staff handovers shared information about how people were feeling. People were supported to maintain relationships. Visitors told us they could visit at any time. We saw people coming and going throughout the inspection and they were made welcome by staff. This showed us people and their relatives felt the staff were caring.

People told us they could make choices for themselves. One person said, "I choose to sit in this lounge because it is quieter staff always ask me where I want to sit". Staff told us they enabled people to make choices for themselves. They gave examples such as people choosing where to sit, what to eat, what time to get up and how to spend their day. One staff member said, "[A person's name] likes to spend time in their room on certain days of the week". We saw staff offering people choices throughout the day. For example, we saw staff checking with people about what they wanted to eat and drink, where they wanted to go and if they wanted to take part in some of the activities which were on offer. People also told us they were encouraged to be independent with some aspects of their care and support. One person said, "Staff know I like my independence, I can wash myself and get myself ready in the morning". Staff told us they spent time getting to know people and understanding what type of support they needed and of the tasks people were able to carry out for themselves. For example one staff member said, "[Persons name] likes to manage their own personal care, but loves to have a chat while we tidy the room and make the bed". We saw peoples care records showed they could choose what support they required and were involved in making their own decisions where appropriate. This showed people were actively involved in making choices about their care and support.

People had their privacy and dignity maintained. Staff told us they thought it was important to maintain people's privacy and could give examples of how they achieved this. One staff member said, "It is about covering people when doing personal care, shutting doors, closing curtains that sort of thing". "Another staff member said, "It is about taking your time, not rushing people, allowing them to do things at their own pace". We saw staff approached people gently; they were discreet when offering personal care and were sure to close doors. We saw staff engaged people in a way that promoted their dignity, ensuring they addressed people by their preferred name and were respectful. This showed people's privacy and dignity was respected.

Is the service responsive?

Our findings

People told us staff spent time getting to know them and understanding their preferences. Relatives told us staff spent time with people and talked to them. One person told us, "They are taking the trouble to get to know me". A relative told us, "The staff are very kind to [my relative] they spend time with [my relative] even though they can't have a conversation with them they do sit with them and spend time". Another relative told us, "All staff know [my relative] well and take time to do the special little things, such as doing hair how they like it and following their preferred morning routine". Staff understood people's care needs and their preferences. Staff could tell us about what people liked and disliked and understood people's history. For example one staff member said, "[A person likes to walk around]". Another staff member told us about one person with dementia who thought they were at work during the day, the staff member could tell us about the person's work history. Staff told us they got to know people well and really cared for people. They said it was difficult when people were unwell or coming to the end of their life, but they were able to ensure people were cared for in the way they wanted to be. For example, one staff member said, "We are a little upset because we care for [a person's name], but it is an honour to be able to look after them and their family." We observed staff were taking time to provide compassionate care to this person and their relatives told us, "[My relative] is cared for beautifully in every way. The staff love them and it shows". People's care plans were reviewed regularly when their needs changed. People and relatives told us they were involved in care planning and care reviews, the records we saw supported this. This showed people received responsive care from staff that understood their needs and preferences.

People and their relatives said there were opportunities for people to be engaged in meaningful activities. One person told us, "The staff member who does the activities came up and chatted to me this morning. They spent some time with me and listened to me". Another person told us, "I like to watch DVD's in my bedroom, staff help me to use the player I have". A visiting professional told us, "The staff member who is responsible for activities spends time with everyone every day, they go around every bedroom and sometimes it's a matter of simply holding hands with the person". We saw people had the opportunity to spend time as they wanted and were encouraged to take part in activities which took place throughout the day. For example, pamper sessions. The staff responsible for activities made sure they spent time with people every day and discussed what type of things they liked to do. This showed people were able to engage in activities they found interesting and spend their time how they preferred.

People and their relatives understood how to make a complaint and were confident complaints would be addressed. One relative said, "Never needed to complain but I am confident that any concerns would be taken seriously and dealt with". Another relative said, "I would speak with the registered manager if I had concerns, but all the staff are really very helpful". The complaints policy was on display in the home. We looked at complaint records and found there had been two complaints since our last inspection. These complaints had been appropriately managed however the provider was not always following their complaints policy. For example, verbal responses had been provided but not formal written responses, as per the policy. The registered manager told us they dealt with verbal concerns raised by people and relatives, however there was no record of these concerns or the actions taken. This meant that although on some occasions the policy was not fully followed, complaints were responded to and people felt confident to raise

concerns.

Is the service well-led?

Our findings

At our last inspection we rated the provider as required improvement as there were issues with the environment in the home, staff deployment, clinical leadership and staff supervision. At this inspection we found some progress had been made, however the provider had not taken action to make all the required improvements.

We found areas of the building still presented potential risks to people's safety. For example the floors in corridors we raised at our last inspection had not been addressed. We also found there were hoists and wheelchairs stored in the corridors. We checked and there had not been any incidents and accidents as a result of these issues. Staff were aware of the risks and ensured they provided support to people when mobilising to prevent any accidents. The provider and registered manager were aware of the improvements required and told us they had a plan in place to address them, but work had not commenced at the time of the inspection.

Staff were still not deployed effectively at times. For example nurses were having to answer the telephone, which reduced the time available to complete nursing tasks. Non-qualified staff were supporting nurses with simple dressings and administering medicines. There were insufficient staff available to provide support at mealtimes, which meant people had to wait for their support. The registered manager and clinical lead were aware of these issues; however action had not been taken which addressed them.

Staff were not having an opportunity to discuss their practice on a one to one basis. Staff told us they did not have a regular opportunity for formal recorded discussions with the management team about their practice. For example, they had not always had an opportunity to discuss their practice or individual training needs. Care staff and nurses said they would welcome the opportunity to discuss their performance and individual training requirements. We spoke to the registered manager and clinical lead about staff comments about opportunities to discuss their role individually. They had identified this as an area for improvement and told us of their plans to address these issues. This meant staff had not had an opportunity to discuss their role and identify any training requirements.

Systems to audit the quality and consistency of the service were not always effective at identifying the required improvements. For example, the medicines audit had not identified the concerns we found during the inspection in relation to not being able to effectively read the MAR charts. This meant there was an increased risk of staff making medicine errors due to not being able to see clearly what had been administered. We spoke to the clinical lead and registered manager about our concerns and they told us they took action to improve the MAR charts immediately. Medicine rounds were not protected time for staff completing them.. The information we reviewed whilst planning the inspection showed that there had been medicines errors. Whilst we could not say the medicine errors had occurred because of the issues we found, there was an increased risk of medicine errors as a result of these issues.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 good governance.

At our last inspection there was a lack of clinical leadership, support and guidance, and supervision for staff. At this inspection staff told us the registered manager and clinical lead did provide daily support and leadership, our observations confirmed this. Staff also told us they had regular staff meetings. Staff told us the management team were supportive and they were able to approach them with concerns and issues. One staff member said, "The registered manager is very supportive, I have always had help when I have gone to them". Another staff member said, "I feel very supported by the registered manager and the clinical lead". The staff member added, "the provider also is nice and approachable". This showed staff received guidance and leadership on a day to day basis from the management team.

People and their relatives were positive about the management of the service. They told us they had a good relationship with the registered manager and staff. They told us they were able to approach them with any concerns and felt they were always supportive. One relative told us "The registered manager has spent a lot of time with me and [a person's name] as they have been unwell, the manager is so supportive, all the staff are". One relative said, "It is the best it can be. Yes, it needs new carpets but so what? The staff here make up for that". The relative added, "If I needed to go into a care home, I would want to come here, no worries". We saw the registered manager and the clinical lead were accessible to people, relatives and staff throughout the inspection and were actively involved in supporting staff with providing care and support where required. This showed staff felt they could approach the management team and they had a positive relationship with them.

The registered manager understood their role and responsibilities with regards to notifying us of significant incidents for example DoLS approvals, allegations of abuse, serious incidents. The rating from the last inspection was on display in the home.

People and their relatives told us they had an opportunity to give feedback about the quality of the service and they felt this was used to make improvements. One person told us, "I wrote a letter that they put up in the kitchen explaining that they could do better with the food they have put it on the wall. It did improve". We saw there was a comments and suggestion scheme in place and whilst this was not used often there had been some positive comments made, for example, "There is only ever kindness showed to us, Thank You". The registered manager told us they used the feedback from people and their relatives to improve the quality of the service people received. Staff told us they could share their views about the service and how to make improvements'. We saw evidence of staff discussions about improving the service within meeting minutes. This showed people and staff had their views sought and this was used to drive improvements.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The provider had not taken action to reduce risks to people's safety and systems in place to look at quality had not effectively identified issues with safe administration of medicines.
Treatment of disease, disorder or injury	