

Hawksyard Priory Nursing Home Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

We inspected this service on 9 May 2016 and this was an unannounced inspection visit. Our last inspection visit took place in July 2015 we found the provider needed to make improvements to protect people from the risk of harm, how medicines were managed and the systems that were in place to measure and improve quality. At this inspection we found improvements had been made in these areas. However, we found that the provider had not always identified where restrictions were placed upon people.

Hawksyard Priory provides nursing and personal care for up to 106 people some of whom may be living with dementia. At the time of our inspection visit there were 91 people living in the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Further improvements were needed to ensure medicines were managed safely. Some medicines and nourishment supplements were not recorded correctly to demonstrate people had these. Hygiene practices needed to be improved to ensure hands were washed and medicines were not handled by staff.

People made decisions about their care and staff helped them to understand the information they needed to make informed decisions. Staff sought people's consent before they provided care and support. Where people were not able to make decisions for themselves, they were supported to make decisions that were in their best interests with the help of people who were important to them. Where restrictions were placed upon people these had not always been identified to ensure any restriction was lawful.

People were supported to eat and drink and there was a choice of foods available. Specialist diets were catered for and alternative meals could be provided upon request. People received support to remain independent at meal times and where they needed assistance, this was done in a caring and supportive way.

There was sufficient staff to meet the assessed needs of people who used the service. The staff were kind and treated people with dignity and respect and helped them to make choices about how they wanted to spend their time and be supported. People's care needs had been assessed and reviewed to ensure they received care to meet their individual needs. The care records detailed how people wished to be cared for and supported and evidenced where people had been involved with any review. Staff received training to meet identified needs.

Staff understood their responsibility to safeguard people from harm. Where risks associated with people's health and wellbeing had been identified, there were plans to manage those risks. Risk assessments ensured people could continue to enjoy activities as safely as possible and maintain their independence.

Health care professionals visited the service regularly to provide additional healthcare services to people and staff supported people to attend appointments and liaised with their GP.

People were confident they could raise any concerns with the registered manager or staff and were complimentary about the service provided. The registered manager was approachable and provided support to the staff team. People were encouraged and supported to provide feedback on the service and there were effective systems in place to review and improve the quality of the service provided.

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 consistently safe.

Medication management needed further improvement to ensure there were safe systems for people to receive their medicines as prescribed. There were suitable numbers of staff on duty to meet people support needs in an effective way. People were protected against the risk of abuse because staff were able to recognise abuse and took appropriate action when it was suspected.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People were supported to make decisions and where they needed help; decisions were made in their best interests with people who were important to them. Some people may be subject to restrictions and this had not been identified to ensure these restrictions were lawful. Staff had received training to know how to support people and maintain their well-being. People were supported to eat and had access to health care professionals who supported them to keep well.

Is the service caring?

Good ●

The service was caring.

People received support from staff who were kind and compassionate. Staff knew people's needs and provided care in line with people's preferences and wishes. People were treated with dignity and respect and were supported to express their views about their care and their views were listened to and acted upon.

Is the service responsive?

Good ●

The service was responsive.

People were able to pursue their hobbies and interests and activities were provided in the home and local community according to people's preferences. People's needs were identified and staff provided individual support. The provider

responded effectively to people's complaints about the service.

Is the service well-led?

Good ●

The service was well-led.

There was a positive culture and staff felt well supported by the registered manager and provider. Effective systems were in place to assess and monitor the quality of the service and information was used to help make improvements.

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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 9 May 2016 and was unannounced. Our inspection team consisted of three inspectors and a pharmacist inspector.

We checked the information we held about the service and provider. This included the notifications that the provider had sent to us about incidents at the service and information we had received from the public.

On this occasion we did not ask the provider to send us a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However we offered the provider the opportunity to share information they felt relevant with us.

We spoke with 14 people who used the service, 7 relatives, four nurses, nine care staff and the registered manager. We reviewed information from the local authority quality monitoring visits. We did this to gain people's views about the care and to check that standards of care were being met.

We observed care and support in communal areas. Some people had communication difficulties, so we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We viewed nine records about people's care and medication. We also looked at records relating to the management of the service including quality checks.

Is the service safe?

Our findings

On our last inspection visit we identified concerns with how medicines were managed and stored. These issues constituted a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. On this inspection, we found improvements had been made although further improvements were still required. We saw on occasions a nursing member of staff had administered medicines to people without following appropriate hand hygiene practices and administered medicines directly using their fingers. They did not wait to make sure medicines were properly swallowed before they started administering medicines to another person. The quantity of some medicines received in stock had not always been recorded, including nourishment supplements and further improvements were needed to ensure an accurate record of all prescribed medicines was maintained.

People told us they were assisted to take their medicines by staff. One person said, "They give me tablets when I require them. Sometimes they are slow, sometimes they are fast." Another person told us, "I like it here. I am quite settled and I feel safe. I get medicines and what you ask for, they get it for you." We observed nursing staff give medicines to people in a kindly, dignified and unhurried manner. We saw they started their medicines round by prioritising people who needed their medicines first, for example people requiring Parkinson's medicines.

We found medicines were stored securely in medicine cabinets in the treatment rooms and in the medicine trolleys. We looked in detail at medicine administration record (MAR) charts and people's care records to see that they were getting their medicines as prescribed. Staff could explain when people needed 'when required' medicines although these protocols lacked the detail to enable all staff to understand when this may be needed. No one using the service had their medicines given to them covertly.

The staff were aware of how they should report any safeguarding concerns and understood what situations were considered to be unsafe and recognised different types of abuse. One member of staff told us, "We have received training on how to act and I'm confident we would take the correct action. You have to be open and report what you see to keep people safe." Where safeguarding concerns had been identified, these had been raised with the local authority. We had not received notifications of all of these incidents and the registered manager made arrangements to ensure we received this information.

People told us that they felt safe in the home and we saw people were comfortable with staff and interacted positively with them; we saw people laugh and smile. We saw the staff work in a safe manner when helping people. For example, when supporting one person to move, the staff ensured the footplates were attached before moving them across the room. We saw other people supported to walk with assistance from staff. The staff explained why people needed to be supported in a certain way to ensure their safety; for example when being supported to reposition in their bed. People had access to their call bell and when these were activated we saw staff respond in a timely manner. We saw the care records included where risks for people had been identified and measures to reduce harm and this matched what we saw.

We found that there were sufficient staff to keep people safe and meet their needs. One person told us,

"There's always staff around. I like to have a shower three or four times a week and they always accommodate this." One relative told us, "I'm not sure how many staff work here but there are enough of them around. I've never had difficulty finding someone if I need them. I've visited some places and the staff are always rushing around. Here, the staff are calm and always have time to speak with you." One member of staff told us, "There's enough staff on this floor and people can do things for themselves. If we think we need more staff than we can request this; it's quite flexible."

We spoke with one member of staff who had recently started working in the service. They told us they had attended an interview and confirmed that all recruitment checks had been carried out prior to starting working with people. The recruitment records included references of the staffs' characters, evidence of a police check and their suitability to work with the people who used the service.

Is the service effective?

Our findings

On our previous inspection we found the provider needed to make improvements with how people were supported to make some decisions where people may lack capacity. 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. On this inspection we saw improvements had been made and capacity assessments had been completed to demonstrate how people made important decisions. For example, where people were not able to consent to their care and support, a best interest decision had been made to identify whether the agreed plan was suitable. One member of staff told us, "We ask people what they want; it's all about giving people choices and letting them answer for themselves wherever they can."

Some people who used the service who lacked capacity had restrictions placed upon them to help to keep them safe. 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw applications had been made to lawfully restrict some people of their liberty. However, for other people the assessment process had not identified their liberty may be restricted. The registered manager and nursing staff agreed that they had not considered the new guidance which described when people may have their liberty restricted and recognised that further applications would need to be made.

This meant there was a breach of Regulation 13 of the Health and Social Care Act (Regulated Activities) 2014.

We carried out an observation at lunchtime to understand people's mealtime experiences. We saw people being supported to eat and drink. The staff were jovial and spoke with people throughout the meal. One person told us, "This is lovely; it's a lovely experience and the food has improved and is much better." We saw people were offered a choice of what to eat before it was served to them. One person told us, "I have the number to call the kitchen. If there's anything I don't want or want to change something, I just call them and let them know and it's sorted." People were able to purchase, store and cook their own food and snacks and we saw that people could choose to have a kettle, fridge or microwave in their bedroom.

People were given a choice where they wished to eat, although most people chose to eat their meal in their bedroom. When meals were served we saw staff stayed with people if they needed assistance to eat or with cutting their food up to make it easier to eat. Where people were at risk of weight loss they had been referred to a dietician and their weight was monitored monthly. We saw that people were given supplements that ensured they received sufficient amounts to eat. Drinks were provided to people throughout the day at set times.

The staff had the knowledge and skills to support people. People told us they were confident that staff provided support safely. One relative told us, "The staff really understand [person using the service]. They've

been wonderful to them and a great support to me." Staff who had recently started working at the service had completed an induction when they were recruited and this included shadowing more experienced staff. New staff were completing the Care Certificate; this sets out learning outcomes, competences and standards of care that are expected. One member of staff told us, "I think this is the best care award about; it really makes you think and understand what you are doing." Another member of staff told us, "As a team, I think we have improved because new staff are having this training. It's starting to make a real difference to people."

People had access to health professionals and services and people told us that their health needs were met. Where people were receiving residential support, district nurses visited to manage health needs. One person told us, "If I need to see the doctor then the staff make a call. It's not nice feeling ill so it's good they act so quickly." A relative told us, "If there's anything wrong then they call and let us now. We have the option of going to the doctor or hospital with them. It's good to still be included." People told us they continued to receive routine appointments with an optician and dentist. One person told us, "I got new glasses. Being able to see is important to me as I love my puzzles."

Is the service caring?

Our findings

At our previous inspection we found the provider needed to make improvements to ensure people were supported to maintain their privacy and dignity. On this inspection people told us, and we saw, that they were treated with dignity and respect. One person said, "The staff knock on the door and ask if they can come in. If I don't want to see them they respect that." We saw one person repeatedly kicked off their sheets when lying in bed. Staff remade the bed and spoke with the person and explained what they were doing and why. Where people needed personal care, the staff shut their door and supported people in private. One relative told us, "The staff are very respectful. I've never seen anything but respectful care here. They are also very polite and courteous."

People told us that they were treated with kindness and compassion and we saw positive interactions between people and staff. The staff showed genuine concern for people's wellbeing and it was evident from discussion that all staff knew people very well, including their personal history preferences, likes and dislikes. One person told us, "The staff know all of my family. I don't know how they remember everything but they always seem to know when important things take place and ask me how everything is."

The staff worked in a variety of ways to ensure people received care and support that suited their needs. For example, one person told us they wanted to stay in their room but had a computer to keep in touch with important people. They told us, "I don't want to go anywhere; I can always speak to who I want to." Other people had personal telephones in their bedroom. One person told us, "My family means everything to me and it makes all the difference being able to speak with them every day."

People's independence was promoted and people could continue to take responsibility for their care. One person told us, "I do as much for myself as I can. I don't want to stop." One person was receiving respite care and told us, "The staff help me when I need them but they know what I can do and don't interfere." Staff demonstrated a kind and caring approach with all of the people they supported. We saw staff actively sought confirmation from people prior to the completion of any tasks.

There was information available to people and visitors about how staff promoted people's dignity and wishes. There was a dignity display and a wishing well and people explained that they were able to make specific requests, and the staff arranged this. One member of staff told us, "This is part of the dignity in the home. We want people to speak up about what they really want and we will help them to achieve this." We saw people had requested to see a horse; to go home for a barbeque and visit a nature reserve. One relative told us, "It's nice that staff care enough to do this for people and I like to see what people have been doing and watching them smile."

People were able to move around the home and go into the garden and could decide how they spent their day. We saw some people chose to spend time in the communal areas and others preferred to stay in their bedrooms. Where people became unsettled or distressed we saw staff responded to their needs and spoke kindly with them. Other staff comforted other people if they were affected by what they saw or heard. One relative told us, "The staff here are like an extended family. Some you like and some you love, but all of them

are fantastic."

Is the service responsive?

Our findings

When moving into the service people received comprehensive assessments of their health and social care needs to ensure that the service was suitable and the provider could meet their needs. One person who was receiving respite care told us, "I was asked what I wanted and what they could do for me. I knew what I was letting myself in for when I came here. They are very honest and I've not been disappointed." The care records were individual to the needs of the person and included information about how care and support needed to be provided. The records were reviewed and we saw this had been changed when support needs changed to ensure care was consistently provided. One member of staff told us, "We try and keep on top of the records. We don't want to fall behind again."

People told us they were involved in activities and there were two specific activity co-ordinators who supported people to participate in their hobbies and interests. The staff knew people well and how they liked to spend their time and we saw some people were dancing. The staff joined in and one member of staff told us, "It's wonderful to see people enjoying themselves so much." Where people remained in their rooms and may be at risk of social isolation, we saw staff spent time with them. One person told us, "I prefer to be here in my room. I have friends who live here and we will get together sometimes. I have enough to do and prefer not to get involved with all the organised activities." We saw a number of people went into the garden and sang together. One person told us, "It's such a nice day we decided to go out to sing. It's a beautiful garden so was lovely to be out here." One relative told us, "I've been impressed with the choice of activities here and there's no pressure. If people don't want to join in that's fine. There's usually extra staff around when anything happens which is nice to see too."

People maintained relationships with their friends and families. One relative told us, "We can come and go as we please and are always welcomed." Another relative told us, "We can visit at any time and we are also invited to the activities they have here." There was an adapted car that relatives and friends could hire at a small charge. One person told us, "The car is good because it means my wheelchair can get in there. I can't expect my family to pick me up, and if we use the car we can still get out and go places."

We saw people received their preferred care at their preferred time. One person told us, "It's like a home from home here, but better because I get the support I need. There are no rules about what you have to do. If I want to stay in bed late I can. If I want to order fish and chips, I can do that too. The staff are so helpful."

People were listened to and the provider and staff responded to their needs and concerns. One relative told us, "If there is anything wrong I speak with the staff. I don't have anything to complain about. What's really good is that they have never fallen since being here. I think they do a lovely job." Another relative told us, "I recently spoke with the staff because I wasn't happy. They didn't make me feel awkward and were pleased I told them what was wrong. It was sorted straight away. Nowhere is perfect and it means a lot that they accept responsibility and put things right." We saw where concerns and complaints had been raised they were recorded and monitored to ensure that they were dealt with appropriately and within the provider's required timescales.

Is the service well-led?

Our findings

At our last inspection we found that people were at risk of receiving incorrect care because accurate and up to date records were not being maintained. This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) 2014. At this inspection we saw improvements had been made. We saw care records reflected people's individual needs and staff were aware of how to support people. One member of staff told us, "We've looked at what we are doing. It's been a difficult year but we are now seeing the benefits of the hard work."

There was a registered manager in the home and people felt they were approachable. One person told us, "It doesn't matter what time it is they listen. It's the same for all the staff; they are very good." A staff member told us, "I feel really lucky to work here. I love working in a care job and I really enjoy working with the people who live here." Another member of staff told us, "It's a privilege to work here; I really enjoy my job."

Staff felt supported by the manager and the team of nurses and received supervision to evaluate their work. One member of staff told us, "Supervision here is good and so is the support. If you need any training, the manager has a weekly training you can join. The staff are great too. You can bounce ideas off each other. It all helps." Another member of staff told us, "We have an appraisal of our work every few months. If we are struggling with anything, then we can talk about it and we get support and guidance. You are never made to feel stupid. If you want help you get it."

Staff had a good understanding of the provider's whistle blowing policy and were confident that they would be supported to raise any concerns about poor practice in the service. One member of staff told us, "You shouldn't be working here if you can't speak up for people. We are a good team and I'd like to think we all know we are responsible for raising any problems." Another member of staff told us, "I understand that we can report any concerns externally if we needed to. I received training so I know what to do and how to report any problems."

The provider carried out quality checks on how the service was managed. These included checks on personal support plans, health and safety and care records. Where concerns with quality were identified, action was taken to improve it. An action plan was put in place and improvements were monitored and reviewed. The registered manager analysed accidents and incidents to identify any patterns or trends. This enabled them to take action if needed to minimise the risks of a re-occurrence.

People and staff told us that their feedback about the quality of care had been sought in the form of a satisfaction survey. One person told us, "I filled out a form and told them what I think. I've been really pleased so that's what I recorded." There were many thank you messages from relatives of people who had used the service. These comments included; 'I believe the care and attention that you give is by far the best [person who used the service] has received in any home.', 'The last few weeks were made easier for me because of the help and support you gave me.' And 'The care received is of the highest standard and always given with love.'

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment
Diagnostic and screening procedures	Where service users liberty of movement was restricted, this had not been identified to ensure this was lawful.
Treatment of disease, disorder or injury	