

Purity Nursing Limited

The Priory Nursing and Residential Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

The Priory nursing and residential home is a care home providing nursing and personal care to a maximum of 37 people. At the time of the inspection, 37 people were using the service. Accommodation is provided in one adapted building.

People's experience of using this service and what we found

People were protected from the risk of abuse because the provider's systems ensured staff were suitable to work with people. People told us they felt safe and risks to people's safety and well-being were assessed and monitored. There were sufficient numbers of staff to meet people's needs in a safe way.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; however the policies and systems in the service did not always support this practice. People said staff always asked for their consent before helping them.

People had their needs assessed and were supported by staff who had the skills and experience to meet their needs. Staff monitored people's health and well-being and worked with other professionals to make sure they received the care and treatment they needed. People's nutritional needs were met and everyone we spoke with was happy with the food and drinks provided.

People were supported by kind and caring staff who ensured they were involved in decisions about their care. People were treated with respect and their right to privacy was understood and respected by staff. People were supported to remain as independent as possible.

People received a service which met their needs and preferences. There were opportunities for social stimulation and people could see their friends and family whenever they wanted. People were treated as individuals and chose how they spent their time. People and their relatives felt confident and comfortable to discuss any concerns with staff. People could be confident that their wishes for end of life care would be respected by staff.

The home was well-led and there were systems in place to monitor and improve the quality of the service people received. Staff were well supported and motivated. This led to a happy and inclusive environment for people to live in. The service worked in partnership with other professionals and the local community to achieve good outcomes for people.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement. (Report published January 2019) and there was one breach of our regulation. The provider completed an action plan after the last inspection to show what

they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of our regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

Is the service effective?

Requires Improvement ●

The service was not always effective

Is the service caring?

Good ●

The service was caring

Is the service responsive?

Good ●

The service was responsive

Is the service well-led?

Good ●

The service was well-led

The Priory Nursing and Residential Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector and an assistant inspector.

Service and service type

The Priory nursing and residential home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about

the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection-

We spoke with 13 people who used the service and three relatives about their experience of the care provided. We met with the registered provider and registered manager and eight further members of staff. These included registered nurses, care staff, domestic staff and administrative staff. 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 reviewed a range of records which included four people's care records and multiple medication records. We looked at six staff files in relation to recruitment, supervision and training. A variety of records relating to the management of the service, health and safety and quality monitoring were also reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- At our last inspection we found people were not protected by the provider's recruitment procedures. This was a breach of our regulations.
- At this inspection, improvements were found. Recruitment files showed that all required checks had been made to ensure only staff who were suitable to work with people were employed.
- There were sufficient numbers of skilled and experienced staff to meet people's needs.
- One person said, "The carers are there when I need them." Another person told us, "If I ring my bell they [staff] come to help me."

Assessing risk, safety monitoring and management

- At our last inspection we found risks to people's health were considered however there was not always sufficient information for staff to manage or mitigate risks. This related to the management of people with diabetes.
- At this inspection, improvements were found. Care plans to manage people's diabetes now contained more detailed information about how to manage the condition.
- Equipment used by people was regularly checked and serviced to ensure it remained safe and well-maintained.
- Regular health and safety checks were carried out on the environment, such as fire detection systems, hot water and legionella safety.
- Each person had a personal evacuation plan to show the support they would need if they needed to be evacuated in an emergency such as a fire. This helped to ensure people would be safely moved with minimal risks to themselves or others.

Using medicines safely

- People received their medicines when they needed them. One person said, "They [staff] bring me my tablets at the right time."
- At our last inspection we found that not all people had their medicines reviewed by their GP to ensure they remained effective and appropriate. At this inspection we saw that this had been addressed.
- Staff received training about the safe management and administration of medicines and their skills, knowledge and competency were regularly assessed.
- Medicines were securely stored and there was a clear audit trail of all medicines held at the home.
- There were records to show when medicines had been administered or refused. These records helped to make sure the effectiveness of prescribed medicines could be monitored.
- When administering medicines to people, staff wore a red tabard indicating they should not be disturbed.

This helped to reduce the risk of errors.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home and with the staff who supported them. One person said, "Yes. I feel very safe." Another person told us, "I feel safe here, I have bed rails on my bed because I worry about falling out of bed, so I am glad they are there."
- Staff had been trained to recognise and report any concerns or abuse.
- A member of staff said, "I've reported concerns in the past and they were dealt with. I wouldn't tolerate any bad treatment and would report it straight away."

Preventing and controlling infection

- People lived in a home which was clean and fresh smelling.
- Staff followed good infection control practices which helped to minimise risks to people.
- Staff used personal protective equipment such as disposable gloves and aprons when assisting people.

Learning lessons when things go wrong

- Records of any accidents or incidents were maintained and reviewed by the registered manager. This helped to identify any trends.
- Where things went wrong, the registered manager explored the reasons and took steps to reduce the risk of it happening again.
- There was a culture of learning from accidents and incidents which was shared with staff.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

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 make 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Where there were concerns about a person's capacity to consent to their care and treatment assessments of their capacity and discussions had not always taken place to ensure decisions made were appropriate and in the person's best interests. This related to the use of bedrails and lowered beds. The registered manager confirmed they were in the process of addressing this. Progress will be followed up at the next inspection.
- Staff had received training about the MCA and understood the importance of ensuring people's rights were respected, however the registered manager acknowledged further training was needed to ensure capacity assessments and best interests discussions took place and were documented where required.
- The provider had made appropriate DoLS applications for people who required this level of protection to keep them safe and meet their needs.
- Staff sought people's consent before assisting them with a task. One person said, "They [staff] don't make me do anything, they ask me."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People were assessed before they used the service to ensure their needs and preferences could be met.
- Assessments of people's diverse needs, such as religious preferences were discussed prior to using the service.
- Assessments were used to formulate a plan of care. This provided staff with the information they needed to meet the person's needs and preferences.

Staff support: induction, training, skills and experience

- People were positive about the staff who supported them. One person said, "They [staff] look after me very well. Couldn't be better."
- Newly appointed staff received a thorough induction to provide them with the skills and training to meet people's needs. A member of staff told us, "I am having a whole week of shadow shifts, so I can get to know the residents properly. I think that's really good and I am very impressed so far."
- Staff received training to make sure their practice was in accordance with up to date practice and legislation. A member of staff said, "The training has really improved. There is so much. Apart from the mandatory training, you can do extra like end of life care."
- There were effective systems in place to ensure staff received refresher training when needed.

Supporting people to eat and drink enough to maintain a balanced diet

- People received food and drink in accordance with their needs and preferences.
- People were positive about the meals provided. One person said, "I love the food and you can have snacks when you want." Another person told us, "You get choices every day and the meals are delicious."
- Where people required a specific diet, such as a soft consistency, this was provided.
- Staff monitored people's food and fluid intake where concerns were identified.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People saw healthcare professionals when they needed.
- Staff worked effectively with other healthcare professionals to make sure people had the support and equipment they required to meet their needs.
- Care records showed that staff followed the recommendations made by healthcare professionals.

Adapting service, design, decoration to meet people's needs

- People lived in a comfortable and well-maintained environment.
- Since the last inspection, several areas had been redecorated and refurbished. We were told that people who lived at the home had chosen some of the colour schemes.
- People had their own bedrooms which they could personalise in accordance with their tastes and preferences.
- Grab rails helped people to maintain a level of independence when mobilising around the home.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were treated with kindness and respect by the staff who supported them.
- One person said, "I am really, really happy here and the staff are really lovely and kind to me." Another person told us, "I absolutely adore the staff; all of them. I am very happy."
- Staff interacted with people in a kind and respectful manner. We observed a member of staff showing a person some of their necklaces, so they could choose which one they wanted to wear.
- When one person was calling out in a distressed manner, a member of staff attended to them immediately and offered gentle reassurance. They did not leave the person until they were settled.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity and they were supported to maintain a level of independence.
- One person said, "The carers give me a really good wash every morning. They are very good, and I don't feel awkward at all. It's the same when they help me shower."
- Care plans detailed how staff should support people whilst helping them to maintain their independence. One person told us, "I like to do as much as I can. The staff are very good and they know that if I am not up to it, all I do is ask and they help me."
- Throughout our visit, we heard staff asking people where they wanted to spend their time and what they wanted to do.
- Staff understood and respected people's rights to confidentiality. People's records were stored securely, and staff discussed people's needs in private areas where they could not be overheard.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- At our last inspection we found care plans had not always been implemented to manage behaviours which may challenge. At this inspection, we found these shortfalls had been addressed.
- A relative told us, "We have total peace of mind with [relative] being here. [Relative] used to have carer's at home and they would tell us how [relative] would push carer's away and swear at them. Here they accept it is a part of [relative's] communication. They record it in the behaviour support file, but they don't keep going on about it."
- People and/or their representatives were involved in planning their care to make sure they received support which met their individual needs. One person said, "The management come and see me most days. They are always asking me if I am happy with everything."
- People received a service which was responsive to their needs and preferences. One person told us, "When I got here I couldn't walk, the staff have supported me and got me going when sometimes I didn't want to and now I can get about on my own. I am so glad because now it means I can go home."
- People's preferences and social history was discussed with them before they moved to the home and through regular reviews of their care.
- People were able to make choices about their day to day care. People could choose when they got up, when they went to bed and how they spent their day. One person said, "I like to stay in my bedroom. I have everything I want in my room. I like to go to the dining room for meals, except breakfast which I have in bed." Another person told us, "The staff are very good to me and I can do what I want."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were provided with opportunities for social stimulation. One person said, "I go to the lounge whenever there are activities going on. I enjoy them. There was a drummer yesterday and he was really good." Another person told us, "We had a sing-a-long yesterday which I really enjoyed. Today the hairdresser is here so I'm looking forward to getting my hair done."
- People's spiritual needs and preferences were discussed with them and people could attend religious services at the home.
- A visiting therapist provided holistic massages for those who wanted it. The therapist also provided one to one support to a person whose first language was not English as they spoke the same language.
- People's relatives and friends were welcomed and could visit whenever they wanted. One person said, "I see my [relative] regularly and I have some friends who visit me often." A relative told us, "We come and visit, and we can see [name of person] is so happy."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider and staff were aware of the AIS and information was produced in accessible formats for people as required. For example, the menu and activity programme had been produced using photographs and pictures.
- People's communication needs were assessed and recorded in their plan of care. Arrangements had been made to ensure staff were available who could communicate with a person whose first language was not English.
- We saw people who required them, had clean spectacles and working hearing aids.

Improving care quality in response to complaints or concerns

- People and their relatives did not have any complaints about the service they received, however all were confident that any concerns would be addressed.
- One person said, "I am happy living here; I like it. I tell the staff if I am unhappy and I don't hold back. I can't remember the last time I complained, but they always put it right for me." Another person told us, "I don't have concerns or worries, but I would feel comfortable telling the staff if I had."
- Records showed complaints had been fully investigated in line with the provider's complaints procedure.

End of life care and support

- People could be confident that at the end of their lives they would receive kind and compassionate care.
- People's care records contained information about people's religious preferences and their preferences during their final days and following death.
- Staff had received training in end of live care and worked with other professionals to make sure people were comfortable and pain free.
- Staff had received several thank you cards from relatives for the care they had provided at the end of people's lives.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Since our last inspection, a manager was in post who had been registered with the Commission.
- The registered manager was supported with the day to day running of the home by a deputy manager and the provider.
- There was a clear staffing structure in place and staff were clear about their role and responsibilities. A member of staff said, "There is a better structure here and the routine is around the needs of the residents." Another member of staff told us, "Things have really improved. It's more organised, we have the right staff in place and we all know what we are doing."
- Since our last inspection systems for monitoring the quality of the service had become further embedded and were more effective in identifying shortfalls and driving improvement.
- People lived in a safe environment because risk assessments were carried out and adhered to. Risk assessments included a fire risk assessment for the building and emergency evacuation plans to ensure people's safety if the home needed to be evacuated for any reason. Risk assessments were also carried out to make sure any maintenance needed was carried out without placing people at risk.
- The provider had notified us of all significant events which had occurred in the home in accordance with their legal responsibilities.
- Commissioners and the local authority who had previously monitored the quality of the service provided acknowledged the improvements made since our last inspection and did not have any concerns.
- Staff training, skills and competence were regular monitored through observations of their practice and regular refresher training.
- Staff were aware of the whistleblowing procedure and said they would use this if the need arose.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Staff morale was good which created a happy atmosphere for people to live in.
- One person told us, "The staff from the bottom to the top are excellent." A relative told us, "I wanted to speak to you [inspector] to say that we are so pleased with how [relative] has settled in. The staff can't do enough for them. I work in the community and have been telling everyone how good it is here."
- The provider promoted an ethos of openness and transparency which had been adopted by the management and staff team.

- There was learning where things went wrong and open discussions with people and their relatives.
- Where there were concerns about a person's well-being, these were discussed with appropriate authorities such as the local authority safeguarding team.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider and registered manager demonstrated a commitment to providing good quality care by engaging with people using the service and their representatives.
- People and their relatives were supported to provide feedback through surveys and informal discussions. These had been analysed to look at where improvements could be made.
- The registered manager had worked to establish positive links with the local community. For example, they had met with a local supermarket who had created a safe environment in their café for people to visit; especially people who were living with dementia.
- The service worked in partnership with health and social care professionals to achieve good outcomes for the people who lived at the home. These included GP's, district nurses, hospice nurses and speech and language therapists.
- The service also worked closely with healthcare professionals to reduce hospital admissions and to enable people to return home where appropriate.