

Southend Borough Council

Priory House

Inspection report

Prittlewell Chase
Westcliff on Sea
Essex
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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 on 16 and 27 November 2015.

Priory House is registered to provide accommodation and care for up to 28 people some of whom may be living with dementia, and it also provides a respite (short stay) service. There were 24 people living in the service of which 19 were permanent and five were on either planned or emergency respite stays at the time of our inspection.

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.

People received their care and support in a way that ensured their safety and welfare. Staff had been safely recruited, trained and supported. There were sufficient numbers of staff to meet people's assessed needs. People received their medication as prescribed and there were safe systems in place for receiving, administering and disposing of medicines.

Summary of findings

The registered manager and staff demonstrated a good understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and had made appropriate applications when needed.

Staff knew how to protect people from the risk of harm. They had been trained and had access to guidance and information to support them with the process. Risks to people's health and safety had been assessed and the service had care plans and risk assessments in place to ensure people were cared for safely.

People were supported to have sufficient amounts of food and drink to meet their needs. People's care needs had been assessed and catered for. The care plans provided staff with sufficient information about how to meet people's individual needs and preferences and how to care for them safely. The service monitored people's healthcare needs and sought advice and guidance from healthcare professionals when needed.

Staff knew people well and they were kind, caring and compassionate and they ensured that people's privacy and dignity was maintained at all times. People participated in activities of their choosing and were able to express their views and opinions. Families and friends were made to feel welcome and people were able to receive their visitors at a time of their choosing.

People knew how to raise a concern or complaint and were confident that any concerns would be listened to and acted upon.

There was an effective system in place to assess and monitor the quality of the service and to drive improvements.

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.

People were protected from the risk of harm. Staff had been safely recruited and there was sufficient suitable, skilled and qualified staff to meet people's assessed needs.

Medication management was good. People received their medication as prescribed.

Good



Is the service effective?

The service was effective.

People were cared for by trained, supported staff.

The registered manager and staff had a good knowledge of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS).

People had sufficient food and drink and experienced positive outcomes regarding their healthcare needs.

Good



Is the service caring?

The service was caring.

People were treated respectfully and the staff were kind, caring and compassionate in their approach.

People had been involved in planning their care as much as they were able to be. Advocacy services were available if needed.

Good



Is the service responsive?

The service was responsive.

People's assessments and care plans were detailed and informative and provided staff with sufficient information to meet people's diverse needs.

There was a clear complaints procedure and people were confident that their complaints would be dealt with appropriately.

Good



Is the service well-led?

The service was well-led.

Staff had confidence in the registered manager and shared their vision.

There was an effective quality assurance system in place to monitor the service and drive improvements.

Good



Priory House

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 16 and 27 November 2015 was unannounced and carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience and knowledge about similar services.

Before our inspection we reviewed information that we held about the service such as previous inspection reports, safeguarding information and notifications. Notifications are the events happening in the service that the provider is required to tell us about. We used this information to plan what areas we were going to focus on during our inspection.

We spoke with 15 of the people using the service and five of their relatives, the registered manager, the in house service manager, the administrator and 10 members of staff. We reviewed five people's care records and five staff's recruitment and support records. We also looked at a sample of the service's policies, audits, training records, staff rotas and complaint records.

Is the service safe?

Our findings

People were protected from the risk of abuse. They told us on both of our visits that they felt safe and well cared for and they were happy and relaxed. They were comfortable in staff's presence and we saw and heard good communication between people and the staff. One person said, "I would say that I feel absolutely relaxed – I've been here quite a while, and I'm very happy here." Another said, "I have always felt very secure here." A relative said, "I know that my relative is well looked after and cared for safely." There were safeguarding procedures in place and the registered manager and staff demonstrated a good knowledge of the procedures. Staff were clear on the actions they would take if they suspected abuse and they had been trained in safeguarding people. One staff member said, "I would report my concerns after I made sure the person was safe." Another said, "I would follow the procedure that is set out in the office and report it to social services." There was good information available for staff to refer to and the registered manager had reported safeguarding issues appropriately.

Risks to people's health and safety were well managed. Staff had received training in first aid and fire awareness and they knew to call the emergency services when needed. Regular fire tests on equipment, and fire drills had been carried out and people had personal evacuation plans. There were risk assessments and management plans to help keep people safe, for example for their skincare, nutrition, mobility and for falls. Staff had a good knowledge of people's identified risks and described how they would manage them. One staff member said, "I check the care plan if in doubt about any areas of risk. They are very clear about what I must and must not do and how I can help the person to do as much as they can for themselves." One person said, "The [staff] do encourage me to be as independent as possible, which I appreciate." Another said, "Staff help me to do things I am able to do for myself." This showed that people were supported to take every day risks and to maintain their independence.

People were cared for in a safe environment. Equipment was in good condition and had been regularly serviced. There were up to date safety certificates in place for the premises such as for the electrical and gas systems. The

records showed that the building had been well maintained and that repairs had been carried out swiftly. Staff were aware of who to contact should there be a major electrical or plumbing fault.

Although there were sufficient staff to meet people's assessed needs people had mixed views about staffing levels. One person said, "Whenever I press my bell, they [staff] come fairly quickly." Another said, "The staff are always there when I need them to support me." Another said, "I think there are enough staff during the day but I feel they are sometimes short staffed at night. I manage to get myself on the commode rather than wait for staff to help me because they are so busy. I think some extra staff at night would help." The registered manager told us that staffing levels were adjusted to reflect the number of people using the service and their level of need. They said, and the staff duty rotas confirmed that night staffing levels had been increased and decreased according to people's needs. One visiting relative told us they felt there were sufficient staff on duty whereas another felt the service could 'do with more'. There were enough staff on duty on both of the days when we inspected the service and the duty rotas showed that staffing levels had been consistent over the eight week period checked.

There was a robust recruitment process in place to ensure that people were supported by suitable staff. The registered manager had obtained satisfactory checks which included Disclosure and Barring checks (DBS) and written references before staff started work. Staff told us that the recruitment process was thorough and they had not started work until all their checks had been carried out.

People's medicines were managed safely. They said they had received their medication correctly and that staff checked they had taken it before leaving them. One person said, "I would forget if they [staff] did not give me my pills. They [staff] always make sure that I swallow them before they walk away." We carried out a random check of the medication system and observed part of the medication round and saw that medication was given to people appropriately. Staff demonstrated a good knowledge of people's medication needs and the medication administration record sheets (MARS) had been completed to a good standard. Open packets and bottles had been signed and dated with the date of opening and there was a list of staff signatures to identify who had administered the medication. Staff had been trained and there were

Is the service safe?

plans in place for them to have six monthly refresher courses to update their knowledge. There was a good system in place for ordering, receiving, storing and the disposal of medication. People received their medication as prescribed.

Is the service effective?

Our findings

People were cared for by staff who felt supported and valued. Staff told us that the induction process was good. They said they had received regular supervision and support from the registered manager. One staff member said, “I have regular supervision and can speak to the registered manager at any time.” Another said, “There is always someone on call when the registered manager is not here so I never worry about anything because the support is there when I need it. We have regular meetings and an appraisal each year.”

People received their care from staff who had the knowledge and skills to support them effectively. People told us that they felt that staff were well trained. One person told us that there was another person living in the service who could be quite volatile and they said, “I always feel that staff know how to handle situations as they know the best way to distract the person and engage them in other activities and then the person is much calmer.” Staff had received training in a range of subjects that included dementia, pressure area care, swallowing difficulties, diabetes, infection control, first aid, moving and handling and end of life care. However much of the training needed to be updated to refresh staffs knowledge. The provider had identified this and had plans in place to ensure that all staff received regular updates to their training. Staff told us, and the records confirmed that they had completed a national qualification such as their NVQ (National Vocational Qualification in Care). People were cared for by well trained staff.

We checked whether the service was working within the principles of the MCA. 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’s mental capacity had been assessed and any decisions were made in their best interests in the least

restrictive way. During our inspection visits we heard staff asking people for their consent before carrying out activities. This meant that where people were not able to make every day decisions for themselves decisions were made in their best interest in line with legislation.

The service took the required action to protect people’s rights and ensure that they received the care and support they needed. Appropriate DoLS applications had been made to the local authority. Staff knew how to support people in making decisions and had been trained in the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) and they had a good understanding of the Act.

People were supported to have sufficient to eat and drink and to maintain a healthy balanced diet. They told us that the food was good. One person said, “The food is not good...it is excellent. I love it. There is always something I like to eat and I can ask if I want something else or if I fancy a cup of tea.” Another said, “The food is very tasty and I always get a good choice.” We saw that people enjoyed a pleasant relaxed experience at mealtimes. There was a very social atmosphere in the dining room and people were chatting with staff and with each other. There was music that people recognised, playing softly in the background. Staff made sure they gave people their undivided attention when they required help or support with their meal and they did so respectfully and sensitively. Where necessary people’s food and drink intake had been recorded and their weight monitored to ensure that their nutritional intake was sufficient to keep them healthy.

People’s healthcare needs were met. They told us that they saw a variety of healthcare professionals such as opticians, doctors, chiropodists and specialist nurses. A visiting relative told us, “They [staff] are very pro-active and will phone the doctor if they feel they need and they always keep me informed.” Monitoring charts such as for weight, nutrition and pressure area care were in place to ensure that people’s individual healthcare needs were catered for. People told us and the records confirmed that they had been supported to attend routine healthcare appointments to help keep them healthy.

Is the service caring?

Our findings

People received a caring service. Staff spoke to people respectfully; they treated them with dignity and allowed them sufficient time to respond to requests. People told us that the staff were kind and caring. One said, “The staff are very kind and they genuinely want to help you.” Another said, “They [staff] treat me well, they are very caring and they treat me with dignity and make sure that I have the privacy I need.” People were relaxed, happy and cheerful throughout our visit and we saw and heard good staff interaction.

Staff showed kind and caring qualities and it was clear that they knew people well and had built up positive caring relationships with them. They treated people with dignity and respect; for example, we saw people being supported and heard staff speaking with them in a calm, respectful way.

They said that staff did not rush them and that they were respectful of their privacy. They told us that staff knocked on their doors and waited for a response before entering their rooms. One person said, “I do not feel rushed or hurried when staff help me, even though they are busy.” Another said, “The staff do their best for me all of the time.” A visiting relative told us, “All of the staff are kind, caring, respectful, polite and welcoming.” Another said, “The service is very caring. Relatives can stay here if a family member is very unwell, towards the end of their life. This is very comforting to know.” People’s religious faith was respected and their cultural needs had been met.

People told us that staff supported them to maintain their independence. They said that they chose when to get up and when to go to bed. They told us that they decided what they wanted to do and when they wanted to do it. One person said, “I try to keep as much independence as

possible and the staff do their best to help me keep it.” Another said, “It is important to me to do as much as I can for myself but it is good to know that the staff are on hand if I need their support.”

People were actively involved in making decisions about their care and support. They said they were able to make choices about what they wanted to wear and how they liked to spend their time. There was good information about people’s likes, dislikes and preferences in regard to all areas of their care. Relatives told us that the registered manager and staff kept them informed about any changes to their relative’s care and support.

Staff had good information about people’s life history which helped them to care for people in a way they preferred. One relative told us about an event that was important to their relative. They said that staff knew of this and arranged for a separate table in the dining room on Valentine’s day where the person was able to sit with their partner and enjoy a special meal. They told us that staff had been thoughtful and caring and had placed a red rose on the table to help the people to remember happier times.

People said that visitors were welcome at any time. One person said, “I can have visitors whenever I want them.” Another said, “My relatives can come at any time and they are always made welcome.” A visiting relative told us, “The staff are so kind and caring and they always make me feel welcome when I visit.”

Where people did not have family members to support them to have a voice, they had access to advocacy services and there were advocacy service leaflets available in the hall. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves.

Is the service responsive?

Our findings

People received personalised care that was responsive to their individual needs. Their needs had been fully assessed before they moved into the service and they told us, and the records confirmed that they had been involved in the assessment process. One relative told us, “My relative was involved in assessment process and in planning their on-going care as much as they can be. The staff always ensure that they explain things to them so that they can be kept informed and agree to the care they receive.”

Staff knew people well and they described their individual needs and preferences. They told us that the care plans provided them with enough information to enable them to meet people’s needs. The care plans had been devised from the pre service assessments and they had been reviewed and updated on a monthly basis to ensure that they continued to meet people’s changing needs.

One staff member said, “I think the care plans are very good at describing what I need to do or not do to support people. I know when things change as they are written in the care plan and we discuss the changes at handover.” Another told us, “I have worked here for a long time so I really do know people well so I notice any changes in them quickly.”

People told us that they had the equipment that they needed such as walking aids, hoists and wheelchairs to support them with their mobility.

People told us that when they pressed their call bell staff responded quickly. One person said, “If I need to use the bedpan at night they come very quickly, they give me the privacy I need then they soon come back when I need them again.” Another said, “My call bell is clipped to the side of my bed or on my pillow at night so that I can call for help if I need it and they are soon here.” However, one person told us, “They do come fairly quickly to tell me they will be back and sometimes it seems like ages before they return.” Throughout our visits we saw that staff responded quickly to people’s needs for example, we saw that staff supported people to move around the home when they needed to. One person was supported and encouraged to walk to the dining room using their walking aid. Another person was supported in their wheelchair to access their bedroom using the lift.

People told us that they enjoyed the social activities such as entertainers, games and quizzes. One person said, “The quizzes are a good laugh and I enjoy them and I even win sometimes.” Another said, “I really enjoy the singers when they come, they are here every month and everyone joins in with them.” Another person told us they had difficulty hearing and they said, “There are a lot of things going on but I can’t always hear everything they say and sometimes they don’t hear me.” The lounge chairs were laid out in rows. The in house service manager told us that people preferred this layout and if it was changed people using the service would put it back in rows. We saw a game taking place on the day of our visit but the layout of the chairs in the lounge made it difficult for some people to participate fully. This was because when people in the back row of seats called out their answers the carer did not always hear them. As people left the lounge and more chairs were vacant it was easier for the staff to sit next to people to communicate with them.

People told us that their views were listened to and acted on. We heard staff offering people choice and asking for their views throughout our visits. People told us, and the records confirmed that regular residents and relatives meetings had been held.

People told us that they knew how to complain but they had no examples to share with us. There had not been any formal complaints for some years but the informal complaints log showed that concerns had been fully investigated and actions taken to prevent a re-occurrence. One relative told us, “I would be able to speak with management about any concerns, but the situation has never arisen.” Another relative said, “I have not had any need to complain but I am confident that they [staff] would deal with them appropriately.” The service had received many compliments for the care they provided, such as ‘spotless – credit to the staff/management’, and ‘feels like home – safe, friendly and caring’. The complaints process was good and it fully described how any complaints or concerns would be dealt with. Complaints and concerns were discussed at both staff and resident/relatives’ meetings.

Is the service well-led?

Our findings

The service had a registered manager in post and they had a good knowledge about the people they were caring for. People and their relatives told us that there was an open door policy and that they could speak with the registered manager and the in house service manager when they wanted to.

Staff told us that they had confidence in the registered manager and said that they were approachable, very supportive and responded positively to any requests. They said that the management were always available for support and guidance if they needed it.

There were clear whistle blowing, safeguarding and complaints policies and procedures in place. Staff were confident about how to implement policies when needed. One staff member said, "I know how to report concerns to management and I know they would act on them quickly." Other staff told us they would not hesitate to report any areas of concern.

Although the service had been earmarked for closure staff told us they shared the registered manager's vision for the service. They said that recent times had been difficult because the future of the service had been in doubt. One staff member said, "Although the future was uncertain we made sure that we provided people with the best quality care that met their individual needs." Another said, "It has been uncertain times for us here but we never lost sight of our purpose to look after people well." Another said, "We aim to provide people with the level of care we would want for ourselves or our loved ones."

People were actively involved in making decisions about how to improve the service. They told us that regular meetings had taken place where they had discussed a range of issues which included, activities, staff's retirement, complaints, food, the rehab unit and the news that the service was to remain open.

There was an effective system in place for monitoring the quality of the service. People's views had been gathered in August 2015 and the responses had been analysed and an action plan had been devised to address the issues identified.

The service had carried out regular audits of its systems and processes to ensure people's health, safety and welfare. The registered manager told us and the records confirmed that health and safety, medication, care plans, accidents and incidents and the fire system had been checked monthly. The in house service manager had recently completed a department of people inspection

report which had included checks on the safety and quality of the service. The report highlighted any improvements needed and an action plan had been developed to show when and how the improvements were to be made.

Regular staff meetings had taken place and the issues discussed had included welcoming new staff, the housekeeper's role, the key worker's role, the care certificate, the inspection process, social media and fund raising. Staff told us that they felt involved in how the service was run.

Staff shared important information by using a communication book at each handover. Staff told us they found this extremely useful when they returned after time off. They said that it enabled them to quickly access information about changes to people's care needs. This showed that there was good teamwork within the service and that staff were kept up-to-date with information about changes to people's needs to keep them safe and deliver good care.

Personal records were stored in a locked office when not in use. Up to date information and guidance was available to the registered manager and staff on the service's computer system that was password protected to ensure that information was kept safe.