

MACC Care Limited

Priestley Rose Nursing Home

Inspection report

114 Bromford Lane
Erdington
Birmingham
West Midlands
B24 8BZ

Tel: 01213730134

Website: www.maccare.com

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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?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Priestley Rose Nursing Home is a residential care home providing personal and nursing care to 42 people aged 65 and over at the time of the inspection. The service can support up to 47 people.

People were supported by staff who understood the appropriate action to take should they be concerned about their safety. The risks associated with people's care had been identified and plans put in place to minimise these. Staff had been recruited safely and there were tools in place to ensure appropriate staffing levels were in place. People were supported to take their medicines safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff received training appropriate to their role.

People received support that was caring, compassionate and kind. People and their relatives were involved in all aspects of their care. People had their dignity and privacy respected and their independence promoted.

People were supported to take part in social activities. People were able to raise concerns and complaints and be assured these would be investigated.

The service was not always well managed. Audits undertaken had failed to identify that improvement was needed to some records, for example the process followed regarding sharing of bedrooms and details in some risk assessments. People and staff were able to feedback their views of the service and had opportunities to suggest improvements. Plans were in place to introduce electronic care records to help improve the standard of record keeping and monitoring that people received care in line with their assessed needs.

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

Rating at last inspection

The last rating for this service was good (published 22 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below

Priestley Rose Nursing Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector, one specialist advisor with experience of nursing 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. The second day of the inspection was carried out by one inspector.

Priestley Rose Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are

required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We sought feedback from commissioners. We also looked for any feedback available from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with nine people who used the service and three relatives about their experience of the care provided. We spoke with 10 members of staff including the deputy manager, nurses, care staff, activity worker, facilities manager, assurance officer, chef and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. 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. This included seven people's care records and multiple medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with the registered manager on the telephone as they had been on annual leave during our inspection visit.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives said they felt the service was safe. One person told us, "I feel safe because there are lots of staff around. Staff are marvellous. It is all good. Definitely." A relative told us, "Yes, [name] is safe. Staff know how to use the hoist and he has bedrails. Staff regularly check on him."
- People were supported by staff who understood the signs of abuse and appropriate action to take should they have concerns. Staff had received safeguarding training and were able to describe the action they would take to report any concerns.
- The provider had safeguarding procedures in place. We saw these were followed when potential abuse had been identified.

Assessing risk, safety monitoring and management

- There were risk assessments in place around people's known risks although some of these lacked detail. However, staff were consistently able to tell us how they supported people safely.
- The provider maintained the safety of the building and equipment through regular checks, servicing and maintenance. Fire safety checks were completed. Personal evacuation plans were in place to ensure people received the right support in an emergency.

Staffing and recruitment

- There were sufficient staff available to support people safely. One person told us, "I am well looked after. There are plenty of staff."
- We observed that whilst staff were busy when people did need assistance, for example when they pressed their call bell, they did not have to wait long for staff to respond.
- The registered manager completed a staffing dependency tool each month to determine the staffing levels needed depending on people's current needs. Staff told us that staffing levels were "okay." One staff commented, "It's busy but manageable."
- Staff were recruited safely. We saw that the providers recruitment process included obtaining a Disclosure and Barring Service Check (DBS) to determine whether staff were safe to work with people.

Using medicines safely

- People received safe support with their medicines. We observed a nurse preparing and administering people's medicines. Medicines were administered in a safe and unrushed manner.
- People indicated they received their medicine when needed. One person told us, "I always get my medicine on time."
- Medicines administration records indicated people received their medicines as prescribed. People's

medicines administration records (MARs) we sampled were clearly completed with no gaps. These records were audited regularly.

Preventing and controlling infection

- The home was clean and odour free and had a dedicated team of staff responsible for the cleanliness of the home. One relative told us, "It is always nice and clean here."
- Staff were aware of their responsibility for good infection control standards. We saw staff using personal protective equipment such as gloves when supporting people, for example, at meal times.

Learning lessons when things go wrong

- The deputy manager described learning taken from previous safety shortfalls. Staff gave examples of learning that had been shared with them.
- We saw there were systems in place to investigate any incidents and accidents that occurred at the home. Each accident was investigated individually to determine if anything could be done to prevent re-occurrence. The registered manager completed analysis of any incidents to identify trends to reduce the chance of a similar incident occurring again.

Is the service effective?

Our findings

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

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

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

- The registered manager had systems in place to ensure people's needs were assessed prior to them living at the home and that only people whose needs the service could safely meet would live at the home.
- We saw care plans included information about how people liked their care to be delivered. People and relatives confirmed that staff understood their care needs.

Staff support: induction, training, skills and experience

- There was a system in place to monitor and ensure staff training was up to date and refresher training was completed.
- People and relatives indicated staff were competent in their role. One person told us they needed assistance from staff when transferring. They told us, "I need a standing frame, staff are well trained at doing it."
- Newly recruited staff undertook induction training when they first started to work for the service. This included the Care Certificate, which is a nationally recognised set of standards to ensure staff have the right skills, knowledge and behaviours.
- Care staff we spoke with told us that they felt supported in their roles.

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

- We saw that people's nutritional needs were catered for and they ate a healthy balanced diet. People were satisfied with the meals. One person, after eating lunch commented "That was lovely." Another person told us, "The food is good – there is always a choice."
- We saw the food looked appetising and assistance was provided to people where necessary.
- Staff were aware of people's individual needs such as food preferences and special diets.
- Staff checked that people had enough to eat and drink and either encouraged people or offered alternatives when needed.

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

- The environment was well maintained but some areas were looking tired. A redecoration schedule was in place to address this.
- There were some shared rooms. We were informed these were being phased out in the future. Some were being used as single rooms where people had preferred a single bedroom.
- The majority of people needed staff support to move around the building due to their mobility needs. The registered manager described planned improvements regarding pictorial signage to help people living with dementia orientate around the building.

Supporting people to live healthier lives, access healthcare services and support: Staff working with other agencies to provide consistent, effective, timely care

- People told us they received support with healthcare when needed.
- During the inspection we observed staff seek immediate medical advice from health professionals when needed.
- Records we observed confirmed that staff worked with other healthcare professionals and followed their advice as required.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- Some people at the service shared a bedroom. The deputy manager described the process that was followed that considered people's capacity to consent to sharing a bedroom and consideration of the persons best interests. Improvement was needed to ensure records fully reflected the process.
- Staff had received relevant training and had adequate understanding of the requirements of the MCA.
- The provider had submitted DoLS applications where they believed people could not consent to receive care and treatment at the home. Staff we spoke with knew which people were subject to authorised DoLS.
- We observed people being asked for their consent before support was given.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind and caring. One person told us, "The staff are very good. We have lots of chats."
- During the inspection, we spent time in communal areas observing kind and friendly interactions between staff and people. People were supported by a regular team of staff who were familiar with their likes, dislikes and preferences.
- We found people's equality and diversity needs were respected and care staff received training in equality and diversity. The chef prepared food specifically to meet people's religious beliefs when required.

Supporting people to express their views and be involved in making decisions about their care

- People told us they were supported to make choices about their care. We saw some people chose to stay in their bedroom's. Others told us they made choices about what they ate or what clothes they wanted to wear.
- People and relatives were involved in the care plan and invited to residents and relatives' meetings.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect. One person told us, "I am undoubtedly treated with dignity and respect." One person's relative told us, "They definitely treat him with dignity and respect."
- We saw staff spoke respectfully to people, for example, they called people by their names, and spoke at a suitable pace.
- People received their personal care in private; staff asked people discreetly if they required personal care and respected their privacy in the bathroom. One member of staff told us it was very important that they made people feel 'comfortable' whilst undertaking personal care.
- One person told us that staff supported them to shower when they wanted, they told us, "I had one today, so I feel clean."
- Staff knew the importance of keeping information confidential and people's care records were stored securely.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's likes, dislikes and what was important to the person were recorded in person- centred care plans. Staff were knowledgeable about people's preferences and could explain how they supported people in line with this information.
- Staff respected people's individual choices and preferences.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had a communication care plan in place so that staff knew how people communicated.
- Information was available to people in alternative formats or languages if needed. For example, the menu was available in a pictorial format.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- During the inspection visit we saw many different activities occurring including music and movement and gentle exercise sessions. On the day of the inspection, a local football club provided volunteers to engage the residents in physical activities. We saw people become animated and engaged during the activities and were enjoying taking part.
- Some people preferred to be in their bedrooms. Staff ensured they went in to speak to them to reduce social isolation.

Improving care quality in response to complaints or concerns

- People told us they felt able to complain if they needed to. One person told us, "I have never raised any concerns." A relative told us, "The manager deals with any concerns quickly and effectively."
- We looked at three complaints that had been handled through the provider's complaints procedures. They had all been investigated and outcomes recorded. Data was analysed to look for any patterns and trends.

End of life care and support

- People's wishes and preferences were being recorded in relation to what they wished to happen in the event of their deterioration towards the end of their life.

- Staff had received training about End of Life care.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The service had a range of quality monitoring arrangements in place, but they were not always effective. Audits undertaken had failed to identify that improvement was needed to some records, for example the process followed regarding sharing of bedrooms and details in some risk assessments.
- Whilst our observations indicated staff consistently supported and encouraged people to drink sufficient fluids, records needed to improve to show where fluids had been encouraged but declined. Monitoring of fluid records needed to improve to check that action had been taken where people were declining sufficient fluid. Following our inspection the registered manager told us they were taking action to address this.
- Spot checks and competency checks were carried out regularly on care staff in order to ensure they were providing good quality care for people.
- Care staff received regular supervisions and appraisals. Care staff confirmed this.

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

- The provider had displayed their last inspection rating in the home and on their website.
- The management team understood their legal requirements within the law to notify us of all incidents of concern, death and safeguarding issues.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager held regular meetings for residents and relatives which were used to gather information about people's views. Results of recent feedback was on display in the form of a 'You said, We did' poster.
- People spoke highly of the service. One person said, "I would recommend this home."
- One person told us, "The manager is a lovely person. She sorts out all problems." A relative told us, "The manager is nice. Very approachable." A member of staff told us, "The manager and the deputy are very approachable, and any suggestions are taken on board."
- The nominated individual visited the service regularly and made themselves available to speak with people, relatives and staff.

Continuous learning and improving care; Working in partnership with others

- The registered manager had a development plan in place to further improve the quality of the service for people who lived there.
- Plans were in place to introduce electronic care records to help improve the standard of record keeping and monitoring that people received care in line with their assessed needs. The provider had previous experience of introducing this system at other care homes. We were informed it would be done on a staggered basis following staff receiving appropriate training.
- The service worked in partnership with hospital consultants, social workers, health professionals and relatives to ensure the service people received was person centred.