

Priory Grange Care Home Limited

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Inspection report

Hessle Road
Hull
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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place 1 and 2 December 2014 and was unannounced. The service was last inspected August 2013 and was found to be compliant with the regulations inspected.

Priory Grange Care Home Limited is registered with the CQC to provide care and accommodation for up to 41 older people who may be living with dementia.

People's bedrooms are on two floors and all are single with en suite facilities; there is a lift to assist people to

access the upper floor. Various communal areas are provided for people to use including a dining room on the first floor and two lounges on the ground floor. All bathrooms and toilets are easily accessible for people who may need support with their mobility.

People who used the service felt safe and were protected from abuse because staff had received training about how to recognise and report abuse; they also felt confident the registered manager would take the

Summary of findings

appropriate action. The registered provider had policies and procedures in place for staff to follow about safeguarding adults from harm and abuse which reflected current practise guidelines.

People were cared for by staff who had been recruited safely and who were provided in enough numbers to meet people's needs.

People's medicines were handled and stored safely by staff who had received the appropriate training.

People were cared for by staff who had received training about the needs of the people who used the service and how best to support them. Staff were supported to undertake further development and training.

People were provided with a wholesome and nutritional diet which was monitored by the staff. Referrals were made to health care professionals when needed and people were supported to attend hospital and GPs

appointments. People who used the service were supported by staff who understood their needs. They had good relationships with staff who also understood the importance of respecting people's privacy and dignity.

People had been involved in the formulation of their care plans and were involved with their reviews. Staff monitored people's daily wellbeing and sought the appropriate advice and guidance from health care professionals when needed. People could choose from a range of activities.

People could make complaints or raise concerns with the registered manager and these were investigated to the satisfaction of the complainant whenever possible.

People were involved with the running of the service and the registered manager sought their views about how the service was run. The registered manager also undertook audits of the service to ensure people lived in safe, well maintained environment.

Summary of findings

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.

Staff knew how to recognise abuse and received training about how to report this to keep people safe.

Staff were recruited safely and provided in enough numbers to meet people's needs.

Staff handled people's medicines safely and had received training.

Good



Is the service effective?

The service was effective.

Staff had received training in how to meet the needs of the people who used the service.

People were supported to make decision about their lives where needed.

People were provided with a wholesome and nutritious diet.

Good



Is the service caring?

The service was caring

Staff understood the needs of the people they cared for.

Staff respected people's choices and wishes.

People were involved with their care plans and reviews.

Good



Is the service responsive?

The service was responsive.

Activities were provided for people to choose from.

People were supported to access health care professionals when needed.

A complaints procedure was in place which informed people who they could complain to if they felt the need.

Good



Is the service well-led?

The service was well led

The registered manager consulted people about the running of the service.

Audits were undertaken to ensure people lived in a well maintained and safe environment.

The registered manager held meetings with the staff to gain their views about the service provided.

Good



Priory Grange Care Home Limited

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 registered provider was 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 1 and 2 December 2014 and was unannounced. The service was last inspected August 2013 and was found to be compliant with the regulations inspected.

The inspection was undertaken by one adult social care inspector 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.

Prior to the inspection the registered provider completed a Provider Information Return (PIR). The PIR is a document

completed by the registered provider about the performance of the service, what the service does well and improvements they plan to make. The local authority safeguarding and quality teams and the local NHS were contacted as part of the inspection, to ask them for their views on the service and whether they had investigated any concerns. We also looked at the information we hold about the registered provider.

During our inspection we observed how the staff interacted with people who used the service. We used the Short Observational Framework for Inspection (SOFI) in the lounges and the dining room. SOFI is a way of observing care to help us understand the experiences of people who could not talk with us. We spoke with 13 people who used the service, two relatives and four care staff. We also spoke with the registered manager.

We looked at four care files which belonged to people who used the service, four staff recruitment files and documentation pertaining to the management and running of the service.

Is the service safe?

Our findings

People we spoke with told us they felt safe at the service, comments included, “I am safe and warm here”, “There are enough staff, they are well trained and they help me with all my medicines”, “It was a wrench to leave my bungalow but I feel safe going to bed at night and don't worry about falling” and “Staff know their business, they help me with my medicines.”

Relatives told us, “I’m happy that mum will be well looked after and we know she is safe” and “I know he is very safe here.”

All staff we spoke with were able to describe the registered provider’s policy and procedure for the reporting of any abuse they may become aware of. They told us they received training about what abuse is and how to recognise the signs of abuse, for example bruising and a change in mood. They were aware they could approach other agencies to report any abuse, this include the local authority and the CQC. We looked at training records which confirmed staff received training about how to safeguard adults from abuse and this was updated annually. There was record of all safeguarding incidents and the outcome. We spoke with the local authority safeguarding team they told us the registered manager co-operated with them; they had no concerns about the service and there were no outstanding safeguarding investigations on going at the time of the inspection.

Staff understood their responsibility to report any abuse they may witness and knew they would be protected by the registered provider’s whistleblowing policy. They told us they found the registered manager approachable and felt they could go to them and trusted them to undertake the appropriate investigation and keep people safe. We saw all accidents and incidents had been recorded and action taken were needed, for example seeking medical attention following falls or visits for the person’s GP.

We saw people’s care plans contained risk assessments which instructed staff in how to keep people safe from harm. This included risk of pressure area care, malnutrition and behaviours which may challenge the service and put the person or others at risk. These were detailed and described how staff were to support people and were updated regularly or as and when the person’s needs changed, for example following admission to hospital or a

change in people’s medication. We saw staff supporting people with behaviours which may challenge the service sensitively and discreetly, they observed people and intervene when required to protect the person. People’s care plans contained personal emergency evacuation plans which instructed staff how best to evacuate people in the case of a fire. These were individual to the person and took into account their physical needs and mobility.

The registered manager undertook audits of the environment which identified areas which needed attention to keep people who used the service safe. Staff reported any maintenance issues to the registered manager. They had access to maintenance personnel who undertook any daily repairs. The registered manager had devised emergency evacuation plans if the service were affected by floods or any other emergency situations. They also had contingency plans in place should the service be effected by a disruption in essential services, for example, water, gas and electrical failure.

People were cared for by staff who were provided in enough numbers to meet their needs and who had been recruited safely. We saw there were rotas in place which showed the amount of staff which should be on duty daily and the skill mix. Staff told us they thought there were enough staff on duty and we saw staff went about their duties efficiently and professionally. The registered manager told us they used the dependency levels of the people who used the service to calculate the appropriate staffing levels. They also used agency staff to cover for any shortfalls in staffing numbers. We looked at the recruitment files of recently recruited staff and saw these contained references from previous employers, an application form which covered gaps in employment and experience, a check with the Disclosure and Barring Service (DBS), a job description and terms and conditions of employment. The registered manager had included the people who used the service in the recruitment of new staff and they had an input into the final decision.

We saw people’s medicines were stored and administered safely. Staff received training about the safe handling of medicines and this was updated annually. Records we looked were accurate and provided a good audit trail of the medicines administered, any unused or refused medicines were returned to the pharmacist. Controlled medicines were recorded, stored and administered in line with current legislation and good practise guidelines. The supplying

Is the service safe?

pharmacist undertook audits of the medicines system as did the registered manager. Records were kept of the temperature of the room the medicines were stored in and the refrigeration storage facilities.

Is the service effective?

Our findings

People who used the service told us, “My son said, ‘Mam I've seen a big difference and improvement since you've been here’ I think it is absolutely great.” They told us they enjoyed the food, comments included, “The food is marvellous I really enjoy it”, “You can choose from a menu and they have other things if you don't want that” and “I enjoy the Sunday roasts.”

Visiting relatives told us, “Mum was ill and the staff called me and the doctor”, “Mum is happy, she is well looked after, staff are very kind and the food is good”. Another relative said, “We are quite satisfied with the care mum receives” and “They healed the pressure sore she got in the hospital.”

The registered manager had systems in place which recorded the training staff received. The information was stored on a national data base which the CQC have access to, to assess the performance of the service. Staff told us they received training which was relevant to their role and helped them understand the needs of the people who used the service. They told us they also received regular supervision and annual appraisals. These gave them the opportunity to suggest further training and development and set developmental goals for the coming year. The registered provider had identified training which they felt was essential for the staff, this included health and safety, manual handling, safeguarding adults from abuse, fire evacuation procedures, basic food handling, first aid, infection control and safe handling of medicines. Training was updated as required and annually.

Staff had received training about the Mental Capacity Act 2005 (MCA) and the use of Deprivation of Liberty Safeguards (DoLS). They had some understanding of the principles of the MCA; however, no one at the service was

subject to a DoLS. The registered manager was aware of the process of application if she felt any one needed a DoLS and understood the requirement to notify the CQC of the outcome of any applications made.

People's care plans identified those people who needed help with making an informed decision and who had the responsibility to support them; this was usually a family member. Meetings had been held to support people who had difficulty making an informed decision and all those who had an interest in their care and welfare had been consulted, this was to make sure any decisions made on the person's behalf was in their best interest.

People who used the service were provided with a nutritionally, well-balanced diet. We saw there was a choice of food available for people at the meals times; people could have something else if they didn't like what was on the menu that day. We saw people's food and fluid intake was monitored and people were weighed weekly. Staff made referrals to dieticians and speech and language therapist if people developed any problems which affected their diet or swallowing ability.

We saw the lunch time was a social occasion with people sitting and talking with their friends, some of the people chose to eat in their rooms, which was facilitated by the staff. We saw staff were sensitive when assisting people to eat and sat beside them. We also saw staff helping people in their rooms giving gentle encouragement to people to eat their meals. Specialist diets were catered for and any pureed diets were well presented.

People were able to access health care professionals when required. Their care plans showed appointments had been attended at both outpatients' clinics and people's GPs. The outcome of these visits had been recorded and any follow up clinics had been attended. People's care plans showed their health care needs were monitored and a record of their daily care was made by the staff in the daily notes section of the care plan.

Is the service caring?

Our findings

People we spoke with told us they were happy with the care and attention they received, comments included, “I feel at home here, I wouldn't like to move”, “I came here for six weeks respite but opted to stay, that was about a year ago”, “I prefer to stay in my own room and they let me do so”, “I like the staff, we have a good time and a laugh”, “I can have a bath or shower if I ask for one” and “I have no qualms being here, I have my own 'phone and some of my own furniture.”

Visitors told us, “The staff are kind, helpful and pleasant”. Two relatives said their mothers had been discharged from hospital with pressure sores and the staff and district nurse had got them to heal well.

We saw and heard people had good relationships with the staff, there was a lot of laughter and banter around the service. Staff knew people's likes and dislikes and also knew about their families. We heard staff asking about people's families and whether they had visited. We saw staff were sensitive when responding to people's requests, they involved the person when they were undertaking any personal care tasks, for example explaining what they were doing, asking the person if they understood, they also gave the person time to respond and moved at their pace.

People's personal preferences were recorded in their care plans and staff understood the importance of respecting these. Staff could describe to us what people's care needs were and how these should be met. Staff understood the

importance of respecting people's individuality and supported people to lead a life style of their own choosing. They could describe to us how they would uphold people's rights and ensure people were not discriminated against. For example, we saw and heard staff sensitively supporting people with dementia and discreetly asking people if they wanted the toilet or help with other aspects of their care. The registered manager told us advocacy services had been used in the past but none were being accessed at the time of the inspection

People's privacy and dignity was respected and staff understood the importance of keeping people's personal information confidential. Staff told us they would uphold people's dignity by respecting their wishes and choices, they told us they would ask people if they were comfortable with situations and make sure they were covered over while they were undertaking any personal tasks. They told us they would knock on doors and wait to be invited in, we saw examples of this practise during the inspection.

People's level of independence was recorded in their care plans and details were given as to how much support people needed. Staff told us they encouraged people to be as independent as possible, this ranged from supporting people with personal care, for example washing and dressing, to leaving the building to go shopping. Staff told us they would only discuss any confidential information in private and would never share information inappropriately. People's personal records were stored securely and only accessed by the appropriate staff.

Is the service responsive?

Our findings

People who used the service told us they were satisfied with the level of support they received with regard to accessing health care professionals, comments included, “If I ring the bell they come, if I need a Doctor they send for one”, “I have arthritis in my knees and they rub gel into them for me”, “They call a doctor if I need one and a carer takes me for my check up for glasses” and “The chiropodist comes to do my feet and staff cut my finger nails”.

People told us they were satisfied with the level of activities available to them, comments included, “I stay in my room I like to sit and sew”, “My niece can come any time and can take me out in fine weather”, “I like my puzzle books and to read and watch telly, I enjoy the bingo and the hairdresser every week”, “I go to bingo twice a week”, “I'm able to go to my son's when I want, I went there on my birthday” “(the activities coordinator) is an angel” and “My daughter can visit any time, she sometimes takes me out or we sit in the garden in the summer.”

All people spoken with said they would speak to a staff member if they had a complaint or concern, people said, “I would just speak to them” and “I don't think I can say anything wrong about it.”

We saw assessments had been undertaken by the placing authority and senior staff from the service. From these assessments a care plan had been formulated which described the person and how staff should support them to meet their needs. People who used the service or their representative had signed the care plan to indicate they had been involved in its formulation and agreed its content, this meant people who used the service were involved with their care and were receiving care which they had agreed and was of their choosing. The care plans were person centred, describing the person and their preferences. Information was available which accompanied people to hospital in an emergency to make the nursing staff aware of the person's needs and their level of independence and understanding.

People's care plans contained information about areas which may pose a risk to the person's welfare, for example,

tissue viability, level of mobility, nutritional intake and behaviours which may challenge the service and put people at risk. These risk assessment were updated regularly or as and when the person's needs changed.

People's care plans contained information about their interests and hobbies. The registered manager told us there was an activities co-ordinator employed for three hours a day, five days a week, including Saturday and Sunday. The activities co-ordinator told us they arranged a choice activities for people to participate in, these included bingo, manicures, reminiscence sessions in groups and one to one and craft sessions. They told us they had access to a good supply of resources and researched ways of engaging people on the internet. The activities co-ordinator had a collection of old photos of Hull that they took to people who stayed in their rooms and chatted with them about their memories.

Some of the people who used the service chose to stay in their rooms, they were visited regularly by the staff who made sure they were happy and didn't need anything. Instructions for staff to monitor people who stayed in their room was recorded in their care plans. Staff told us they were aware of the impact isolation could have on people so they made sure people were involved in what was going on in the service and they did not become depressed or too isolated.

The registered provider had a complaints procedure which was displayed in the entrance to the service. This told the complainant they could raise concerns with the registered manager or a member of staff and this would be investigated and a response provided, both of these were time limited. The complaint procedure also informed people they could make contact the Ombudsman or the local authority if they were not happy with the way the registered manager had conducted the investigation. Staff told us they tried to resolve people's concerns immediately if possible, for example concerns about missing clothing or meals, but they would pass anything more serious to the registered manager to investigate. We saw a record was kept of all complaints received, these recorded what the complaint was how it had been investigated and whether the complainant was satisfied with the outcome. The registered manager told us they would make sure people have a copy of the complaints procedure in a format which met their needs, for example in another language.

Is the service well-led?

Our findings

People we spoke with told us they had been consulted about the way the service was run, but couldn't remember when this was, comments included, "They come to my room and asked me how I'm doing and if I'm ok", "They have asked me about trips out and what I would like to do for Christmas." One person told us about how they had been involved in recruiting staff, they said "The manager asked me about the staff who had applied and whether I thought they would be ok, I quite enjoyed that." People told us they found the registered manager approachable and could go to the office if they needed anything, they also told us they saw them around the building, they said, "Oh yes she often comes to see us and ask us if we are ok."

Visitors to the service told us they found the registered manager, the deputy manager and the staff helpful and approachable, comments included, "I usually go the office if there are any problems", "They have asked us about how I think my mums getting on and whether there would be anything we would like to change, but she seems happy enough" and "The staff are really approachable and friendly."

Staff told us they found the registered manager supportive and approachable, they told us they could ask for advice and they shared information about the service and any planned changes with them at staff meetings. They felt the registered manager gave them responsibility and this motivated them to undertake learning and develop their careers, for example, one member of staff told us they had been supported by the registered manager to apply for nurse training and had succeeded.

The registered manager was supported by a deputy manager, team leaders and senior care staff. When we spoke with the staff they understood their responsibilities

and roles within the service and who to report to. For example, staff told us they would make sure the senior on duty was aware of any problems they encountered or if anyone who used the service was ill so they could call their GP or resolve issues raised. Senior staff told us they would approach the deputy or the registered manager if they felt they should be made aware of anything that had happened during the shift which affected the welfare of the people who used the service. The registered manager was aware of their responsibility to notify the CQC of any instances which affected the smooth running of the service or the welfare of the people who used the service. Our information showed us the registered manager had sent notifications when appropriate.

We saw the registered manager consulted with people who used the service about how the service was run, this was mainly through the use of surveys and questionnaires. They also sought the views of others who had an interest in the welfare of the people who used the service including people's relatives. The responses were collated and any areas for improvement identified. An action plan was devised with time scales set to address any shortfalls. The registered provider had regular contact with the registered manager and discussed the running of the service.

The registered manager undertook audits of the service which included the environment, staff training, medication and people's care plans. We saw evidence that equipment used by staff to assist people with their mobility was serviced in line with the manufacturers' recommendations.

The registered manager also undertook an analysis of all the accidents and incidents which occurred at the service to establish if there were patterns or any learning to be gained. Any learning was shared with the staff and procedures put in place to make sure practise was changed and the risk eliminated as far as possible.