

Masonic Care Limited

Harry Priestley House

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?

Good ●

Summary of findings

Overall summary

This inspection took place on 16 February 2017 and was unannounced. Our last inspection of this service took place in May 2015 when we rated the service as Good. At this inspection we found the service remained Good.

Harry Priestley House is in Thorne, near Doncaster. It is registered to provide accommodation for up to 12 people who require personal care. The home specialises in supporting adults with learning disabilities. At the time of our inspection there were 11 people living in the home.

The service had 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 who used the service said the staff were caring and they felt safe. Staff had a clear understanding of safeguarding people from abuse. Staff members raised safeguarding concerns appropriately and this showed that they put the safety and welfare of the people who used the service first.

Care and support was planned and delivered in a way that ensured people were safe. The individual risk assessments identified any risk associated with people's care and had been devised to help minimise and monitor the risk, while encouraging people to be as independent as possible.

There were enough staff with the right skills, knowledge and experience to meet people's needs. The staff training record showed that staff were provided with appropriate training to help them meet people's needs.

The home was particularly well decorated and maintained. People were involved in choosing the way the house was decorated. The registered manager explained that as some people were developing dementia, they had taken advice from a specialist team on how to decorate parts of the home to help the people living with dementia connect with the world around them.

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. The service to be meeting the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS).

People were supported to eat and drink sufficient to maintain a balanced diet and snacks were available in-between. People were supported to maintain good health and to have access to healthcare services. We looked at people's records and found they had received support from healthcare professionals when required.

People's needs were assessed and care and support was planned and delivered in line with their individual care plan. We saw staff were aware of people's needs and the best ways to support them and encouraged people to maintain their independence.

People had their own copy of their colourful and very person centred plan.

People took part in many and varied activities in the home and in the community, and were supported to keep in contact with people who were important to them, such as their family and friends.

The service had a complaints procedure, which was available in an 'easy read' version to help people to understand how to raise any concerns they might have.

People were consulted about their experience of the service. Regular residents' house meetings took place. The provider produced an easy read questionnaire for people who used the service and arranged for an independent advocate to help people to fill them in.

The registered manager and members of the staff team undertook quality and safety audits and there was an emphasis on learning from incidents and investigations and making sure the learning was shared in the team.

Staff meetings took place each month and staff were confident to discuss ideas and raise issues.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Harry Priestley 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.

The inspection took place on 16 February 2017 and was unannounced. The inspection was undertaken by an adult social care inspector.

Before the inspection, we reviewed the information we held about the home, which included incident notifications they had sent us. We also contacted the commissioners of the service at Doncaster Council.

We spoke with four people who used the service and observed the care and support people received in communal areas. We spoke with one person's relative, who was visiting at the time of the inspection. We also contacted a specialist community nurse who had regular contact with the service.

We spoke with four members of the staff team including the registered manager. We reviewed a range of records about people's care and how the home was managed. These included the care plans and day to day records for three people. We saw the systems used to manage people's medication, including the storage and records kept. We looked at the quality assurance systems that were in place. We had a tour around the shared areas of the house and saw some people's bedrooms.

Is the service safe?

Our findings

People who used the service told us they felt safe. For example, one person said, "It's my home. I feel safe and happy here."

The service had policies and procedures in place to protect people. Staff had received training in safeguarding vulnerable adults. They had a clear understanding of safeguarding adults and what action they would take if they suspected abuse. There were policies and procedures in place about safeguarding people and staff could have access to them at any time. This helped to protect people from abuse and harm. Our records reflected that members of the homes management team had taken appropriate action to safeguard people where concern arose.

We found that risks were managed well, and that so people were protected and their freedom supported. There were assessments in place in relation to any risks associated with their needs and lifestyles. Each person had up to date risk assessments, which were detailed and set out the steps staff should take to make sure people were safe. We saw the risk assessments had been devised to help minimise the risks, while encouraging people to be as independent as possible. We were told that it was very rare for people who used the service to present with behaviour that was challenging. However, if there were identified risks guidance was in place for staff about how to best minimise and manage these situations. It was clear that action was taken to manage risk and learning points from incidents, accidents and near-misses.

The staff we spoke with felt there were always enough staff on duty to allow them to care for people safely. The registered manager kept people's needs under review and if people's needs changed they reviewed the staffing levels. Existing staff were willing to cover at short notice and there were also a small number of relief staff who worked regularly, know people well and could also be called upon to provide cover. This showed there were systems in place to make sure staffing numbers and skills were ensured.

The service had a staff recruitment policy and pre-employment checks were obtained prior to people starting work in the home. These included references, and a satisfactory Disclosure and Barring Service (DBS) check. The DBS checks helps employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. This showed there were systems in place to make sure staffing numbers and skills were ensured.

We looked at how medicines were managed. People had a care plan in their file regarding any medication they were prescribed. This included how the person liked to take their medicines. The staff completed training in this area and then a manager checked they were competent before they were able to administer medicines on their own. Since the last inspection the way people's medicines were managed and stored had been made more personalised. This included each person having their own, individual locker where their medicines and medicines records were kept. Work had also started to improve the format of people's medicines records and make them more accessible for people, to aid their understanding of their medicines, helping to bring them one step closer to independence.

The house was very well presented, bright airy, clean and tidy. The staff told us there were procedures and audits to make sure the cleaning was done. We saw measures put in place in the laundry room to avoid contamination. And we saw that staff wore personal protective equipment (PPE) when preparing food. People were supported to clean their own rooms. This helped people to maintain and develop their independence. There was a maintenance person. Staff told us they had a book to note any maintenance jobs that needed doing around the house and where appropriate, the maintenance person did these.

Is the service effective?

Our findings

The people we spoke with told us they thought all the staff did a good job. For example, one person said, "I like the staff. They are good." One person's relative felt that staff had received the right training as they had worked so exceptionally well with their family member.

The staff we spoke with said they felt well supported in their roles. They said they were part of a good team. Staff turnover was low, so staff were able to get to know people well. The provider employed a training coordinator who worked with the registered manager to make sure staff had all relevant training. The staff training records showed that staff had received training in a range of subjects including food hygiene, health and safety and fire prevention, moving and handling and infection control. Other relevant training was also provided, such as working with people living with dementia. This helped to ensure that people received effective care from skilled, knowledgeable staff.

Staff supported people to gain access to the healthcare they required and to attend appointments. We looked at people's records and found that people had received timely support when required. For example, we saw involvement from community nurses, a physiotherapist, speech therapists and a dietician. There were records of people attending hospital appointments and appointments with their GP. People had clear healthcare plans and regular health checks.

People's plans and records included their dietary needs and preferences. Each person's file included up to date details, including screening and monitoring records to prevent or manage the risk of malnutrition. Where people needed external input from healthcare professionals in relation to their diet, appropriate referrals had been made and guidance was being followed. We found that people were weighed regularly and their diet was reviewed to help with maintaining a healthy weight. The records we saw showed that staff were aware of people's particular dietary needs and preferences and offered people choices. There was a written menu for the day in the kitchen. These included well balanced and nutritious meals. This helped to ensure people were supported to maintain a healthy, balanced diet.

The home was very well decorated and maintained. There were choices of different lounges and the registered manager told us some people had their favourite places to spend time. People were involved in choosing the way the house was decorated and had their names and pictures on their bedroom doors. Their bedrooms very much reflected their personalities and interests.

Some people who lived in the home were also living with dementia. The registered manager had also taken advice from a specialist team on how to decorate areas of the home to help people living with dementia to connect with the world around them. A mural had been used in one corridor, to help orient people. Their room, and a toilet most often used by them had also been decorated to meet their specific needs.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment. Staff had an awareness of the Mental

Capacity Act 2005 as they had received training in this area.

We looked at people's assessments and care plans and saw evidence that they were involved in decisions about their care and support. People's personal preferences and choices were recorded in the care plans. This helped to make sure that people's care and support needs were met in accordance with their wishes. Where people were not able to give consent regarding a particular issue, people who knew and understood the person had been consulted about the person's best interests. We saw evidence that independent advocates had an active role in people's lives.

Staff encouraged people to make choices. When their communication was limited, people's care plans included information about the kinds of support people needed to help them make day to day decisions. This helped to make sure that consent to care and treatment was sought, in line with the law and guidance.

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. The service to be meeting the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). The registered manager had made DoLS applications appropriately to the local authority, who are the 'Supervisory Body'.

Is the service caring?

Our findings

People told us that the staff were caring and listened to them. We saw people who used the service and staff express affection for each other.

We looked at care plans and reviews for people who used the service. They had their own detailed plans of care and support. People's plans included information about the person's choices, likes and dislikes and how they expressed themselves. People told us they made lots of choices. This included the activities they engaged in, what they ate and what clothes they wore. We saw people being offered choices about how they wanted to spend their time. This showed that people were involved in decision making about their care and treatment.

There was time for staff to spend with people and staff were respectful and friendly. This helped to develop positive caring relationships. We also saw people who used the service and staff express affection for each other. There was clear guidance for staff about the principles of the service. This helped to make sure staff understood how to respect people's privacy, dignity and human rights. The staff we spoke with were aware of these principles

Staff also encouraged people to speak for themselves and gave people time to do so. They engaged with people in an encouraging way, and promoted people's independence. The registered manager and staff we spoke with showed concern for people's wellbeing and the registered manager told us the staff knew people well, including their preferences and personal histories. They had formed good relationships and understood the way people communicated. This helped them to meet people's individual needs.

People's plans included what was important to each person as an individual, and how staff should maintain their privacy and dignity. We saw that staff attended to people's needs in a discreet way, which maintained their dignity. There were notices about local independent advocacy services on the notice board. An advocate is someone who speaks up for people. We saw that an independent advocate had helped everyone who used the service to fill in a questionnaire to say what they thought about the service. There was also evidence in people's files that they used the advocacy service when they needed to.

It was clear that people were supported to maintain their family relationships and friendships. For instance, people's plans included information about who was important to them such as their family and friends and notes of them keeping in contact.

Sadly, one person had died recently, and their close relative was visiting the service. They spoke to us of how exceptionally caring the managers and staff were, and how well they had cared for their family member, up to and including the end of their life. They said they could not praise the staff and the organisation highly enough.

Is the service responsive?

Our findings

People engaged in lots of activities, both in the home and out in the community. On the day of the inspection a number of people were out in the community undertaking activities and attending day services. We spoke with one person as they returned from their activities in the community. They told us they were very happy with their care and support. They told us of many and varied interests and activities they engaged in, including listening to music and attending concerts.

People's plans and records also showed that the activities people engaged in were specific to their individual interests. People had individual and group meetings on a monthly basis and discussed the activities, trips and holidays they would like, and were involved in planning for these.

It was evident that people were encouraged to be as independent as possible. People's care and support plans had an emphasis on encouraging them to do as much as they could for themselves. This included being involved and supported with the day to day tasks of keeping their home nice. Some people had been supported to learn how to travel unescorted in the community and were encouraged to do so.

Staff carried out a pre-admission assessment of each person to see if the service was suitable to meet their assessed needs. Staff involved people's close relatives in this assessment. Staff used this information as a basis for developing tailored care plans to meet each person's needs.

Some very good work had been done to make sure that people's plans were very person centred. The plans focussed on people's strengths and interests. They were vibrant and colourful, illustrating the things people liked, activities they enjoyed, things they were good at and their achievements. They were packed full of photographs of the person engaging in their preferred and planned activities. They were in an easy read format to aid people's understanding of their content and a lot of creativity and thought had gone into making sure they were written in a way that suited people's communication needs. This helped them to actively engage in the planning of their care and support.

Each person had keyworkers assigned to them and it was clear that people were encouraged to be involved in reviewing their plan and each person had their own, laminated copy. The care and support provided was person centred and tailored to meet the needs of each person. For instance, the registered manager had sought advice from professionals in order to support people who were living with dementia and they had put this advice into action.

Adjustments were made to the environment to help people be as independent as they could be in the home. For instance, there were accessible bedrooms, bathrooms and toilets downstairs, along with the shared areas, such as lounges, dining area and kitchen. This provided access for people with reduced mobility. There were newly refurbished shower rooms, which were accessible and which looked very stylish. There were signs and photos that helped people to orient themselves in the home, and to know where particular rooms were.

The service handled people's concerns and complaints well and the registered manager was very keen to make sure they and their team learned from any feedback they received. The service had a complaints procedure and this was available in an 'easy read' version. People knew how to raise concerns and were confident to tell staff if they had a worry. We saw that any complaints received were appropriately dealt with and a log of evidence and remedial action was maintained.

Is the service well-led?

Our findings

The service had a manager in post that was registered with the Care Quality Commission. 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.

A positive, person-centred culture was promoted by the provider and by the registered manager, who had worked at the service for number of years and knew the people who used the service very well. The registered manager came across as very caring, person centred and open to learning.

We saw that any accidents or incidents were recorded and a system had been introduced to make sure that learning from incidents or investigations was shared with the team, to make sure it was reflected in future practice and that any changes were implemented, including action taken to minimise the risk of further incidents.

People were consulted about the service provided and their views were valued. Very good work had been done to make sure that people were able to engage in completing feedback questionnaires, to share their experience of the service. The questionnaires were in an easy read format and had clear pictures to aid people's understanding. Lots of thought had gone into making sure they covered all aspects of the service and presented in a way that suited people's communication needs. Independent advocates had supported people to complete their questionnaires.

It was evident that the advocates had taken time to get to know people and had been careful to reflect people's thoughts and feelings. This had helped people to actively engage in the process, and influence the way the service was delivered. The feedback people had given in their questionnaires was very positive indeed.

The staff and the relative we spoke with told us the registered manager and deputy manager demonstrated good management and leadership. We saw that they had both benefitted from management and leadership training. The local authority commissioners and external professional told us the service worked well with other agencies. This was also demonstrated by the quality of the work that had been undertaken with the independent advocacy organisation.

Staff liked working in the home. They told us that the service was run putting the people who used the service first, to ensure that people's individual needs were met. The staff told us staff meetings took place each month and they were confident to discuss ideas and raise issues, both with the registered manager individually and at staff meetings. Staff surveys were also undertaken regularly. This helped to make sure that staff could raise their views about the quality of the service.

The registered manager undertook a number of quality and safety audits, which were designed to drive,

deliver and assure quality care. This included reviews of areas such as accidents, personal protective equipment (PPE), clinical waste, care of substances hazardous to health (COSHH), first aid, electrics and the environment.

Staff members had particular areas of responsibility and undertook some of the regular quality assurance audits, with oversight from the registered manager. For instance, one staff member had responsibility for making sure the medication was well managed and usually undertook the audits related to medication. There was evidence that issues found by the various audits were subsequently addressed to help maintain people's health and welfare.

We saw that residents' house meetings took place on a monthly basis to discuss things such as meals, events, or concerns. The registered manager told us anything arising from residents' meetings, from the satisfaction surveys, and any feedback from people's relatives were included in their action plan to improve the service.