Century Healthcare Limited

Priory Court Nursing Care Home

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

Overall summary

This unannounced inspection took place on 28 November and 01 December 2014. The home was large with ample space and all parts of the home looked well maintained and the furniture and fittings were of good quality. Bedrooms were generally spacious and comfortable with personal possessions in evidence. The home must only accommodate a maximum of 33 service users, and can provide accommodation for persons who require nursing or personal care.

People were supported to understand what keeping safe meant and were encouraged to raise any concerns they may have about this. Staff at the service understood that people's safety had to be balanced with people's right to make choices and to take risks. Staff recognised the important role that safeguarding people from abuse had in enabling people to live a positive life. People who used the service felt that the risks associated with their care were managed appropriately and that they were involved

Summary of findings

in making decisions about any risks they wanted to take. The systems and procedures operated at the home were designed to enable people to live their lives in the way they chose, so they could be as independent as possible. The care and support offered to people at the home was personalised and put the person at the centre in identifying their needs and choices.

People received their medicines as prescribed, because they were stored, administered and disposed of safely, in line with current and relevant regulations and guidance. Staff were provided with effective support, induction, supervision, appraisal and training. People told us they had enough to eat and drink throughout the day, and at night if required. The management team and staff had a clear vision and set of values based on involvement, compassion, dignity, independence, respect, equality and safety.

The service had a system to manage and report accidents and incidents and where required, action plans were developed and monitored to ensure people's safety was promoted and protected. Quality was seen to be integral to the service's approach and staff were aware of potential risks to the quality of the service. Robust quality assurance and, where appropriate, governance systems were in place and these were used to drive continuous improvement. The service had appropriate data management systems in place. There was a registered manager in place at the time of our inspection. 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. We last inspected this service on 28 May 2014 and the home was compliant with the regulations we checked during the inspection.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. People were supported to understand what keeping safe meant and were encouraged to raise any concerns they may have about this. Staff at the service understood that people's safety had to be balanced with people's right to make choices and take risks. People who used the service felt that the risks associated with their care were managed appropriately and that they were involved in making decisions about their safety.

Staff recognised the important role that safeguarding people from abuse had in enabling people to live a positive life.

People who used the service had their medicines well managed by the service, and if they wanted to manage their own medicines, they were supported to do this.

Is the service effective?

Good

The service was effective. Staff were provided with effective support, induction, supervision, appraisal and training.

People told us they had enough to eat and drink throughout the day, and at night if required.

The premises were well maintained, and appropriately adapted to meet people's mobility requirements.

Is the service caring?

Good

The service was caring. The systems and procedures operated at the home were designed to enable people to live their lives in the way they choose, so that they could be as independent as possible. People were treated with dignity and respect by staff and were supported in a caring fashion. Staff used people's preferred names and we saw staff being warm and affectionate. People responded to staff with smiles. The care and support offered to people at the home was personalised and put the person at the centre in identifying their needs and choices.

Is the service responsive?

Good

The service was responsive.

People were supported to take part in a range of activities whilst staying at the home.

The service had an appropriate complaints procedure, and handled complaints appropriately.

Is the service well-led?

Good

The service was well-led. There were a clear set of vision and values that included involvement, compassion, dignity, independence, respect, equality and safety

Quality was integral to the service's approach and staff were aware of potential risks to the quality of the service. There was good communication between all staff within the home. Staff were motivated and caring. Staff had time to reflect to which enabled their feedback to be used to improve the care or each person and the service. The management and nurse teams took time to speak with staff to discuss people's needs and address any concerns.

Summary of findings

Robust quality assurance and, where appropriate, governance systems were in place and these were used to drive continuous improvement.

The service had appropriate data management systems in place that protected the confidentiality of the people using the service.

Priory Court Nursing Care 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 checked 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 was carried out by the lead adult social care inspector for the service on 28 November and 01 December 2014.

Prior to this inspection we gathered information from a number of sources. This included notifications we had received from the provider about significant events that had occurred at the service.

We spoke with a range of people about the service, such as the Registered and deputy manager, five staff members, and senior management team, nine people who used the service and two visiting family members. During the inspection we spoke with a visiting health care assessor, a GP and a social worker. Prior to this inspection we contacted the local authority in order to ascertain if there were any issues from their perspective. They did not have any concerns. We also spent time looking at records, which included the care records of three people, three of the staff training records and a number of management and audit records relating to the running of the home.

Good

Is the service safe?

Our findings

We spent time with a number of people using the service in the areas, and this helped us to get a good overview of how staff worked with, and communicated with people. We spoke to people living at the home. One person said, “It can get quite busy and noisy in the main lounge but I can go and sit in a quieter lounge if I want to. There are always enough staff around who I can talk to or ask for help. Also, some of the people living here like to get up and walk about, and because there are always staff around, it means they can move around safely as the staff are there to help.” On the day we inspected, there were qualified nurses, senior care staff, care staff, ancillary staff and a cook which demonstrated the range of staff on duty to meet the needs of people using the service.

We looked at what processes the home had in place to manage issues around protection. The provider had effective procedures for ensuring that any concerns about a person’s safety were appropriately reported. Staff we spoke with confirmed they had access to safety and protection procedures and told us they had read and understood them. One staff member said, "I had training when I came here and we went over everything linked to adult protection and preventing abuse.” All of the staff we spoke with could clearly explain how they would recognise and report abuse. Staff told us, and information held within the training records confirmed this, that staff received regular training to make sure they stayed up to date with the process for reporting safety concerns.

We found documentary evidence to show that incident reporting and safety issues were evaluated not only by the registered manager, but the clinical nurse specialist for the home. This allowed for issues to be looked at by two different staff members, one who was detached from the day to day running of the home. The registered manager told us, “Having someone else looking at the home from an external point of view is helpful as they are able to act as a critical friend when looking at safety issues such as risks and health issues.” We looked at the last two inspection reports undertaken by the Commission and found that the home had been consistent in providing a compliant and safe service when meeting people’s care needs.

We spoke with the Chief Executive Officer of the company and he told us, “We believe the service has a strong emphasis on learning, grounded on the thorough analysis of issues such as risks to health, and keeping people safe. We have a good system for keeping records and outcomes, and any learning we get from this is shared across the organisation.”

Risks to people’s safety were appropriately assessed, managed and reviewed. We looked at the care records for four people who lived at the home. Each of these had up-to-date sets of risk assessments. These assessments were different for each person as they reflected their specific risks and healthcare needs. People had management plans for any risk that had been identified. Staff demonstrated that they knew the details of these management plans and how to keep people safe. We found written evidence that the service had both a robust procedure that could be followed in the event of a fire, or when a fire alarm was sounded, and a procedure to be followed in the event of accidents or in the event of a person living in the home went missing.

Information held within the staff files showed that the staff had been recruited appropriately with security checks undertaken with the Disclosure and Barring Service (DBS), and appropriate references and employment checks having been undertaken. We asked staff about how they would raise concerns about the operation of the home, or staff working at the home. One person said that there was a whistleblowing policy, and this had been something they had been told about when they first started work. Another staff member said, “If I, or anyone working here suspected wrongdoing at work, we would report it to the manager or another senior staff member. We all know that we have to do this, and it’s really important that we do.” This was confirmed through documentary evidence in the staff files.

We looked at the way in which the service assisted people to help look after and take their medicines. The registered manager explained that she assumed that residents were able to look after and manage their own medicines when they moved into the home, unless indicated otherwise. If there were any doubts about a person’s ability to manage their own medication, then an individual risk assessment would be undertaken to determine the level of support a resident needed. Evidence within people’s care files showed that appropriate assessments had been undertaken. We looked at the way the medication was booked in, stored, administered and disposed of. We found that the service followed all the best practice guidelines set out by the National Institute for Health and Care Excellence

Good

Is the service safe?

(NICE). The systems in place were found to ensure that the right medications were given to the right person, at the right time and in the right way. The registered manager also explained that each person had the right to refuse medication. If people did refuse to take medication, then there was a system in place to monitor this situation, and seek medical advice if this was required.

We looked to see what steps had been taken in the home to protect residents and staff from the spread of infection. The registered manager explained that the staff had been trained in this area, as it was important for them to be aware of the possibility of infection in residents and for care workers to identify these promptly. One staff member said, "Infections can be serious and, in some cases, life-threatening. These may worsen underlying medical conditions and affect recovery. We have a number of systems in place to make sure the spread of infections are minimised or eliminated. We keep equipment clean, we make sure we wash our hands, and we do infection control audits." We found records to support this, and these were seen to be up to date and accurate.

Good

Is the service effective?

Our findings

People and their relatives spoke positively about the home and the care they or their relatives received. One relative said, "The staff are wonderful. I have never had any concerns or complaints about any of them." A visiting professional said, "The staff have a lot of knowledge, and are always available to help and talk to."

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken. We found that appropriate action had been taken by the service to assess people's capacity to make decisions, and we did not find any restrictive practice. We looked at the care plans and records relating to them and found that care was consistently delivered in line with evidence-based, best practice guidance and the highest professional standards. The registered manager and staff team had access to up to date information and guidance from professional bodies such as CQC and professional organisations linked to nursing, health and social care.

Staff were seen to be very enthusiastic about the type and amount of training they had received. One said, "All staff working in the home receive training, including training in how to support people with a dementia and at the end of the life. There is a range of training to meet people's needs and keep them safe including safeguarding, moving and handling and fire safety and working in a person centred manner." We spoke with the staff about their involvement in the running of the home. One said, "We are all involved in monitoring and assessing the quality of the service in one way or another. We check our own practice, and each other's. If there are things that need to be changed in the way we work with a person, then we pass this onto the management team and we look at incorporating that into their care plan." One staff member explained," I feel well supported and have been on some very good training such as end of life and care planning: these have helped me to do my job." The registered manager explained that new staff received a 12 week induction training programme, and we found records to support this. Staff are supernumerary until they have received adequate experience and training. We found that mandatory training consisted of all the expected topic areas such as health and safety, fire safety, medication administration, safeguarding vulnerable adults, end of life care. Specialised training was offered to the staff, and this was based on the needs of the service user group or specific individuals. The nursing team had received training in the use of syringe drivers after a person required care and treatment in this area.

We found that staff received an annual appraisal and regular supervision meetings with their line manager. One care worker said "I am well supported. I can raise issues and I am confident I am listened to." Another said, "I get supervisions. They help to keep me on top of my work, and understand the things I need to do in a positive way." A nurse told us, "I am well supported by my manager. It's a challenging role, but I am supported with training and I am able to discuss clinical issues so that I feel confident in providing the right care and support. "The nurse on duty described how she observed carers to assess their competence, and a staff member said that they identified their own development needs and received training to support this. One staff member said, "I feel very valued because my training requests are always listened to and acted upon."

We found that people's care plans included risk assessments for pressure area care, falls, personal safety, behaviours that challenge, mobility and nutrition. Information held within the records also showed people had regular access to healthcare professionals and had attended regular appointments about their health needs. People with mobility problems were encouraged to stay mobile and independent. One staff member explained how they looked for the reasons why someone might not be mobile and addressed those issues in order to achieve the best for each person. The records showed that this involved referrals to specialist advisors to further assist people to be mobile.

The records showed that some people had special dietary needs, and preferences. The kitchen and care staff had been given the information they needed to support people. Staff were seen to be helpful when people didn't want

Good

Is the service effective?

items on the menu. For example, we observed one person telling staff they wanted a sandwich, and staff organised this. Some people had been assessed as being at risk of losing weight and of dehydration. The staff had put systems in place to monitor and manage these risks. The records showed people had either gained weight, or that their weight had been maintained. We observed snacks were available for people throughout the day, such as fruit, cakes and biscuits. One person said, "There is always plenty to eat." The records showed that the home contacted GP's, dieticians and/or speech and language therapists if they had any further concerns over people's nutritional needs.

A tour of the home took place and all areas of the home were clean and tidy. Some areas had recently been re-decorated, and people's views had been taken into account when considering the various colour schemes. Personal possessions and photographs were seen in people's bedrooms. The furniture and fittings throughout the home were seen to be clean and well maintained.

Good

Is the service caring?

Our findings

The people who used the service said that they felt consulted, empowered and listened to. One person said, “I’ve only just arrived at the home, and before I came I spoke with the deputy manager over the phone, and told them about how I like to be supported. They asked a lot of questions and I was able to give them all the information they needed. To be honest, I feel very valued, and it’s like the home is really interested in me.”

People told us they were treated with kindness and compassion. One person said: "I’m well looked after, and I’m happy; the staff are kind to me." Relatives said: "The staff are kind, everyone is treated well. It’s a friendly home. The staff are very kind and caring." “My relative has settled well here, the staff are always around when you need them and they always let you know what’s going on.”

The staff we spoke with had a strong commitment to working with people in a person centred manner. One staff member said, “We try and work with people in an individualised way. Each person will like their care and support to be given to them in a personalised manner. That means that we, as carers, have to follow their direction, and work with them in the way they want, at their pace and under their control.”

We found that family members and advocates were actively involved in the home. Family members were able to visit the home, and stay with the family member if required. One family member said that they had been asked if they thought a new staff member was suitable to be working in the home. They said that they thought this was a “nice touch” as it meant they could give their opinion about the staff. Staff at the home said that they were encouraged to reflect on their practice during supervision, and during staff meetings and handovers. One said, “We regularly sit down and talk to the people and together as a staff team, to look at ways in which we can ensure the service we provide is of a high standard. One thing we have found is that people like to have a flexible routine, so we have put this into place. People staying here can do things at the times they like, and we follow this routine and work flexibly with people.”

Information held within people’s personal care records showed that they had contributed to their own assessment, care plan and reviews. One member of staff told us, "We make sure residents and families, where possible have an input into the care planning process, and make sure their views and preferences are incorporated into the plan of care. If these preferences posed a risk or conflict of interest, then a risk assessment would take place, and appropriate measures put in place to ensure people’s safety was maintained.”

We saw there was a range of information available to people using the service, which gave them advice and guidance about what they could expect if they choose to move into this home.

We observed care workers knocked on people’s doors before entering rooms and staff took time to talk with people or provide activities. People were treated with dignity and respect by staff and they were supported in a caring way. Staff talked with people and involved them in activities. Care workers used people’s preferred names and we saw warmth and affection being shown to people. People recognised care workers and responded to them with smiles which showed they felt comfortable with them. Tasks or activities were seen not to be rushed and the staff were seen to work at the people’s own pace.

At the lunchtime meal once everyone had been served their meal care workers sat with people whilst they ate their lunch. People were given encouragement to eat and drink and care workers interacted with people in a positive and caring fashion. This made the meal a relaxed and enjoyable social event.

Staff showed they cared for people by attending to their feelings. For example, one person was distressed and a care worker responded to the person. They talked with the person and asked how they were. They gave time for the person to talk and engaged with them” People’s bedrooms were personalised and contained photographs, pictures, ornaments and other items each person wanted in their bedroom. This showed that people had been involved in establishing their own personal space within the home.

Staff confirmed they had received end of life care training. The registered manager explained that the home used the 6 Steps Programme: a system to support staff development to enhance end of life care within residential homes. The programme aims to ensure all residents receive high quality end of life care provided by a care home that encompasses the philosophy of palliative care. A member

Good

Is the service caring?

of staff explained, “The end of life programme allows us to have sensitive discussions as end of life approaches. We make detailed records on the co-ordination of care; care in the last days of life and also care for the bereaved.”

One nurse said, "We arrange for staff to be with people, until their family arrive. No one is left alone. If we need an extra member of staff we can do this. It’s important for us to make end of life a time where people feel comfortable and at ease. This is difficult, but we try our best to make sure people have a comfortable passing.”

A visiting GP told us that they believed the care provided at the home with particular reference to end of life, was the best they had come across, they told us, “I visit a number of homes where people are at the end of their life, and this home always has the right plan in place. You only get one chance to get it right, and in my opinion, they do.” People were involved in decisions about their end of life care. For example one person had a ‘do not attempt cardio pulmonary resuscitation’ (DNACPR) order document in place and an advanced care plan (a plan of their wishes at the end of life). We saw the person and their family were involved in this decision.

Good

Is the service responsive?

Our findings

People knew how to make a complaint. People and their relatives told us they felt listened to by the registered manager and staff. One relative said, "I'm confident that we can speak to them and our comments will be listened to." One relative said, "I've been involved in my relative's care. The staff spoke to my relative about their care needs, and I was asked to get involved. My relative was happy with this, and I was able to give the staff some information about their history, interests and personal preferences. These things have been included in their care records. The staff and manager always keep me informed of any changes." Another relative told us, "I'm very involved; staff always include me when needed."

Information held with people's personal care records showed that liaison had taken place with other health professionals and a relative spoken with confirmed that they had been involved with the assessment process and had been kept informed at every stage.

The staff we spoke with understood the importance of involving people in appropriate activities which helped people feel involved and valued. Staff told us activities were based on people's preferences. For example there were one to one activities such as talking about the news, reminiscence, arts and crafts. The activity co-ordinator told us they had time to talk with people and their families to develop life history documents. We saw evidence of this within people's care files. People's preferences regarding activities were recorded. The daily notes in the care plan recorded what activities and events the person was involved in.

Care plans were found to contain a range of assessment information gathered from various sources. The care records were found to be comprehensive and included relevant assessments on areas of potential risk; the care plans had been reviewed once a month. Staff we spoke with told us they thought the records were clear and easy to keep updated. One staff member told us, "The records are set out in a way where you can get all the information you need at a glance." Two records we looked at showed us they were organized in a way which informed staff of people's needs and choices. The records showed us that staff looked at the whole person and gained information about a range of needs. In addition they took into account people's life histories where possible, so that the staff team were made aware of individual personalities.

We noted that the registered manager demonstrated a very good understanding of the importance of person centred care and a clear commitment to ensure that the care provided at the home was safe, effective and in line with people's individual needs and personal wishes. We asked the staff to tell us about, and give us documentary evidence to help demonstrate that the home had systems in place for gathering, recording and evaluating information about the quality and safety of the care and treatment provided by the home. Staff told us that they spoke with people about their care and support, and that they recorded this in people's files. We spoke to one person living at the home about their care, and they were very clear on their views on the home. When we looked at their file, we found this had been recorded, and issues they raised had been dealt with appropriately.

The home has a suitable complaints policy and procedure that is publicised in its Statement of Purpose and the documentation was provided to new people entering the home. A record of complaints was kept and examined. People and their relatives told us they felt listened to by the registered manager and staff. One relative said, "I'm confident that we can speak to them and our comments will be listened to." Another relative told us they had raised concerns about their relative's wheelchair, and the delay in waiting for it to arrive from the central wheelchair service. The registered manager explained that she had spoken with this relative, and explained that the delay was in the hands of the central wheelchair service, run by the NHS. She added that she regularly contacted the service on behalf of the relative to enquiry about when the wheelchair would be ready

Good

Is the service well-led?

Our findings

People living at the home said that resident's and relative's meetings were held from time to time, and that they were given the opportunity to discuss issues such as the quality of meals and types of activities on offer at the home. The records confirmed this. We found documentary evidence to show that the registered manager carried out relative and resident meetings. Events and work being done in the home was discussed at these meetings.

We found evidence to show that people benefitted from safe, quality care because effective decisions were made about people's care and support based on the management of risks to people's health, welfare and safety.

Members of the senior management team were able to explain that they were consistently kept informed of complaints, quality issues and general performance within the home. A member of the senior management team explained that they had been involved in a long running complaint regarding a former resident. We reviewed the records relating to this complaint, and found that the organisation had liaised openly and honestly with the complainant, and provided them with up to date and accurate information relating to their complaint.

We found documentary evidence to show that reports and audits, meetings and visits were regularly undertaken by senior managers at the home, and these provided up to date information on the operation of the service.

There were clear processes in place for monitoring standards within the home, including regular, detailed audits in areas such as care planning, infection control, medication and training. Important aspects of quality and safety were also regularly monitored by the provider in a variety of ways, including regular visits to the home.

The registered manager explained that she was involved in auditing different aspects of the service provided. We saw evidence of these audits, and saw that the system had flagged up areas of concern, and minor issues relating to care delivery and service provision. These issues had been actioned, and dealt with appropriately. The records confirmed this. We saw that records of incidents and accidents were kept. The staff told us that these were monitored and reviewed by the nursing staff and management in order to identify areas of concern and improvement.

Relatives and healthcare professionals said the registered manager and deputy manager were approachable. A visiting healthcare professional said, "The manager is always very professional and knowledgeable. She, and the staff team, always have all the right information I require about the various residents living at this home. I never need to search for information: all the records are always up to date and accurate, and it allows me to do my job effectively."

We observed the registered manager talk to people and their relatives throughout the day and she spent time ensuring people were content and happy with the service they were receiving. The deputy manager told us the service feedback as a way of developing the service. For example they took on people's views when making changes to menus, and when looking at activities for people to take part in.

Staff members informed us they received regular handovers (daily meetings to discuss current issues within the home). Staff said handovers gave them current information to continue to meet people's needs. One staff member said, "Information is relayed daily. I know everything I need to know, such as if a resident has been unwell, or if they haven't eaten a lot." Another staff member told us, "Handovers are good. We all have an input and it keeps you up to date with what has gone on." People's care plans contained clear information on people and their social and cultural need. Staff used this information to provide person centred care and care for the person and not just their illness.

The registered manager managed the clinical needs of people within the home. The company also had a clinical specialist who visited the home on a regular basis and conducted clinical audits around issues such as care plans, wound management and medicines. The registered manager received supervision and support from the clinical specialist.

We found that an annual questionnaire was delivered to the people supported by the home, relatives, and local health professionals. The results of the questionnaires and any recommendations were looked at by the management team and put into action. The feedback from the latest set of questionnaires was found to be positive with no recommendations.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.