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# Priory Paddocks Nursing Home

## Inspection report

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Date of inspection visit: 25 November 2015  
Date of publication: 07/01/2016

### 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 inspection took place on 25 November 2015 and was unannounced.

The service is registered to provide nursing care and support to up to 40 people. On the day of our inspection there were 39 people living in the service.

The service had a registered manager in place. The registered manager was also one of two providers. The second provider also worked in the service.

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.

Risks to people had been identified, assessed and managed safely. Care plans contained sufficient guidance for staff to meet people's care needs. Staff understood the signs of potential abuse and what action they needed to take if it was suspected. Premises and equipment were managed safely.

# Summary of findings

There were sufficient numbers of staff employed to meet people's needs and the service followed safe recruitment procedures. People's medicines were managed safely.

Staff were trained in all essential areas and participated in an induction programme. They were supported by the management team and received regular supervision.

The service was meeting the requirements of the Mental Capacity Act 2005. Applications under the Deprivation of Liberty Safeguards had been made to the appropriate authority to ensure that any restrictions placed on people were lawful and in their best interests.

People had access to healthcare professionals. A choice of food and drink was available that reflected their nutritional needs and took into account their personal preferences.

People and staff had developed positive, caring relationships. People told us they were well looked after

by kind, friendly staff who understood and knew them well. People's preferences and choices were known and respected by staff. However, care plans did not always reflect people's involvement in their care planning. The provider has been in touch with us since our inspection visit and told us how they plan to address this.

People had opportunities to participate in a variety of activities and we observed staff actively interacting with people during our inspection. The service employed staff who were not involved in providing personal care to ensure people did not become socially isolated and to support people in carrying out activities of their choice.

All people, their relatives and staff spoken with had confidence in the registered manager and felt the service had clear leadership. There were effective systems to assess and monitor the quality of the service.

# 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?

The service was safe.

People felt safe in the service and staff were aware of the processes involved in safeguarding vulnerable adults from harm.

Risk to people from receiving care were assessed and managed.

There were sufficient numbers of staff to meet people's needs. Safe recruitment practices were followed.

People's medicines were managed and administered safely.

Good



### Is the service effective?

The service was effective.

People received care from staff that were trained and supported to provide care and support to a good standard.

The service was meeting the requirements of the Mental Capacity Act 2005.

People were provided with a varied and nutritious diet in line with their personal preferences and nutritional needs.

People's health and wellbeing was monitored and they were supported to access healthcare services where necessary.

Good



### Is the service caring?

The service was caring.

People made positive comments about the caring and kind approach of the provider and staff.

Staff were aware of people's individual needs, backgrounds and personalities which helped them to provide personalised care.

Good



### Is the service responsive?

The service was responsive.

Care plans and risk assessments were reviewed and updated when people's needs changed. Some parts of the care plans were generic and not centred on the person receiving care.

People were supported to participate in activities.

People knew how to complain. Complaints were fully investigated and appropriate action taken.

Good



### Is the service well-led?

The service was well-led.

The registered manager had positive working relationships with the staff team, relatives and people living in the service.

Good



# Summary of findings

There were systems in place to monitor the quality of the service which included regular audits. Appropriate action plans were in place to address any shortfalls and areas for development.

# Priory Paddocks Nursing 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 inspection took place on 25 November 2015 and was unannounced.

The inspection was carried out by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience on this inspection had experience of providing care for an older person.

Before the inspection we reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law. We also looked at information sent to us from other stakeholders, for example the local authority and members of the public.

We observed the interaction between people who used the service and the staff. We spoke with eight people who used the service and five relatives. We spoke with the two providers, one of whom is also the registered manager and four members of staff. We looked at records in relation to three people's care. We also looked at records relating to the management of the service, recruitment, training, and systems for monitoring the quality of the service.

# Is the service safe?

## Our findings

People told us they felt safe and secure in the service. One person said, "I feel very safe here." Another person said, "I feel very safe. All the staff are focussed on you and at no time do I feel at risk." Similarly relatives spoken with expressed satisfaction with the service and told us they had no concerns about the safety of their family member. One relative told us, "When my [relative] first came [relative] did not feel safe because of the previous home, but since she has been here her confidence has developed and she feels safe enough to get together with other residents."

Staff understood their role in safeguarding people from harm. They were able to describe the different types of abuse and actions they would take if they had concerns about a person's welfare. Staff told us that they had received safeguarding adults training, knew how to recognise abuse and how to keep people safe. Records we saw confirmed this. Records showed that concerns were reported and investigated appropriately and steps taken to prevent reoccurrence.

People's care records included risk assessments which identified how the risks in their care and support were minimised. This included risk assessments associated with moving and handling, falls and the use of bed rails. This helped to ensure that people were enabled to live their lives whilst being supported safely and consistently.

The provider had risk assessments in place in relation to the environment; these included a fire risk assessment.

Contracts were in place for the servicing of the equipment used by the service including hoists and specialist bathing equipment. This meant the premises and equipment was managed to keep people safe.

People told us there were enough staff available to support them with their care needs. One person told us that there was always someone to call on when needed and "...they keep an eye on me," which made them feel safe. Staff spoken with confirmed they had time to spend with people living in the service. During the inspection, we saw that staff responded promptly to people's needs. We discussed with the provider how they ensure there were sufficient staff available to meet people's changing needs. They told us because they and the other provider worked in the service they were able to regularly assess staffing requirements. They also gave us examples of when additional staff had been brought on to meet a specific need such as a trip to hospital.

The service followed safe recruitment practices. We looked at four recruitment files for staff employed by the service and noted appropriate checks had been carried out before the staff members started work. These checks included taking up written references and checking to ensure the staff member did not have any relevant criminal convictions which may make them unsuitable for the role.

People's medicines were managed and administered safely. One person told us, "They are always prompt with my medication and always check that it's right." Another person said, "They always bring your tablets at the right time and make sure you take them." There were suitable arrangements in place for the safe storage, management and disposal of people's medicines.

# Is the service effective?

## Our findings

People received effective care from staff that had the knowledge and skills they needed to carry out their roles and responsibilities. People were happy with the care they received and told us that it met their needs. One person told us, “They know how to do their job. Nothing is too much trouble.” A relative said, “The staff have made a real difference to my [relative]. Because of their skills [relative] is now able to be in the lounge with other people which has made a real difference.”

From the staff training records and discussion with staff we noted staff received training and support which equipped them for their roles. All staff completed 12 weeks induction training. This included an initial orientation, desk based learning and shadowing experienced staff. There was a rolling programme of training for staff including safeguarding, moving and handling and the Mental Capacity Act 2005. Staff also completed training specific to the needs of people they were supporting. This included recent training on the needs of people living with dementia. One member of staff described the training as being totally interactive and giving them a better understanding of dementia.

Staff had regular supervision. The supervision sessions enabled staff to discuss their performance and provided an opportunity to plan their training and development needs. We saw records of supervision during the inspection and noted a range of topics and development needs had been discussed.

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 the least restrictive option 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. The application

procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

We discussed the MCA and associated DoLS with the provider who was aware of their responsibilities. Applications under DoLS had been made to the supervisory body but these were still awaiting a decision.

We observed staff working to the requirements of the MCA where appropriate and seeking consent from people as part of the care and support they were providing. One person told us, “They are always sensitive to my needs and always ask if it’s alright to do things for me.” Another person said, “They always allow me to make my own choices.”

People were supported to have sufficient amounts to eat and drink and maintain a balanced diet. People and relatives all complimented the quality and range of food they received. One person said, “I really like the food here. I always get what I want and there is always a good choice.”

People were able to make their choice of food at the start of the meal. The chef told us that they felt that this was the most effective way as a significant number of people living with dementia would not remember the choice they had made if it was made the day previous.

We observed the lunch time meal. People were able to eat their meal where they chose, either in their room or in the dining room. Care staff assisted people with their meal if this was required. Support was provided in a manner which meant people had time to enjoy their meal.

People’s weight and nutritional intake was monitored in line with their assessed level of risk. Referrals had been made to the GP and dietician as needed. We noted that risk assessments had been carried out to assess and identify people at risk of malnutrition.

People told us that they were supported to access healthcare services and received ongoing healthcare support. One person said, “I am able to see a doctor whenever I need one.” Another said, “We have very good access to the local GP and I get assistance to make my hospital appointments.” Records we looked at showed us people were registered with a GP and received care and support from other healthcare professionals such as chiropodist and dietician as appropriate.

## Is the service caring?

### Our findings

People spoke highly of the care they received at the service. They spoke at length about the manner with which they were cared for and the smile on the faces of staff whilst they worked with them. They also said that they were spoken to in a polite and courteous manner at all times. One person said, “They are always polite and courteous and always smile which makes me smile. I am able to move around freely and in the summer I like sitting in the garden.”

We observed the service had a friendly and welcoming atmosphere. Staff understood their role in providing people with compassionate care and support. We observed that staff were knowledgeable about people’s individual needs, backgrounds and personalities. When providing care and support, we saw that staff routinely involved people in day to day decisions, for instance where they wished to sit and what they wanted to eat.

The provider and staff were considerate of people’s feelings and welfare. One person said, “The care my [relative] gets here is excellent and I can’t fault it. Nothing is too much trouble. They always speak nicely to my [relative] and they always think of [relative] when working with [relative].” The staff we observed and spoke with understood the way people communicated which helped them to meet people’s individual needs.

People were encouraged to express their views as part of daily conversations. Relatives mentioned speaking regularly with the provider regarding the needs of their relatives. One relative described the provider as “very approachable.”

People’s privacy and dignity was respected. One person described the way personal care was delivered as, “completed properly.....” People could spend time in the different parts of the service and their right to be alone was respected. We observed staff knocking on doors and waiting to enter during the inspection.

# Is the service responsive?

## Our findings

People and relatives did not recall being involved in regular reviews of their plan of care. Records showed that people's care and support was reviewed regularly by staff but did not demonstrate that people were involved. All care plans addressed a number of different care needs referred to as the 'activities of daily living' with additional care plans to meet people's individual needs. However, some parts of the activities of daily living were not relevant to every person. For example all of the care plans we looked at contained a care plan for 'breathing'; none of these people had been assessed as having a problem with breathing.

We asked the provider about the lack of involvement of people in their care planning. They told us that people and their relatives were involved on an ongoing basis in their care and people and their relatives regularly spoke to staff about their care. They did agree that there were no formal procedures to ensure people were involved in their care planning and review. This may mean that people who are less vocal were not encouraged to be involved in the planning of their care. Since the inspection the provider has told us they plan to make their care planning more personalised and move away from the current system which was sometimes generic.

The provider had systems in place to ensure they could respond to people's changing needs. For example a staff handover meeting was held at the start and end of each shift. During the meeting staff discussed people's well-being and any concerns they had. There was also a weekly senior staff meeting where senior staff and the provider discussed the general running of the service and reviewed the well-being of each person living in the service. This ensured staff were kept well informed about the care people required and any changes to their care needs.

People were encouraged to maintain their independence and to be part of the service. They were encouraged to meet together and take part in a range of activities such as music and craft. A relative said, "They try hard to keep [relative] doing things which is important to [relative]." Another relative said, "[relative] is now integrated and part of the community." Friends and relatives were encouraged to visit their relative in the service. One person said, "I am very happy here. They are very flexible. My [relative] can come for lunch and the family can visit anytime they want to."

The service employed a number of staff who did not provide personal care but were known as 'social care facilitators'. These staff engaged with people on a one to one basis to build relationships and avoid social isolation. The provider had identified that some people living with dementia became more restless during the evening and increased the number of social care facilitators at this time to engage with people in a positive manner and ensure people remained content.

People had access to various activities and told us there were things to do to occupy their time. Information about the activities was displayed in the service. The service also had a mini bus which was used for trips to places of local interest. The service keeps goats and chickens in the grounds. The registered manager told us that the design of the outside space contributed to better social outcomes for residents and their families.

There was a process in place to deal with concerns and complaints. We saw that where a concern or complaint had been received it was thoroughly investigated and where appropriate an apology had been offered. The provider worked pro-actively to ensure that all staff learnt from any incident or complaint

# Is the service well-led?

## Our findings

People, staff and relatives made positive comments about the leadership and management of the service. One person said, “The management here are really good and do everything to make sure we are safe, happy and healthy.”

There was a registered manager in post who was also one of the two providers. The other provider also worked in the service. This meant that they were both visible and active in the service providing a role model and demonstrating the vision and values of the service.

Regular staff meetings took place. We saw that staff suggestions for improvements were put into practice. For example staffing levels had been increased in the late afternoon.

During our inspection we saw that relatives and staff freely visited the office to speak with the manager and other support staff. The senior staff and the registered manager carried out regular supervision checks and observations of staff at work to ensure good standards of practice were maintained. The registered manager told us that staff worked well as a team and they were dedicated to caring for people to a good standard. We saw this demonstrated whilst carrying out observations during this inspection.

The providers had a clear vision for the service. The registered manager told us they were committed to continuously improving the service. A comprehensive quality assurance survey had been sent out to people and

their relatives in December 2014. This had been analysed and the results had been communicated back to people and their relatives. Results had been compared with the survey from the previous year and we saw that satisfaction levels had increased. There was a clear action plan to continually improve the service. Some of this had been achieved, for example two new storage areas had been built to provide additional equipment storage. Since our inspection visit the provider has sent us an update regarding the results of the actions from the 2014 survey. This update has also been communicated to people and their relatives. It sets out what had been achieved in response to the survey and what remained outstanding and how this will be addressed in the coming year.

The provider had an understanding of the challenges facing the service. For example during our inspection of the service we noted that some areas were looking shabby and required attention. Some of the woodwork was chipped and one sluice room had extensive lime scale. We discussed this with the provider who demonstrated an awareness of the issues and explained that during the summer the maintenance had been concentrated on the external areas but when the weather changed the maintenance schedule moved indoors.

The registered manager used various ways to monitor the quality of the service. These included audits of medication systems and infection control. Where shortfalls were found appropriate action was taken.