

Bupa Care Homes (ANS) Limited

The Priory Care Home

Inspection report

1 Shelly Crescent
Monkspath
Shirley
West Midlands
B90 4XA

Tel: 01217113480

Date of inspection visit:
16 May 2017

Date of publication:
07 June 2017

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 ●

Summary of findings

Overall summary

We carried out this inspection on 16 May 2017.

The Priory Care Home provides care for a maximum of 52 people. At the time of our inspection there were 43 people who lived at the home. The service provides care to older people and people with physical disabilities. It also provides end of life care, convalescence and respite care. The home consists of two floors with the ground floor mostly people with residential care needs and the first floor mostly people with nursing care needs.

The service had a registered manager. 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. The registered manager had been registered since July 2016.

Care plans contained detailed information for staff to help them provide personalised care, were up to date and accurately reflected people's care needs. People were involved in reviews of the care provided.

People told us they felt safe living at the home. Staff had a good understanding of what constituted abuse and knew what actions to take if they had any concerns. Staff were effective in identifying risks to people's safety and in managing these risks.

There were enough staff to care for the people they supported. Checks were carried out prior to staff starting work to reduce the risks of unsuitable staff working at the service. Staff received a comprehensive induction into the organisation, and a programme of training to support them in meeting people's needs effectively.

People and relatives told us staff were friendly, caring and had the right skills and experience to provide the care required. People were supported with dignity and respect and people were given a choice in relation to how they spent their time. Staff encouraged people to be as independent as possible and used specialist equipment to assist them to do this where possible.

People received medicines from trained staff, and medicines were stored, administered and disposed of safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported with their nutritional needs and were offered choices. Feedback was sought from people so the meal time experience could continually be reviewed. People were assisted to manage their health needs, with referrals to other health professionals when required. Staff worked in conjunction with

professionals to support people with their care.

People had enough to do to keep them occupied with group activities and staff supported people with their individual interests. Further activities were being developed including some day trips.

People knew how to complain and were encouraged to share their views and opinions about the service they received. There were formal opportunities for people and relatives to feedback any concerns through meeting and surveys. The registered manager was pro-active in acting on any suggestions made.

People and relatives were positive about the management of the service. There was a positive culture where staff could raise any concerns or issues with the management team, who were approachable and responsive. There were formal opportunities for staff to do this at meetings.

There were processes to monitor the quality of the service provided. There were other checks which ensured staff worked in line with policies and procedures. Policies were being reviewed in relation to equality and diversity to ensure they were inclusive for people. Checks of the environment were completed and staff knew the correct procedures to take in an emergency.

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 remained safe.

Good ●

Is the service effective?

The service remained effective.

Good ●

Is the service caring?

The service remained caring.

Good ●

Is the service responsive?

The service remained responsive.

Good ●

Is the service well-led?

The service remained well-led.

Good ●

The Priory Care 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.

The inspection took place on 16 May 2017 and was unannounced. The inspection was conducted by two inspectors, an expert by experience and a specialist advisor. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. A specialist advisor is someone who has current and up to date practice in a specific area. The specialist advisor who supported us had experience and knowledge in nursing care for older people.

Before our visit we reviewed information received about the service, for example the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

We spoke with the local authority commissioning team. Commissioners are people who contract services, and monitor the care and support when services are paid for by the local authority. They had no further information about the service.

Before the inspection, the provider completed 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. We received this prior to our inspection and it reflected the service we saw, the improvements made and plans for the service.

During our visit we spoke with 14 staff, including seven care workers, a senior care worker, the chef, an administrator, two nurses, a senior nurse and the registered manager. We also spoke with nine people, six relatives and one professional.

Most people at the service were able to share their experiences of the care with us. We spent time observing care in the communal areas.

We reviewed six people's care records to see how their care and support was planned and delivered. We reviewed eight records related to people's medicines. We checked two staff files to see whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated, including the service's quality assurance audits, complaints and records of incidents.

Is the service safe?

Our findings

At this inspection, we found the same level of protection from abuse, harm and risks as at the previous inspection. This meant the rating continued to be 'Good'.

People and relatives told us the service was safe. Comments from people included, "I feel safe as I have rails on my bed stopping me from rolling out," and "I feel safe as they check on me at night and I have a buzzer to call if needed." One relative told us, "I can sleep better at night knowing that my [family member] is safe here." Another relative told us when they had first visited the home they had been impressed by the standards of care they found. They told us, "It's clean, there are plenty of staff, they are attentive and genuinely care."

Staff we spoke with understood their responsibilities for keeping people safe and demonstrated their awareness of what constituted abuse or poor practice. One said, "Abuse could be any kind of harm physical or just being cruel." Staff told us they had completed training in safeguarding and knew what they should do if they had any concerns about people's safety. Staff understood the importance of reporting concerns to a senior member of staff. One staff member said, "I know to keep everything confidential. I would tell my manager straight away and they would refer my concerns to social services." The provider's whistle blowing policy (a whistle blower is a person who raises concerns about wrong doing in their workplace) was displayed and staff confirmed they were confident to follow this.

Risk assessments and management plans were in place to identify potential risks to people's health and wellbeing. These helped to keep people and staff safe when delivering care. One person could easily become frustrated as their mobility had declined over recent months, and so they were more reliant on staff. One care worker told us, "We are patient with them and it's important to explain what we are doing to reduce their [person's] frustrations." Risk assessments clearly documented the techniques staff needed to support them.

Prior to staff starting work, the provider checked their suitability to work with people who lived at the service there with disclosure barring service (DBS) checks completed, and references sought. The DBS is a national agency that keeps records of criminal convictions. Staff comments included, "Recruitment is very good, very thorough." The registered manager told us when recruiting new staff, they also looked for certain attributes such as a warm and caring personality.

People told us there were enough staff available to meet their needs and at the times they preferred. Staff comments included, "We don't use any agency staff. That's safer because we all know people's needs," and "We are never short staffed so there is always enough of us around." Some bank staff were employed and these were staff who worked 'as and when' required. Many of these staff worked for the provider in their other services, so were familiar with the service procedures.

Medicines were administered, stored and disposed of safely. People told us they received their medicines on time. The registered manager completed competency checks to ensure medicines were being administered

correctly by staff. We found a medicine error had been identified by staff and the correct action taken to prevent this from reoccurring.

The medicine administration records we checked had been completed correctly. Protocols were in place when people needed medicine on an 'as required' basis. Although no one currently self-medicated, the registered manager told us this was something which could be arranged. Some people applied their own medicated creams. We found one person had no record in their room to record this cream had been applied and staff told us this would be addressed immediately.

A recent medicines audit had been completed by the clinical commissioning group and this identified some areas for improvement, such as replacement of a fridge which stored medicines. We checked the action plan following this and found the actions were either completed, or were in the process of being completed.

The provider had taken measures to minimise the impact of unexpected events. For example, there was a fire procedure and fire risk assessment and this provided information for people and their visitors on what they should do in the event of a fire. One person said, "If I hear the alarm I stay put and wait for staff to advise me if it's safe." Another person told us, "A few months ago, there was a small fire which set off the alarm, the home was praised by the fire department on how well they handled the situation and got the residents out." One staff member told us, "I am one of the fire marshals today. We have fire equipment in the reception area to use if there was a fire." Staff received fire safety training. Personal evacuation plans were available to staff so it was clear what support people would need to evacuate the building if this was necessary. These plans contained up-to-date information.

Accidents and incidents were recorded. Trends had been identified, such as times of day accidents happened, and steps had been taken to prevent these from reoccurring.

Is the service effective?

Our findings

At this inspection, we found staff continued to have the same level of skills, experience and support to meet people's needs effectively, as we found at our previous inspection. People continued to have freedom of choice and were supported with their dietary and health needs. This meant the rating continued to be 'Good'.

Staff were skilled in the ways they supported people at the service. One relative told us that staff 'did a good job' and took a lot of time to make sure that everything was right for their family member. Another relative told us, "I think that staff understand their responsibilities."

Staff received an induction when they had first started work at the home to prepare them for their role. This was over a five day period and involved working alongside other staff. One staff member told us, "I was 'supernumerary' (not included in staffing numbers) for two weeks so I could find my feet. I got a welcome pack and did all of my mandatory training. It made me felt confident this was a good place to work."

Communication between staff gave them the knowledge to meet people's needs. A 'handover' meeting took place daily where information was shared with staff when arriving on shift. This enabled them to understand about changes in people's care and support needs, so they could support them effectively.

Staff received training suitable to support people with their health and social care needs. One staff member told us, "Training is great. I really enjoyed the hoist training. I was able to practice using it safely which made me feel confident." Other training included falls prevention, infection control and oral hygiene. Some senior staff were completing a leadership course to help develop their skills further when managing staff.

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.

Staff understood the principles of the MCA and had completed training. Mental capacity assessments were completed and were 'decision specific', which took into account that some people could understand certain aspects of their care, but not others. Staff comments included, "MCA is about decisions and making decisions in people's best interests if they no longer can," and "People have to be assessed, we can't presume someone does not have capacity, we all have the right to make unwise decisions." Staff gained people's consent before supporting them with care. Staff told us, "I always ask permission before I do anything."

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. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty (DoLS) were

being met. Four of the people who lived at The Priory Care Home had their liberty restricted. Decisions had been correctly taken to submit applications to a 'Supervisory Body'. At the time of our visit all of the applications had been submitted or authorised.

People's nutritional needs were met with support from care staff. People spoke positively about the food and comments included, "Very tasty today," and, "I really enjoyed that." The chef welcomed feedback and suggestion slips were available for people to complete.

During lunchtime people were offered choices of food and could decide where they wished to eat. One person told us, "They [staff] notice your likes and dislikes, if they see you with food too long without eating it, they would offer you something else."

People were encouraged to eat their meals by staff and we observed staff assisted people to eat at a pace that suited them and meals were not rushed. Staff were aware of people's special dietary needs. For example, people who were diabetic and who required foods to be fortified (with increased calories). Staff told us how they were encouraging one person to maintain their health by offering extra snacks between meals. One staff member told us, "We are following the advice from the dietician."

People were supported to manage their health conditions and had access to health professionals when required. One relative told us they spoke to staff as they had a concern about their relative's health and staff called the GP who came 'promptly'. Staff told us they were 'reactive' to people's health needs and if there were any new issues these were reviewed quickly. A GP visited weekly or when required, and staff told us they had a good working relationship with them. The GP was there on the day of our visit and told us that some work the senior nurse had done to introduce electronic medicine prescribing at the home had been 'excellent'. The GP described the standard of nursing care provided as 'exceptional', especially the end of life care and told us the nurses were very proactive. They explained if they asked for something to be done, it was done well, and this was well documented.

Other people at the service had been referred to speech and language therapy. Social workers and specialist nurses also supported people when required. One person had been working with a physiotherapist and their relative told us this had improved the person's quality of life and that they could now sit out of bed in a chair during the day.

Is the service caring?

Our findings

At this inspection we found people enjoyed the same positive interactions with staff as they had during our previous inspection. This meant the rating continued to be 'Good'.

People told us they were very happy with the care they received. Comments included, "They [staff] are very kind and patient with me." "I feel in control of my care. That's very important to me." and, "I would say my care is good, no very good." People explained this was because the staff were friendly and made time to sit and talk with them.

Staff told us the service was a nice place to work, in which they felt valued, and supported. One staff member said, "The team work here is brilliant, and I feel recognised for my contribution. I really enjoy coming to work." Another said, "I have recently changed my role here so I have a better work life balance. Leaving was not an option, as I love it here." The registered manager told us that central to the culture at the service was that staff were caring, compassionate and authentic.

We spent time in communal areas of service and observed staff treated people with kindness. For example, one staff member sat down on the floor next to one person because this made it easier for the person to have a conversation with them. This approach worked well as the person and the staff member chatted for several minutes.

People's rooms were individualised with their own furniture and ornaments. One person had brought their own pets to live in the home with them. We saw people had been involved in decoration of the home and some people's own art work was displayed on the walls. A colourful sensory knitted 'pom pom' wall hanging had been made by people living at the service.

People were encouraged to maintain links with people who were important to them. One person told us, "My daughter can visit anytime day or night." A '1940's' room was used by people at the service for social events, private dining and meetings. This room had been furnished and decorated with ornaments and artefacts that people had donated. The registered manager explained how this had been used recently for a person who was receiving end of life care and members of their military regiment had gathered together there, as was their wish. They told us this had been a very moving occasion.

A local charity had recently visited the home as part of a national initiative called 'Dying Matters' week. This event had been held to support people to consider what constituted a good death. We saw as part of the discussions people had recorded on a chalk board what they wanted to do before they died. For example, one person had said they would like to see their children get married and another person, visit a relative in China.

Staff had completed training in relation to equality and diversity. One member of staff was carrying out an audit around awareness for people who are lesbian, gay, bisexual or transsexual (LGBT). They told us this audit tool had been developed by a charity, and they hoped this would enable them to support LGBT people

and staff more effectively. As part of this they had been reviewing the provider's policies and procedures to ensure they were inclusive for people and they hoped as a consequence people would consider their [services] to be a 'safe space' if they considered living there.

Staff supported people to make their own decisions for example, they were encouraged to choose if they wanted to join with activities or if they wanted to sit quietly and read newspapers or magazines.

Staff were committed to encouraging people to make their own choices. Comments from people included, "I choose only to have a female to deliver my personal care," and, "I do have a say regarding how I am looked after." One staff member said, "People making their own decisions is paramount here," and that this kept people independent.

Staff encouraged people to be independent. A relative told us when their family member first arrived they had required the use of a hoist to move safely, however they had since gone from 'strength to strength', and did not require this now. For another person, some 'assistive technology' was being arranged which they hoped would enable them to call for staff assistance, change the television channel and use the telephone independently, all of which they could not do now. This enabled them to have more control.

We saw a staff member encourage one person to walk if they felt able, and they replied, "I will give it a go today." Another person was receiving physiotherapy to maintain their mobility. A staff member told us, "It is so important to their independence, so each day we help them do their exercises to keep their limbs strong." They explained that if the person deteriorated further they may need to be hoisted, and they knew the person did not want this.

Staff supported people ensuring their privacy and dignity. People told us staff respected their right to privacy. Comments included, "They know if I shut my bedroom door I want to be alone," and, "They are very respectful of my wishes." One person told us that staff treated them with respect and if any staff member did not, 'they did not last long' working there.

We saw staff knock people's bedroom doors and wait for permission before they entered. In a communal area we saw some personal information displayed on a white board which identified some people at the home. The registered manager told us this would be removed to ensure any personal information remained confidential.

Staff told us how they maintained people's dignity. "I offer people napkins to protect their clothing at lunchtime so if they spill food their clothing is not marked." And, "We use blankets sometimes if we are hoisting ladies who are wearing skirts." We saw one instance where people were not treated as respectfully. We saw a staff member turn off a television to encourage people to play games, however some people had been watching this, and told the staff member. We raised this with the registered manager who told us this would be discussed with staff now.

Is the service responsive?

Our findings

At this inspection, we found staff were as responsive to people's needs and concerns as they were during the previous inspection. This meant the rating continued to be 'Good'.

People explained how the staff had been responsive to their individual needs. One said, "Well, they know what time I like to get up, they never knock my door before that time." Another said, "I am a bit picky with my cups of tea, but staff know how I like it." We observed staff were responsive to people and were available when they needed them. For example, at lunchtime one person was not eating their meal. A staff member observed this and asked them if they would prefer to eat their meal in their bedroom. The person replied, "Yes please." The person was then supported to go back to their room and their meal was taken to them.

People had built up strong and meaningful relationships with the staff who supported them. They told us they were confident staff knew them well and they received their care in the way they preferred. One person said, "It's the same staff, that makes me feel settled." A keyworker system was in place and people told us they had been involved in choosing who their keyworkers were. They chose them because they trusted them and had built up good relationships. One person said, "She's a good one that one, knows me well."

People explained they were involved in making decisions and planned how their care was provided in partnership with the staff. Comments included, "We have meetings and I can decide if I want anything changed." And, "Oh, I am very involved, I live my life how I want to." People had been consulted at a meeting about when they preferred their medicine to be taken and staff had then arranged this, whilst taking into account any prescribed times.

One person's care needs had changed, and they were moving from the ground floor onto the first floor. As the person liked the aspect of their current room the registered manager had been able to arrange to move into the room directly above this, as this was their preference. The registered manager told us they had considered this move carefully, including considering the best time and the best way to do this.

Most care records were up to date and documented people's care needs, routines and preferences. People's life stories were recorded, so staff were aware of people's backgrounds and how to care for them in the ways they preferred. One member of staff said, "Care plans tell us a story about the person and how they want me to care for them." For example, what time people preferred to go to bed and what they enjoyed to eat. Information had been gathered to create people's life stories which included their happiest memories and achievements. A member of staff said, "The more we know about people the more we can provide personalised care." We heard staff call people by their preferred names and were familiar with people's interests. For example, one person had been a boxing coach and staff knew this. Records showed people's needs and abilities were reviewed every month and their care plans were updated when their needs changed. One person had been very unwell with problems relating to their skin and we saw that as the person had improved, the care record had been updated to reflect these changes.

Staff told us they had time to read care plans however; they did not solely rely on this information. They

explained how they spoke with people to make sure care was provided in-line with their wishes. A staff member explained, "Some people like things done a bit differently each day, I always check how they are feeling and how much help they need." Some care plans we viewed required some updating, for example one person required three staff to help them and it stated two. We raised this with staff who told us these records would be updated to reflect this.

People enjoyed the social activities that were available to them. Comments included, "Yes, the activities are good, something for everyone," and "They take me out in the garden when it is nice enough and they are thinking of day trips." One person told us they enjoyed the group activities because they enjoyed spending time with other people. Some people enjoyed playing bingo, exercise classes were held and singers and dancers visited. Plans were in place to hire a mini bus and arrange for some day trips. One person who volunteered to assist with activities was a relative of a person who had previously lived at the home. The registered manager told us they planned to improve activities further and were looking to develop some new ideas.

People and staff had fundraised through some social events and this had enabled them to buy some items for the home. A fish tank had been purchased and also a laptop computer. The computer was used for helping people to access the internet or 'Skype' (a computer based call service) to call family who lived overseas. A 'reminiscence' session had been held where people talked about certain topics and in one discussion about fashion, this had led to one person talking about their wedding day. Staff were able to use the computer to find the music played for the person's wedding first dance for everyone to hear and enjoy.

We looked at how complaints were managed by the provider. Comments from people and relatives included, "I feel confident to raise a complaint to whomever is in charge," and "I have mentioned the timing of partner's medication, this has been addressed and I was asked to mention it again if it happens again." One relative told us, "We are pleased and very satisfied. If you are concerned, they are happy to listen and they will act on it." Four complaints had been made in 2017, one related to some equipment not being used. The registered manager was aware of the correct procedures to follow and complaints had been responded to in line with the provider's policy. The provider's complaints procedure was displayed in the entrance hall along with information about external organisations people could approach if they were not happy with how their complaint had been responded to.

A 'What you said, what we did' board in a communal area showed how suggestions for improvement, had been addressed by the staff. For example, people and visitors had asked to be able to access their own drinks, and this had now been arranged.

Is the service well-led?

Our findings

At this inspection, we found the service and staff continued to be as well-led as we had found during the previous inspection. The meant rating continued to be 'Good'.

People and relatives told us The Priory Care Home was managed well. Comments included, "The place is well led, I don't think we could have a better place, it's clean and tidy," "We visit at different times and there is no difference in the care," and "There is always someone in the office to speak to and when we call they answer the phone effectively."

People and relatives were very happy with the management of the home. One relative described the registered manager as very attentive, approachable and helpful. Another relative told us, "If you want [registered manager] they are there, they listen to you." A professional described the registered manager as 'very good and responsive'. The management team consisted of the registered manager and a senior nurse.

Staff told us there was a positive culture at the home where they felt supported and valued. Comments included, "The amount of support is immense here from the team and the managers," "Managers keep us fully informed of what is happening," and, "The manager is a great communicator; they really pay attention to detail." One staff member explained they had a relative who was reliant on them to provide care. They had discussed their working arrangements with the registered manager and they had 'bent over backwards' to ensure they could continue working at the service.

Staff also told us the management team were effective. Staff were complimentary about the registered manager, describing them as approachable, supportive and responsive. One told us, "It is fantastically well-led, we are very lucky management wise." Nursing staff told us the registered manager and senior nurse both gave them good guidance and feedback to enable them to improve their practice.

Staff had formal opportunities to meet with managers at monthly team meetings. At a recent meeting in February 2017 staff had discussed training and staff benefits. Staff told us they received supervision with their managers which was often in small groups and they discussed specific topics such as nutrition. All of staff felt confident to request a one-one meeting if they wanted to talk about their own personal development. Annual appraisals gave staff the opportunity to discuss their developmental needs further with senior staff. A scheme was in place for staff to nominate each other for awards to celebrate their achievements.

The management team sought feedback from people and relatives to identify where they could make improvements. One person told us, "We attend regular monthly meetings where we were told that they are recruiting extra staff." Monthly meetings were held and in addition the registered manager had arranged some weekly meetings for people. They told us they found these weekly meetings meant that any concerns raised, could be addressed quickly. They were planning to develop these further to include people who were less able to attend as they were cared for in their bedrooms. At a recent meeting in April 2017, 17 people attended and discussed the new servery area which had been developed, fundraising and food.

Audits and checks of the service were carried out by the management team to ensure staff were following policies and procedures. Care plan audits were completed by senior staff and a recent check had highlighted that a person's photograph was not attached to their file. This was added the following day. Weekly and monthly audits of medicine were carried out. Other checks were carried including of infection control and checks of the environment. A daily senior staff meeting known as 'Take 10' reviewed any key issues. Weekly clinical risk meetings also took place. The previous week people with risks in relation to certain areas such as skin care had their needs reviewed.

Plans were in place to improve the service further. A servery area had been developed where people and relatives could access drinks. A competition had been run for people to name this area. Plans were in place to refurbish some bedrooms and bathrooms. Work was also planned in the garden area to make this more accessible for people.

Community links were encouraged with work experience offered to students from a local sixth form college and the ambulance service.

The registered manager told us about challenges at the service. There had been some intermittent problems with the lift before but staff had managed this well. There was no lounge area on the first floor however staff had made some space available so some people could meet socially. Some rooms did not have an en-suite bathroom which some people preferred.

The registered manager understood their responsibilities and the requirements of the provider's registration. They were able to tell us what notifications they were required to send us, such as events that stop the service and authorisations of DoLS. We had received the required notifications from them. It is a legal requirement for the provider to display their ratings so that people are able to see these, and we found they had done this.