

Priory Education Services Limited

Priory Radstock Satellite

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

The Priory Radstock Satellite is a care home providing accommodation and personal care to a maximum of five people with learning disabilities. At the time of the inspection there were four people living at the home.

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

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People told us they felt safe and had a good relationship with staff. Staff felt confident to raise safeguarding concerns with the registered manager and were aware of external agencies where they could report concerns.

Staff supported people to manage their medicines safely. There were enough staff available to support people safely and ensure people that needed support to access the community could do so. Staff were recruited safely. Risks to people were identified and guidance was in place for staff to reduce the level of risk to people.

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; the policies and systems in the service supported this practice. Where required, capacity assessments were completed and there was an effective system to monitor Deprivation of Liberty Safeguards applications and authorisations.

Staff received training and were knowledgeable about their roles and responsibilities. Staff had the skills, knowledge and experience required to support people with their care needs. Staff received one to one supervision and told us they felt supported.

Support plans were detailed and reviewed regularly. People's healthcare needs were identified and met. Staff worked with a range of healthcare professionals and followed professional advice and guidance when needed.

People were supported by caring staff who worked towards promoting their dignity, privacy and independence.

There were systems to ensure care was responsive. People said their concerns and complaints would be

listened to and responded to.

People gave us positive feedback about the quality of care they received. The feedback on the leadership of the service and the registered manager from people and staff was positive.

There were effective governance systems in place to monitor the quality of service and the health, safety and welfare of people.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 20 March 2019). At this inspection we found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, regulation 17, (Good governance).

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 the regulations.

Why we inspected

This was a planned inspection based on the previous rating.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Priory Radstock Satellite

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

The inspection was carried out by one inspector.

Service and service type

Priory Radstock Satellite 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

We gave the service 24 hours' notice of the inspection.

What we did before the inspection

We reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is legally required to tell us about. We did not request a provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make.

During the inspection

As part of our inspection we spoke to four people about their experiences. We also spoke with seven members of staff, including care staff, maintenance and domestic staff. We spoke with the registered manager and assistant manager. We reviewed a three people's care and support records. We also looked at

records relating to the management of the service such as incident and accident records, training records, audits and complaints.

After the inspection

We requested feedback from five professionals who visited the service. We continued to seek clarification from the registered manager to validate evidence found.

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 now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Priory Radstock Satellite. Comments from people included, "Yes I am safe" and "Yes I do feel safe."
- There were safeguarding systems in place. Staff understood the possible types of abuse people could be subjected to, and how to report it both internally and externally. One staff member told us, "I would speak to [name of assistant manager], or the local authority. If I had no joy I would whistle blow. Every staff meeting we go through safeguarding, and with the residents in their meetings. I have never raised anything, [name of registered manager] and [name of assistant manager] are always here. The residents are my priority and I would report anything." Another staff member commented, "Any concerns would be reported to [name of registered manager] or [name of assistant manager], or I know about whistleblowing to the Care Quality Commission (CQC). I have never had to, but definitely would feel confident to."
- Where safeguarding concerns had been raised, the registered manager informed the appropriate authorities and took action to keep people safe.
- Staff received safeguarding training as part of their induction and had regular updates.

Assessing risk, safety monitoring and management

- The service environment and equipment were maintained. Records were kept of regular health and safety and environmental checks. Fire alarms and other emergency aids were regularly tested and serviced. At our last inspection we identified that not all radiators at the service were covered to reduce the risk of burns. During this inspection one radiator had still not been covered. The registered manager had investigated getting the radiator covered, however they were unable to due to risks relating to covering it. We discussed the risks associated to people, relating to not having the radiator covered, which were minimal due to control measures in place. The control measures were however not recorded in a formal risk assessment. The assistant manager completed a risk assessment during the inspection.
- People had individual risk assessments in place. We reviewed risk management in relation to keeping people safe in the community, as well as a range of in-house activities.
- People told us how staff supported them to keep safe, whilst supporting their independence. Staff supported people to take positive risks. Such as safely accessing the community alone.
- Some people could get anxious leading to incidents where they displayed harm to themselves or others. There were detailed care plans in place giving staff guidance on how to respond to people at these times.
- Individual and personalised emergency plans were in place to ensure people were supported to evacuate in an emergency. These did not currently include night time evacuation, the registered manager confirmed they would add this to the plans.

Staffing and recruitment

- Staffing levels were based around people's individual needs. People told us there were enough staff available to support them. One person told us, "There are always enough staff around."
- Staff told us there were enough staff to meet people's needs. One staff member told us, "Yes there are enough staff, we are fully staffed now." Another staff member commented, "We have enough staff now, we have a full team at last."
- Safe recruitment systems were in place to ensure suitable staff were employed.

Preventing and controlling infection

- Staff used personal protective equipment such as gloves and aprons and they told us they had plenty of these available.
- The home was clean and free from malodours.

Using medicines safely

- People were happy with how their medicines were managed. One person told us, "Staff help me with them, I get them on time."
- People had medicines administration records (MARs) that were completed by staff when medicines were administered. People had 'homely remedy' protocols in place that were signed off as safe to use by the person's GP. We found these had not been recently reviewed. The registered manager confirmed following the inspection that they had acted to address this.
- Protocols were in place to guide staff for when to use 'as required' medicines.
- There were suitable systems in place for the storage, ordering, administering, monitoring and disposal of medicines.

Learning lessons when things go wrong

- Incidents and accidents were reviewed and signed off by the registered manager and the providers' positive behaviour support practitioner.
- The providers' positive behaviour support practitioner reviewed incidents for themes. They also included an analysis of incidents in people's annual reviews.

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 good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care plans were based on their assessed needs and preferences.
- Staff followed guidance in relation to people's identified needs. During our conversations with staff it was evident they understood people's needs.

Staff support: induction, training, skills and experience

- People were supported by staff who had the right skills and training to carry out their role.
- New staff were required to complete an induction to ensure they had the required skills and competence to meet people's needs. The induction was linked to the Care Certificate, to enable staff to understand the national minimum standards. One staff member told us, "My induction has been good, I have had training, orientation, shadowing and read the care plans. I am not asked to do anything I'm not trained to do, and feel very much supported."
- Staff commented positively on the training they received. One staff member told us, "The training is adequate and quite interesting." Another commented, "The training is really good."
- The training record showed staff received continual training in subjects to meet the needs of the people they supported. There were some gaps in the training records for some staff, the registered manager confirmed these were staff that were new to the service and there was an action plan in place to address this.
- Staff were supported in their work. 'One to One' supervision was completed. Staff feedback was positive. One staff member commented, "They [supervisions] are really good, they have changed recently, which I prefer, it's really supportive."

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

- People were involved in choosing and preparing their meals. People sat with staff and chose what they wanted to eat each week, if people did not want what was on the menu, they could choose an alternative option. One person told us, "The food is good, I get involved in cooking." Another person commented, "My diet has changed, I eat more veg now."
- No one currently required support with their nutritional needs or had a specialised diet.

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

- People's changing needs were monitored and were responded to promptly.
- People were supported to attend health appointments.

- Records showed people accessed the opticians, dentist, GP, and hospital appointments when required.
- People had health action plans in place. Staff supported people to attend routine health checks as well as appointments for specific health needs.
- Where people were reluctant to attend health appointments staff worked alongside health professionals and people in a very proactive way. One person who had previously refused to attend appointments and accept medical intervention was now engaging in these activities. Staff had further plans to expand this.

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

- The home was suitable to meet the needs of people.
- People told us their bedrooms were personalised with items of their choosing.

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 take particular 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.

- People had the capacity to make most of their own day to day decisions and they told us staff respected this.
- One person's care plan stated that they were 'deemed not to have capacity'. But did not go on to state the areas where this had been assessed. The registered manager told us they would remove this statement.
- When people did not have the mental capacity to make a decision, a meeting was held to confirm actions were in the person's best interests and least restrictive. Staff and the registered manager gave us examples of where they were working towards reducing restrictions on people. People confirmed they were happy with this.
- At the time of our inspection, one person had an authorised DoLS and another one was pending assessment with the local authority.

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 liked the staff supporting them and that they were treated well. One person told us, "They [staff] are amazing." Another person said, "Staff know me well, I know them, we have a laugh."
- People's protected characteristics under the Equalities Act 2010 were identified and promoted.
- Staff knew people well and spoke positively about their work and the people they supported.
- Daily records were written respectfully and contained relevant details of the care people received and how they had spent their time.

Supporting people to express their views and be involved in making decisions about their care

- People told us they felt listened to and were involved with decisions about their care. People told us they chose what to do and staff respected this. One person told us, "I can do what I want and yes I am in control." Another person commented, "I feel listened to and can make choices."
- Throughout the inspection we observed people making decisions about their day to day lives. Staff offered choices to people to support their independence and respected their choices.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with respect and staff respected their privacy. One person told us, "Staff are good and very respectful, they knock on the door." Another person told us, "They [staff] respect my privacy."
- The interactions we observed throughout the inspection between people and staff were respectful.
- People were supported to maintain and develop relationships with those close to them.
- Some people we spoke with told us they liked to spend time independently in their room and that staff respected this.
- Records within the service were stored in a manner that ensured people's confidentiality was maintained.

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 good. At this inspection this key question has remained the same. 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

- People received personalised care which met their needs and preferences.
- The registered manager gave examples of where staff had supported people to experience positive outcomes.
- Care plans were person-centred and detailed. They identified people's care needs and preferences for how they liked to receive care. People told us they were involved in developing and reviewing their care plans. One person told us, "They involve me in the home, and I am aware of my care plan, they ask me if I'm happy with it. I am happy, I make my own choices."

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.

- People's individual communication needs were assessed and recorded in care plans.
- Staff gave examples of how they met people's communication needs.
- Staff knew people well and responded to their individual communication needs.

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 supported to follow their interests and take part in activities of their choosing. One person told us, "I have an hour one to one [staffing] a day, I get it regularly and like to go to the shops." Another person told us, "I've started going out more and to more places, staff have helped me."
- People completed activity plans each week to decide where they wanted to go. Where people declined to engage in their chosen activity, staff were not always recording they had refused. We discussed this with the registered manager who told us they would address this with staff.
- People confirmed they kept in touch with their relatives and loved ones.

Improving care quality in response to complaints or concerns

- People told us they would feel comfortable raising a concern at the service or if they felt worried about something. One person said, "If I had a problem I would go to [registered manager], they would listen to me. I have raised concerns in the past and we find a solution." Another said, "If I was unhappy, I would go to the office, [registered manager] is a good manager."
- There had been four formal complaints raised in the past year, these were responded to in line with the

providers policy.

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 now 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 requirement

At our last inspection the provider had failed to ensure the systems or processes to assess, monitor and improve the quality and safety of the services were operated consistently.

This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were systems in place to monitor the standard of care provided at the service. The registered manager and provider had a range of audits and action plans in place to identify shortfalls and areas of improvement. Systems to monitor care plans, medicines, people's finances and risk assessments had improved.
- The registered manager and assistant manager increased the time they spent at the service. A new deputy manager was in post to increase the management presence in the home.
- Staff we spoke with were committed to their role and understood their responsibilities. There was a clear management and senior structure in place.
- Statutory notifications had been submitted by the registered manager in line with their legal responsibilities.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff told us the culture of the service had improved. One staff member told us, "Everyone is really positive, it's a really nice atmosphere." Other comments from staff included, "It's a lot better now, and staff work together. There have been changes and it's positive for the team and service users, some [people] have changed so much and it's amazing to see how far they have come" and "The team have really come together and they have worked really hard to get the home how it is now, it's in a completely different place, incidents have reduced loads."
- Staff told us they were committed to providing person centred care and positive outcomes for people.

One staff member told us, "We try and encourage them [people] to be independent, to get out there in their own home and to have their own independence. I think it is achievable, it takes time. We support them to learn basic skills, using the washing machine, cooking, the little things they need to know."

- Staff told us the registered manager was always available and approachable

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

- The registered manager understood their responsibility to let others know if something went wrong in response to their duty of candour.
- Our previous inspection rating was displayed at the service and was clearly in view for people to see.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us they were involved in the running of their home. They told us residents meetings were held where they discussed items relating to the home. One person told us, "I feel listened to. We have residents meetings and talk about our safety and healthy diets."
- Staff confirmed they attended staff meetings. One staff member said, "We have them monthly, you can say what you think and I definitely feel listened to."
- An annual survey was carried out to seek feedback from people and their relatives. We saw the results of the survey carried out in 2019. Action points had been created from the feedback where required.

Continuous learning and improving care; Working in partnership with others

- The service worked in partnership with other organisations to support care provision. For example, a range of health professionals.
- The service maintained a record of accidents and incidents showing the details, action taken and outcomes. This supported any future learning from such events.