Purity Nursing Limited

The Priory Nursing and Residential Home

Inspection report

Spring Hill
Wellington
Telford
Shropshire
TF1 3NA

Tel: 01952242535

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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

Summary of findings

Overall summary

This inspection took place on 26 and 27 March 2018 and was unannounced.

At our last inspection in January 2017 we found the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider's systems for monitoring the quality and safety of the service was not effective in identifying and addressing the shortfalls we identified at our two previous inspections. These related to the safe management and administration of people's medicines, staff deployment and supervision, the environment and storage of moving and handling equipment.

At this inspection we found the service was now meeting the requirements of Regulation 17 and together with other improvements, had resulted in an overall rating of good.

The Priory Nursing and Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service provides accommodation with nursing care for up to 37 people. Accommodation is arranged over two floors with a shaft lift providing access to the first and second floor.

At the time of the inspection there were 34 people living at the home.

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 felt safe living at the home. The way in which staff were deployed meant people's needs were met in a timely and unhurried manner. People's medicines were now managed and administered in a safe way by staff who had been trained to carry out the task. Improvements to the environment meant risks to people were reduced. People were protected from the risk of harm or abuse because the provider had effective systems in place which were understood and followed by staff.

People continued to receive effective care. People were supported by staff who were trained and competent in their roles. People's health care needs were monitored and met. 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 by kind and caring staff who took time to get to know people and what was important to them. Staff treated people with respect and respected their right to privacy. People lived in an environment which was welcoming and homely.

People were involved in planning and reviewing the care they received which helped to ensure people received a service which met their needs and preferences. There were daily activities for people which they could choose to join in with. Complaints were taken seriously and responded to. People's religious and cultural needs were understood and met by staff.

There were improvements in the provider's systems for monitoring the quality of service people received. People's views were valued and any suggestions for improvement were responded to.

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.

People received their medicines safely from staff who had been trained to carry out the task.

There were sufficient numbers of suitably deployed staff to meet people's needs in a timely manner.

People lived in an environment which was safe.

Is the service effective?

Good

The service was effective.

People were supported by staff who trained and competent in their role.

Staff knew the importance of respecting people's rights and choices.

People's care and support was assessed planned in partnership with other professionals.

Is the service caring?

Good

The service was caring.

People were supported by staff who were kind and respectful.

Staff took time to get to know people and what was important to them.

People's privacy and dignity were respected.

Is the service responsive?

Good

The service was responsive.

People received care and support which was personalised to their needs and wishes.

People had opportunities for social stimulation.

People and their representatives contributed to the planning and review of the care they received.

Is the service well-led?

Good

The service was well-led.

There were effective systems in place to monitor and improve the quality of the service provided.

People's views were valued and responded to.

The registered manager was open and approachable.

The Priory Nursing and Residential 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.

This comprehensive inspection took place on 26 and 27 March 2018. The first day was unannounced and the second day was announced. It was carried out by one adult social care inspector.

Prior to the inspection we looked at the Provider Information Record (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We looked at statutory notifications sent in by the service. A statutory notification is information about important events which the service is required to tell us about by law. We looked at previous inspection reports and other information we held about the service before we visited. We contacted Healthwatch and local commissioners to seek their views on the service provided. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care services. We used this information to plan the inspection.

During our visits we spoke with 11 people who used the service and three visitors. We met with the provider, the registered manager and seven members of staff.

We looked at a sample of records relating to the running of the home and the care of individuals. These included the care records of four people who lived at the home. We also looked at records relating to the management and administration of people's medicines, health and safety and quality assurance. We checked five staff recruitment files and staff training and supervision records.

Good

Is the service safe?

Our findings

At our last inspection in January 2017 we found the way in which staff were deployed meant that staff were not always available when people needed them. We found mealtimes were chaotic and registered nurses did not have protected time to safely administer people's medicines. We also found that people's medication administration records (MAR) were not always accurate. There were gaps in recording when medicines had been dispensed and there was no clear audit trail of the number of medicines held at the home. We found some areas of the home posed a risk to the safety of the people who lived there. For example the floor in a corridor was uneven and there were hoists and wheelchairs stored in the corridors.

At this inspection we found improvements had been made. Since the last inspection the registered manager had reviewed the way staff were deployed in the home which meant staff were available to support people when needed. A member of staff said, "Staffing has really improved and it feels more organised now." A person who lived at the home told us, "There seem to be plenty of staff around. I've never had a problem. If I need help, the staff are there." Another person said "I prefer to stay in my bedroom but the staff are always popping their head around the door to make sure I'm ok and will stop for a chat. If I use my call bell, the staff come pretty quickly." On the days of our visit we observed staff responded quickly to any requests for assistance. We also observed staff had time to sit and chat to people.

People told us they felt safe living at the home and with the staff who supported them. When we asked one person whether they felt safe, they replied, "Yes I do. Definitely. The staff always check on me and there is always a nurse on duty. We're never left. The fire alarms go off every Friday so it's reassuring to know they check that." Another person told us, "I feel very safe here. I have everything I need and the staff look after me very well."

The lunch time experience was relaxed and sociable and people did not have to wait for long periods for their meals. Since the last inspection the provider had purchased hot trolleys which meant staff did not have to rush to and from the kitchen with people's meals. A member of staff told us, "Having the hot trolleys had made such a difference. Everything is more relaxed now."

The procedures for the safe management and administration of people's medicines had improved. Staff who were trained to administer medicines wore a red tabard during the medicine rounds to indicate that they should not be disturbed. A member of staff told us, "It's much better now since the staff deployment has changed. It's really helped and I don't get distracted anymore." The records we viewed showed that medicine errors had reduced significantly in the last year. We looked at a number of MAR charts and found these had been appropriately completed. There was a record of medicines received from the pharmacy and of those destroyed. This meant there was a clear audit trail of medicines held at the home. Medicines were securely stored, including those medicines which required additional secure storage.

People were protected from abuse through the providers' processes and practices. These included a recruitment process which made sure only people suitable to work with vulnerable people were employed. Staff told us they had not been able to commence work in the home until all checks had been carried out.

Records seen confirmed this.

Staff knew how to recognise and report any suspicions of abuse All staff we spoke with said they would not hesitate to raise any concerns and all were confident that action would be taken to keep people safe. Where allegations had been made the registered manager had worked in partnership with appropriate authorities to make sure issues were fully investigated.

Since our last inspection the flooring in one of the corridors had been levelled out and replaced with new carpet. One of the lounge areas had been decorated and fitted with new carpet. The provider had also created a storage area off one of the corridors for the safe storage of wheelchairs and hoists. There was an on-going programme of routine maintenance and refurbishment and redecoration.

There were policies and procedures in place to reduce the risk of the spread of infection and these were understood and followed by staff. The home was clean and smelt fresh. Designated domestic staff were employed and all staff had access to sufficient supplies of personal protective clothing (PPE) such as disposable aprons and gloves. We observed staff using PPE appropriately. For example staff discarded PPE after assisting a person with their personal care needs.

Risks to people were reduced because there were systems in place to identify and manage risks. These included reducing the risk of falls, assisting people to mobilise and reducing risks to people who were at high risk of malnutrition and pressure damage to their skin. A plan of care had been developed to minimise risks and these were understood and followed by staff. Where there was an assessed need, people had specialised mattresses on their bed and pressure relieving cushions on their chair. People who had been assessed as being at high risk of malnutrition received enriched diets and were regularly monitored.

Systems were in place to safely evacuate people from the home in the event of an emergency. Each person had a personal emergency evacuation plan. This gave details about how to evacuate each person with minimal risks to people and staff. Records showed that there were regular health and safety checks and servicing of systems and equipment by external contractors.

Good

Is the service effective?

Our findings

People were supported by staff who had the skills, knowledge and experience to meet their needs. One person said, "I can't use my legs so I have to be hoisted for everything. They [staff] certainly know what they are doing. I have no worries." Another person told us, "I have great confidence in all the carers and nurses." A relative said, "The care is very good. My [relative] has a sore which they are really keeping on top of." Staff told us and records confirmed they received the required training to meet the needs of the people who lived at the home. One member of staff said, "The training is really good. You get what you need and if you haven't been trained in something or you don't feel confident; you don't do it, you request some more training. We observed staff were confident and competent when they assisted people with a task. There was always a trained nurse on duty to monitor people's health and respond appropriately. Trained nurses were able to access training which kept their clinical skills up to date and enabled them to remain registered as nurses. The registered manager monitored staff training through an on-line system which clearly flagged up, in advance, which staff were due refresher training. We were able to see that training had been booked where required.

Staff had received training about the Mental Capacity Act 2005 (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.

Staff understood the importance of ensuring people's rights were respected. We heard staff asking people for their consent before they assisted them and people told us staff always respected their right to make their own decisions. One person said, "I choose what I do and when I want to do it. The staff respect that and I'm never forced to do anything." Another person told us, "I get up when I like and go to bed when I like. I prefer to stay in my room but the staff ask me every day if I want to go down to the lounge but I say I don't want to and they respect that." A member of staff said, "It's all about the residents. There are some routines but basically the residents get to do what they want to do." Another member of staff said, "Even if a resident makes an unwise decision, it's their decision and we must respect that. If there were concerns then I would speak to the manager."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had a good understanding of the mental capacity act and had made applications to the local authority for those people who required this level of restriction to help keep them safe.

People were supported to eat well in accordance with their needs and preferences. There was documentation in each person's bedroom which detailed their preferences and dislikes for food and drink. It also detailed their preferred cutlery and crockery. One person who lived at the home said, "The food here is very good and I get plenty to eat." Another person told us, "The food is good. I get the things I like even at

night." Another person said, "The food has really improved and the staff know what I like. There are several choices for each meal. Even though the staff know I always like the same thing for breakfast, they always offer me a choice." There was a varied menu which had been based on suggestions made by the people who lived at the home. The registered manager explained that they had 'taster sessions' where people could try different foods which were then incorporated into the menus. For example some people had requested chilli and garlic bread and this had been facilitated. Catering staff were employed and they had attended additional training on how to present pureed meals. On both days of our inspection meals, including pureed meals, looked appetising and were nicely presented. The mealtime experience was relaxed and sociable. Some people required staff to assist them with their meal and we observed staff supported people in an unhurried and dignified manner.

People were supported to maintain their health and well-being. One person said, "They [staff] are very good at calling the doctor if I'm not feeling so good." People received regular checks from opticians, chiropodists and GP's. Records showed that where there were concerns about people's health, these were quickly referred to the GP who then made referrals to appropriate health care professionals. These included speech and language therapists and dieticians. We read the care plans for two people who were being treated for a pressure sore. Care plans provided clear information about the size and status of the wound, the prescribed treatment and frequency of the treatment. Running records completed by the registered nurses demonstrated they were following the plan of care. The effectiveness of the treatment had been regularly reviewed and we saw photographs were used to monitor the status of the wound. We were able to see that staff had requested the input from other professionals such as tissue viability nurses, where there were concerns about the status of a wound.

Before people move to the home the registered manager, or registered nurse if they required nursing care, visited them to carry out an assessment of their needs. This helped to ensure the service could effectively meet the person's needs and aspirations. One person who lived at the home said, "The manager visited me at home after I realised I could no longer cope on my own. We chatted about my ailments and what I needed help with. It was a hard decision but the right one. I don't have to worry anymore and I get the exact care I need." The care plans we read contained pre-admission assessments and, where appropriate, assessments from the local authority and hospital discharge assessments. Information from the assessments helped to formulate a plan of care which detailed the person's needs and how these should be met by staff.

The environment had been suitably adapted to meet the needs of the people who lived at the home. There were grab rails to assist mobility and a shaft lift gave access to bedrooms on the first and second floors.

Good

Is the service caring?

Our findings

The atmosphere in the home was relaxed and welcoming and people looked comfortable and content in their surroundings and with the staff who supported them. People spoke fondly of the staff. One person said, "It's perfect here and I couldn't be happier. All the staff are lovely and couldn't be nicer. When my [relative] telephones me I tell her it's brilliant here. They are so happy I am happy." Another person told us, "I enjoy a banter with the staff and we have a laugh. Goodness the staff are kind. I couldn't wish for better." A visitor told us, "The staff are marvellous and treat the residents like their own family." Another visitor said, "My [relative] gets very good care and the staff are very caring and kind."

Staff interacted with people in a very caring and respectful manner and they knew what was important to the people they supported. For example, in one person's care plan we read they were comforted by a doll which was special to them. We observed the person had their doll with them during our visits. A person who lived at the home told us, "They [staff] know me well and know all my little ways." Another person said, "The staff are very good. They have got to know me and my family. It's lovely really."

People's privacy and dignity was respected and people told us staff were respectful when they assisted them with personal care. A person who lived at the home said, "When I first came here I was really worried about the staff helping me to shower but they have been so respectful that I don't feel uncomfortable at all." Some people required assistance to use the lavatory and we heard staff offering people support in a discreet and caring manner.

People had their own bedrooms which they could personalise in accordance with their tastes and preferences. We met with one person who said, "It was hard leaving my home but it has really helped being able to bring all my bits and pieces. This is my home now." Another person told us, "I had so much stuff I wanted to bring with me which meant my room was quite cluttered. [Name of registered manager] was great and arranged for me to move to a bigger room."

Good

Is the service responsive?

Our findings

People had the opportunity for social stimulation. The provider employed two activity workers who had developed a varied programme of activities. A person who lived at the home said, "You always know what's going on. I sometimes go down for the exercises. It's fun." Each person had an activity profile which detailed important information such as their date of their birthday, important family members, the person's hobbies, interests and dislikes. Each time a person joined in with an activity, staff recorded whether the person had enjoyed it or not. This helped staff to tailor activities for each person. We heard about one person who used to enjoy a game of bowls. When activity staff contacted a local bowls club, they discovered the person was unable to attend as the club would not allow a wheelchair on the green. In response the provider had planned to make a small bowls green in the home's garden for the person. Another person's activity profile stated the person wanted to have a tomato plant in their bedroom. We saw that staff had purchased seeds, compost and pots to enable the person to fulfil their wishes. During the recent inclement weather, activity staff brought in buckets of snow. The registered manager told us, "The residents loved it. Many had not felt snow for a very long time."

The people who lived at the home and their representatives were involved in planning and reviewing the care and support they received. This helped to ensure that people received the care they needed in the way they wanted. One person who lived at the home said, "I feel in control of my life here. The staff ask me how I want to be helped. My routines are my routines not the staff's routines." A visitor told us, "The staff are really good at keeping me informed about my [relative] and I always know when they have called the doctor." There were good links with health and social care professionals. Care plans showed that they had been involved in monitoring and reviewing the care people received. This ensured people received a service which was responsive to their needs.

People and their relatives told us they were confident that if they raised any concerns, these would be taken seriously. One person who lived at the home told us, "I complained to the manager about the food some time ago and it was sorted out straight away. I was impressed." Another person said, "I don't have any grumbles. I'm quite happy with everything. Mind you I would make a complaint if I needed to. All the information is in my file in my bedroom." A visitor said, "When I have had any niggles they have been dealt with straight away." The service had not received many formal complaints, but where they had, we saw these had been thoroughly investigated by the registered manager to the satisfaction of the complainant. A complaints procedure was displayed in the home and each person was provided with a copy in their welcome pack. The complaints procedure had been produced in large print for those who required it.

People used various forms of communication and where people had limited verbal communication staff were very knowledgeable in recognising what a person wanted. We observed staff using basic sign language with one person who was unable to communicate verbally. This was the person's preferred form of communication. The person responded positively and was laughing with the member of staff. We saw the person also had a picture chart which helped them to inform staff what they wanted.

People were encouraged and supported to develop and maintain relationships with people that mattered

to them and avoid social isolation. One person said, "My family visit me regularly and they are always made to feel welcome. The staff always offer them a drink." A visitor said, "I can visit whenever I like. I'm always greeted with a smile and offered a cup of tea."

The registered manager told us there was nobody receiving end of life care. However they told us people would be supported in accordance with their needs and preferences. The registered manager explained they would liaise with appropriate professionals to ensure people were pain free and comfortable during their final days. Care plans contained information about people's preferences during their final days and following death.

People were able to see religious representatives which enabled them to practice their faith even if they were unable to attend services or meetings outside the home.

Good

Is the service well-led?

Our findings

At our last inspection the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider's systems for monitoring the quality and safety of the service was not effective in identifying and addressing the shortfalls we identified at our last two inspections.

At this inspection we found improvements had been made. Robust systems had been introduced to monitor the management and administration of people's medicines and additional training for staff had been provided. We did not identify any concerns with the management and administration of people's medicines at this inspection. The uneven flooring in one of the corridors had been addressed and new carpet had been laid. A designated area had been created for the storage of hoists and wheelchairs which reduced the risk of injury to people. The way in which staff were deployed had been reviewed which meant staff were available when people needed them.

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.

The registered manager spoke with great compassion when they told us about the people they supported. They said, "I want people to know that when they move here they can carry on living and enjoy their life. I am committed to continually improving the home and ensuring people get the best care possible. We have a fantastic staff team who really to care." When we spoke with staff it was clear that they too had adopted this ethos. One member of staff said, "Our residents are amazing and I know all of us [staff] are totally committed to them and do anything to make sure they are happy." Another member of staff told us, "It's a happy place to work. We have a great team and we all work together. It makes it a happy home for the residents."

Care staff now received regular one to one meetings; however these had not yet been fully implemented for the registered nurses. The registered manager explained the clinical manager, who was a registered nurse, had responsibility for supervising the nurses but they had recently left employment. On the first day of our inspection, the registered manager interviewed and offered a registered nurse the post of clinical manager. The registered manager gave their assurances that supervision sessions for registered nurses would be addressed as a matter of priority.

There were improvements in the provider's systems for monitoring the quality of the service people received. There were audits and checks in place to monitor safety and quality of care. We saw that where shortfalls in the service had been identified action had been taken to improve practice. The registered manager also carried out regular unannounced out of hours visits to monitor practice. However they did not formally record the outcome of their visits. We discussed how maintaining records of their visits could help to support the quality assurance systems. The registered manager said they would start to do this at their next visit.

People and their relatives had opportunities to express their views about the quality of the service they received through regular meetings and satisfaction surveys. The results of the most recent survey showed a high level of satisfaction in the service provided. The registered manager told us and records confirmed, that people's views were valued and responded to. For example, one person had stated that they found their bedroom claustrophobic. In response to this the registered manager had a discussion with the person and they arranged a move to another bedroom. People had also been involved in choosing the colour scheme for recently decorated lounges areas. The registered manager told us, "We picked up some colour cards so the residents could be involved." There were plans for a further meeting where people's suggestions about the environment and furniture would be sought. The registered manager said, "I want our residents and the staff team to be fully involved and to make suggestions about how we can make the environment even more homely.

The service had received numerous compliments from the relatives of people who had stayed at the home. Comments included, "Thank you for all the love and care you showed [person's name]. And, "Thank you for everything you did and the care you gave to [name of person]. We cannot thank you enough."

The registered manager strived to establish links with the local community. Local school children visited the home to celebrate special occasions such as Christmas, Easter and bonfire night. We saw photographs which showed people enjoying the visits from the children. There were also visits from religious organisations and the Salvation Army. The registered manager explained that they had set up a coffee afternoon for older people in the local community but unfortunately the take up had been poor.

All accidents and incidents which occurred in the home were recorded and analysed and action taken to learn from them. For example one person fell in their bedroom during the night whilst trying to access their en-suite facilities. The registered manager reviewed the layout of the person's bedroom and suggested to the person that moving their bed may help to reduce the risk of further falls. The person declined but agreed to leave the en-suite light on during the night. We heard the person had not experienced any more falls. This demonstrated the home had a culture of continuous improvement in the quality of care provided.

The registered manager worked effectively with other health and social care organisations to achieve better outcomes for people and improve quality and safety. These included tissue viability nurses, physiotherapists, commissioners and the local authority safeguarding team. The professionals we contacted did not express any concerns at the time of our inspection.

In accordance with their legal responsibilities, the provider had conspicuously displayed their previous inspection rating in the home. The provider and registered manager told us their previous website was inactive and a new website was being designed. They were aware of the legal requirement to also display the inspection rating on the website when completed. The provider had informed us of significant events which had occurred in the home.