

Priory Supporting Care Limited

# Priory Supporting Care Limited

## Inspection report

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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?

Outstanding ☆

# Summary of findings

## Overall summary

The inspection took place on 21 March 2017 and was unannounced. At our previous inspection on 13 April 2015 the service was meeting all legal requirements and was rated "Good."

Priory Supporting Care provides personal care to a maximum of 24 people some of whom may be living with dementia. The service is on three floors and accessible via lift and staircase. There is a large well maintained garden and a conservatory. On the day of our visit there were 22 people using the service.

There was 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.

People consistently told us they were happy living at the service. They thought they were safe, treated with dignity and respect and involved in planning their care.

The manager was innovative and passionate about dementia care. They had set up various forums to share best practice in dementia care and had been involved in developing a dementia care "Do's and Don'ts" summary document to aid staff when supporting people living with dementia. They had gained Gold standards framework accreditation for end of life care delivery. They were also a member of NAPA and had been a finalist in 2016 Health investors awards evidencing their commitment to providing person centred care.

The service had made progress in ensuring that care plans were person centred and took account of people's physical, social and emotional needs. Life stories were in people's rooms in order to enable staff to effectively engage with people using the service. Activities were centred on the needs of people and included a dementia friendly environment where people could engage freely in activities such as poet therapy, interacting with the wall murals and doll therapy.

People told us they were able to express their concerns without any fear of reprisal. Complaints were managed effectively and the policy was clear and accessible to people and their relatives.

Staff were supported by means of regular supervision, annual appraisal, regular staff meetings, training and a supportive management team.

Staff were aware of the Mental Capacity Act 2005 (MCA) and how it applied in practice. They could explain the procedures in place to ensure decisions were made in people's best interests.

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

People were supported to maintain a healthy lifestyle. They were offered food that met their individual preferences. For people on puree diet the chef had found innovative methods to ensure the food was appetising thereby increasing the chances of people finishing their food.

People, their relatives and staff thought there was an open culture where their concerns were listened to and acted upon.

There were effective quality assurance systems in place to ensure care delivered was continuously improved. People and their relatives and staff had an opportunity to be involved in influencing how care was delivered and improved.

## 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. There were robust procedures in place to ensure people were protected from avoidable harm. Staff had attended safeguarding training and were able to explain how they would recognise and report abuse.

Medicines were managed safely by staff that had undergone the necessary training.

There were robust recruitment systems in place to ensure that suitable staff were employed.

There were risk assessments in place which were known and followed by staff in order to protect people from avoidable harm.

### Is the service effective?

Good ●

The service was effective. Staff were supported to deliver evidence based care by means of regular supervision, staff meetings and appraisal. There was a comprehensive training programme available to all staff.

People were supported to have a balanced diet that suited their individual, preferences.

Staff were aware of people's cultural and religious preferences and demonstrated how they respected these in practice.

There were effective systems in place to ensure people accessed health care professionals as required in order to maintain healthy lifestyles.

### Is the service caring?

Good ●

People told us they were treated with dignity and respect by staff who were kind and compassionate.

People were supported to be pain-free during the last days of their life. Staff were confident in providing end of life care and were knowledgeable about the processes in place including working with other healthcare professionals.

People were supported to maintain their independence.

### Is the service responsive?

Good ●

The service was responsive. There was a person centred approach to care delivery with clear involvement of people and their relatives.

Care plans were up to date and reflected people's physical, social and emotional needs. Their future goals and aspirations were considered and enabled.

Complaints were managed effectively and used as an opportunity to learn.

There were engaging activities suited to peoples, interests and capabilities.

### Is the service well-led?

Outstanding ☆

People and their relatives consistently told us that the manager was visible, approachable and listened to people's views and suggestions.

Staff told us they were happy with the support they received and felt involved in the way the service was run.

# Priory Supporting Care 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 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 unannounced inspection was completed by an inspector and an expert-by-experience on 21 March 2017. 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 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. Before the inspection we reviewed notifications made to us of any serious events that had happened at the service. We contacted the local authority and Healthwatch and reviewed their latest reports about the service.

We spoke with nine people using the service and five relatives. 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 interviewed two care staff, the registered manager, the cook, the maintenance man, the house keeper and the laundry staff.

We looked at four care plans, eight staff files, supervision records, training matrix, maintenance records and audits.

# Is the service safe?

## Our findings

People told us they felt safe living at Priory Supporting Care. One person said, "I like it here, I feel comfortable." Another person said, "You have people around you and they make you feel safe." A relative told us, "I feel very happy that I can walk away knowing [my relative] is happy and safe." Another relative said, "Yes, definitely; there's never been any worries...there are enough people around and [my relative is] always here (in the main lounge and activities area); [my relative] never stays in [their] room."

Nine out of ten people thought there were enough staff to support them safely. One person said, "Yes, it seems to be OK. I don't know about the night time and weekends." Another person told us, "They always look after me. I only go downstairs to have my hair done....Once a week on a Wednesday....I'm going tomorrow." The same person thought staff answered promptly when they pressed the bell and said, "It depends what staff they've got but they come quite quickly." However, relatives had mixed views about staffing. One relative told us, "No, they could do with another couple...There are not enough [staff] for washing and dressing and sometimes I'm a bit shaky in the morning. The girls do their best though." Another relative commented, "Yes, there seems to be from my point of view [of what she has seen over the past 2-3 weeks] there's always someone to take her to the loo and to lunch – whether they're struggling at night, I don't know."

We reviewed staff rotas and dependency assessments and found there were enough staff to support people. During the inspection call bells were answered promptly. We saw that there was always a member of staff in the several communal areas with people in order to ensure they get assistance when needed. There were also a cook, a maintenance man, a house keeper and a laundry staff on duty in addition to the deputy manager, registered manager and care staff on duty.

There were safer recruitment practices in place to ensure only staff that were able to work in a social care setting were employed. We saw that staff completed an application form, attended an interview and had to provide proof of identity and qualifications before they could start to work at the service. In addition checks to ensure they had no criminal records were completed before they were allowed to deliver care and support to people.

Medicines were managed safely by staff who had been assessed as competent. One person said, "I get my tablets as I should." We observed staff administering medicines safely. They explained to people what they were giving and waited for people to take the medicine before signing to say the medicine was administered. There were procedures in place including regular audits to ensure medicines were stored and administered safely. The service was piloting an electronic medicine administration record (EMAR). This was very useful as it automatically kept a running total of medicines given and you could easily check the last time medicine was given and time gaps between various medicines. Staff were aware of time specific medicines as well as medicines where they needed to complete certain safety checks before administering.

Staff were aware of the procedures to follow in an emergency. They had received appropriate training and were aware of the evacuation procedure in the event of a fire. Staff demonstrated knowledge of how they

would escalate medical emergencies and complete appropriate documentation.

Incidents and accidents were managed safely. Staff were aware of the reporting procedures and told us all incidents were handed over during daily handovers. The registered manager kept track of any patterns and put measures in place to reduce or minimise issues such as recurrent falls.

There were risk assessments in place to protect from avoidable harm. Risks assessments included the environment, falls, moving and handling, skin and choking. Staff were aware of the steps to take to minimise any identified risks. The completed regular environmental and equipment checks to ensure the premises were safe.

Premises were kept clean and safe. We reviewed the maintenance folder and found the necessary health and safety checks including, gas, electricity, legionella water testing, hot water temperatures were completed. Regular fire drills occurred to ensure staff were aware of the procedures. Each person had a personal emergency evacuation plan to enable staff to understand the safest mode of evacuation.

Equipment had service stickers, was visibly clean and staff were aware of how to use equipment and report any faulty equipment. They had attended moving and handling training and were aware of the appropriate techniques. For people on pressure relieving mattress these were checked regularly to ensure they were set at the correct settings. This ensured the received appropriate pressure relief to reduce the risk of developing pressure sores



# Is the service effective?

## Our findings

People told us that staff supported them well and understood their needs. One person told us, "Staff are very good. They know what they are doing." A relative told us, "The staff are very nice and friendly. They're definitely very attentive and if there's any problems, they ring me." A second relative told us, "[Staff are] caring. They] listen and I've seen them comforting an upset resident." There was a keyworker system in place to ensure staff had a responsibility for liaising with people and their families as well as making sure that their allocated key person had all they needed in terms of care and support. We observed that staff were aware of people's likes and discuss including their previous careers.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

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 were being met. We found staff had attended appropriate training and were aware of current DoLS in place. They were able to explain the best interest's process in place for people receiving medicines covertly and for people with a do not attempt resuscitation (DNAR) in place. Records confirmed appropriate procedures had been followed.

Staff told us they had regular team meetings and supervisions in order to discuss issues related to work and improving the care delivered. They also had annual appraisals to ensure they were meeting their professional development goals. The appraisals were still in progress and due to be completed in April. Staff had access to mandatory training and yearly refresher training. They told us they were happy with the training provided which was a mixture of in-house and external training. Staff were also supported to be champions in areas of interest. There were active champions in place for infection control, nutrition and hydration, oral hygiene and moving and handling. Staff spoke passionately about their champion's role and told us they enjoyed sharing best practice with colleagues. We spoke to a staff member who was a moving and handling champion and involved in moving and handling training. They told us that they enjoyed this role and were given the necessary training and support to complete their role effectively.

People were supported to eat a balanced diet that met their individual preferences. One person told us, "The food is really nice." Another person said, "Yes, it's nice. I had boiled bacon and pudding with broccoli and you always get a choice out of three. I always have yoghurt - not a dessert." A relative said, "It's nice and the food is very good." We observed that staff waited for people to finish their first course before bringing dessert. We observed that meal time was organised and people were supported to eat their food in a timely

manner at a pace that suited them. There were snacks including fruit available. People were offered drinks at regular intervals. We saw people drinking sherry with their meals at lunchtime.

For people on puree diets, there were special moulds used to mould the food into shapes so that it was more appetising for them. The menus were displayed within the main dining area which was decorated in retro style and looked like a café named "The Priory Café". This was in keeping with the age group of people living at the service. The service had also attained a 'Five Star' food hygiene rating. There was a system in place to ask people what they wanted and to show them what was on offer that day.

People were supported to maintain a healthy lifestyle and access healthcare services when required. One person told us, "Yes, they would get a doctor if I needed one." A relative told us, "[Person's] had ....infection and they called an ambulance a couple of days ago and a doctor yesterday who advised that [person] only takes half of the tablet instead of a whole one." The advice was followed and the person was sitting out and feeling better on the day of inspection. We saw that advice from dietitian was followed. There were records of district nurse, GP, chiropody and optician visits. People had annual health check reviews and were assisted to attend hospital appointments as required.

The environment was dementia friendly with clear pictorial signage to assist people to find their way. The decoration encouraged reminiscence therapy with framed old school reports and old newspaper articles.

## Is the service caring?

### Our findings

People told us staff were kind and compassionate. We observed staff attending to people in a sensitive manner. They were aware of people's needs and reminded people if they were having visitors that day. One person said, "Yes, they are. They go into things and they probe if you're not well and they listen." Another person told us, "Yes, they're friendly and kind."

Visitors including relatives told us they thought staff were caring. One Relative said, "Yes, they're always very attentive; they don't raise their voices and they speak to her kindly." A second relative told us, "They do care and they're very helpful." Another relative said, "They're caring and go that extra mile with the time they take to do talking and calming people down." Throughout the inspection we observed staff interacting positively with people. They assisted them promptly when they rang or called for assistance.

People told us they were treated with respect and that their privacy and dignity was respected. One person told us, "Yes, they leave me alone in the loo and there's that bell thing in the hall." Another person said, "I am treated with respect. They listen and respect what I want." We observed that staff knocked and waited for a response before entering people's rooms. Staff waited outside to give people privacy whilst people had comfort breaks. Staff told us and we saw that there was a dignity champion. There was a dignity tree within the lounge with people's views of what dignity means to them.

Staff were aware of people's likes and dislikes and could tell us if people had any preferences in terms of personal care. Care plans stated preferred wake up and sleep times. Staff said they were flexible and always waited till people were ready to get up.

During our visit we noted that people towards the end of the life were checked on regularly to ensure they were comfortable and pain free. We observed staff giving mouth care and repositioning people. There was a designated staff member assigned to ensuring that people towards the end of their lives received the necessary care as per their referred care preferences. There was also an end of life champion as well as a dignity champion that ensured best practice guidance was shared with all staff in order to improve the care delivered. For those who had religious beliefs and preferences ..., care plans stated these were accommodated by, for example, leaving appropriate materials within reach and putting the radio or television at the requested channels.

Advanced care planning was in place with clear outlines of preferences last wishes. Staff worked together with the district nurses and Macmillan nurses to ensure people had a pain free and comfortable experience towards the end of their life. One staff member told us, "No request is too much. We try and grant every request, be it a call to their loved one, that last favourite food or simply looking out of the window. We try our best to accommodate people's last wishes."

People were supported to remain independent. Mobility aids were left within reach to enable people to mobilise. Staff told us how they offered choice during personal care and we saw staff cut up food and appropriately crockery in order to enable people to eat without assistance.

Staff signposted people to advocacy services where required. They were aware of people who had a power of attorney in place and if it was for health or finances. One staff said, "We help as much as we can by giving people information about various organisations that can help them."

## Is the service responsive?

### Our findings

People told us staff had an in-depth understanding of their physical, social and cultural diversity. They felt valued as individuals, and had an opportunity to influence how and when they wanted care delivered. There was evidence of people's improved well-being since living at the service. One relative told us, "There's been a significant improvement since [my relative] has been here. [My relative] had 10 falls at home before coming here and none since being here." Another person recovering from surgery had the necessary aids in place such as a raised chair and special frame in order to enable them to regain their independence. This person said, "Staff have helped me get my confidence back. They have encouraged me a lot. Now I am back on my feet, with some help of course." Another relative told us, "[Person's] improved here and got [person's] dignity back – see, [the person] can go to the loo by [themselves] (using a walking frame)."

The service was flexible and responsive to people's individual needs and preferences, finding creative ways to enable people to live as full a life as possible. People chose where they sat, where they spent their time, what they wore and what they ate. One person said, "I get up when I get up and I go to bed later." A relative told us, "This is so much better than the other place she was in; they used to get her up at 7am." Each room was decorated to suit individual preferences with bespoke wall paper or wall colour and personal effects. No two rooms were the same. People's life stories were with people's consent within their rooms to aid staff in understanding people better and to enable them to engage effectively.

People's care and support was planned in partnership with them. Staff tried to involve people as much as possible in planning care. An "It's my day" programme was used to review care plans monthly. This system was used to involve and empower people so that they could reflect and influence how their care was delivered. On the day of the visit we saw a person and their relative discussing their life story and completing the relevant parts on the record provided by the service. Relatives had positive comments about being involved and being notified of any significant changes.

Professionals visiting the service gave positive feedback on the high level of understanding staff had of people's individual needs. The service had made lots of improvements for people living with dementia by ensuring the environment was dementia friendly. There were several wall murals with different themes. For example, a mural of the sea was put on a wall near to a person who liked fish and spent most of their day in their room. There was a jungle themed mural with nets which we saw another person interact with during the inspection. There was also a wall mounted noughts and crosses game on one wall downstairs. The activities board was pictorial to enable people to easily understand what was available on the day. Similarly colourful orientation board was also used in the main lounge to keep people oriented of time and place.

People were actively encouraged to give their views and raise concerns or complaints. People and their relatives were aware of the complaints process. They told us that their views were listened to. One person said, "I've got no complaints. This is a very nice place and it's all open (pointing to the wide views from the conservatory). I'm quite contented and they're very good." The management team had positive outlook complaints and saw them as a tool to drive improvement. There was a "you said we did" board to show actions the service had taken following comments made by people and their relatives.

## Is the service well-led?

### Our findings

The registered manager and deputy had developed and sustained an open and inclusive culture. People and staff were able to raise issues of concern with them, and felt these were acted upon. We observed staff, relatives and people went into the manager's office at any time to ask or discuss any issues. Outside the registered manager's office there was part of the registered manager and the deputy's pictorial life story displayed. Staff and people told us this was welcoming. One person said, "It's a nice touch that they have put their own story on display just like they do for people who are living here." Another person said, "Both the manager and the deputy always listen to me. They are always about to answer any queries and always have useful suggestions."

People and their relatives knew who the registered manager was and thought they were approachable. They had positive feedback and when asked what could be improved only one relative had an area for development. Comments included: "I don't think there's anything they could do better. It's just 'home'. I don't know what could be improved. I can't find any flaws." They said they liked the atmosphere of the service and they thought it was managed well. One person said, "It's the way you're looked after. You're treated like a human being." Another person told us, "The best thing about the service was the food and the way they respond."

Relatives told us the organisation and team work was very good. One relative said, "They are friendly and have diverse staff who all work well as a team." Another relative commented about the service stating, "They're very caring and professional....they had a bug outbreak recently and got it under control really fast."

The registered manager was continually striving to improve. This was evident in the numerous changes made since the last inspection in making the service more dementia friendly. They had put in murals relevant to people's likes and dislikes, changing the bedroom doors to be individual and mirroring people's previous front doors. There were guinea pigs in the conservatory which were a great engagement too as well as jelly fish in the main dining room. In addition the service had now gained their Gold standards framework for end of life care. This is a recognised program which enables. They also had several accreditations with various bodies for their activities. They were also a member of NAPA and had been a finalist in 2016 Health investors awards evidencing their commitment to providing person centred care. This showed that the service worked in partnership with other organisations to make sure they are following current practice and providing a high quality service.

The registered manager and her team strove to involve and integrate the service with the community and to be a hub of information and support to others. They developed the 'Dementia Care Best Practice and Guidance' site on Facebook which allowed people from all over the world to share good practice. The manager was very passionate about dementia care and told us, "Ultimately good quality care shouldn't be a secret, and we are all working towards the ultimate goal and outcome of outstanding quality care." They had taken part in developing an A4 sheet of paper entitled "Do's and Don'ts of Dementia care." This served as a quick guide for staff to enable them to effectively engage with people living with dementia.

