Priory Supporting Care Limited

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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

The inspection was unannounced and took place on 13 April 2015. There were no breaches of any legal requirements at our last follow up inspection on 11 November 2013.

Priory Supporting Care Limited Residential Home provides 24 hour care, accommodation and personal care for 24 older people, some of whom have been diagnosed with dementia. The service supports people with all aspects of personal care and day-to-day living activities.

The service had a registered manager. 'A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

People were protected from abuse and harm as the service had systems to enable staff to recognise and report abuse. Medicines were administered, handled, stored and disposed of appropriately.

Staffing levels were determined by the dependency of people and there were procedures to cover for sickness and absences. There were robust recruitment processes to ensure that only staff members who had undergone disclosure and barring checks and had provided suitable references were employed.

There were procedures to manage risks to individuals and the environment so that people were protected. These included risk assessments, business continuity plan and procedures in place to deal with foreseeable emergencies.

People were supported to eat and drink sufficient amounts. Where required people had access to healthcare professionals in order to improve their health.

There were procedures to ensure that consent was sought before care was delivered. Where people lacked capacity best interests decisions were sought. The staff and the manager were aware of the process to follow in order to lawfully deprive people of their liberty where necessary.

Staff received annual training and appraisal as well as regular supervision and monthly team meeting. Staff members were supported during the induction period and were encouraged to develop in their roles by taking on roles such dignity and dementia champions.

We observed that staff were caring and compassionate and responded quickly when people called. People's privacy and dignity was respected.

Care plans reflected people's individual preferences and were reviewed monthly or when people's care needs changed.

People had access to various activities daily and their preferences were noted and considered. Relatives were involved in activities and told us they could visit at any time they chose.

We found that people relatives and staff were aware of the complaints procedure and would not hesitate to raise any concerns. Complaints were responded to in a timely manner and according to people's satisfaction.

There was an "open, no blame" culture. Staff told us they had opportunities to feedback or discuss any issues with the manager and the deputy. The home's values included encouraging "individuals to lead a purposeful life and enjoy independence, choice and total respect". Staff were aware of these values. We saw evidence that the service was working towards accreditation for end of life care and for valuing staff development.

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 told us they felt safe and secure living at the service. Medicines were handled, managed, administered, stored and disposed of safely.

There were effective recruitment practices to safeguard people from unsuitable staff. Staffing levels were reviewed and based on the dependency of people who used the service.

The service had safeguarding processes in place, had ensured staff understood these, and were able to recognise and report any witnessed or reported abuse.

Is the service effective?

Good

The service was effective. People told us that they were cared for by staff who understood their needs.

Staff were offered regular supervision, annual appraisal and attended both mandatory and additional training every year.

Staff were aware of the Mental Capacity Act 2005 and how it applied in practice. Deprivation of liberty authorisations were sought where necessary and best interests decision were sought when required.

People were supported to eat and drink sufficient amounts. Where reduced appetite and weight was identified the dietitian was involved and the speech and language therapist if necessary.

Is the service caring?

Good

The service was caring. People told us that staff were considerate and kind. We observed positive interactions between staff, people and relatives.

Staff responded to call bells and to peoples' calls for assistance in a timely manner. Staff bent down to people's level whilst speaking to them and addressed people by their preferred name.

We saw staff check regularly on people receiving end of life care and their relatives and call other healthcare professionals in order to make people comfortable and meet their immediate needs.

Is the service responsive?

Good

The service was responsive. People and their relatives told us they were involved in planning their care.

Care was assessed and reassessed monthly. People's preferences were clearly documented and respected.

There was a complaints procedure in place which was displayed in the dining room. We looked at complaints and found that they were resolved promptly.

Is the service well-led?

Good

The service was well-led. People and their relatives told us that they could approach the manager or their deputy at any time without the fear that it may impact on care delivered.

Summary of findings

There were clear leadership structures in place. There were regular quality audits and annual satisfaction surveys for which action plans were generated and completed in order to improve the quality of care delivered.

Records were kept and stored securely.

Priory Supporting Care Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 13 April 2015 and was unannounced.

The inspection team consisted of an 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.

Before the inspection we gathered information from safeguarding notifications, previous inspections and the service's website. We also contacted the local authority and Havering Healthwatch to find out information about the service. We also reviewed information within the Provider Information Return (PIR). A PIR is a form we asked the provider to complete prior to our visit which gives us some key information about the service, including what the service does well, what they could do better and improvements they plan to make.

We spoke with five people who used the service and ten relatives. We observed people during breakfast using a 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 spoke with staff including the manager, their deputy, the cook, and four care staff. We observed care interactions in the main lounge, the conservatory, the quiet lounge and the dining room. We reviewed four staff files, five care plans, six fluid balance and food charts and the daily log book. We also reviewed records relating to night checks, daily manager walk rounds, analysis of incidents, certificates and risk assessments related to the health and safety of the environment and quality audits.

We also spoke with health care professionals, which included two district nurses and a practice nurse from the GP practice that looked after people at the service.

Good

Is the service safe?

Our findings

People told us they felt safe and that they could trust staff that looked after them. One person said, "We really feel safe here." Another person said, "I was terrified when I first came here but now I'm OK. The girls are OK with me, they treat me like a friend." Relatives told us that they thought people were safe. One relative said, "She has been safe here. She was no longer safe at home as she wandered and got confused." Two relatives said, "We've never heard anything about safety issues" and "We've never heard shouting at other residents".

The service had systems and processes to effectively investigate any allegation or evidence of abuse. Staff had been trained on safeguarding and could recognise the different types of abuse. They were aware of where to locate the safeguarding policy and told us they would report to the manager who would in turn report to the local authority, the Care Quality Commission and sometimes the police if required. We reviewed and found that all recent safeguarding concerns had been reported and investigated, and appropriate action had been taken to prevent reoccurrence. People were safeguarded from harm as the service ensured that appropriate steps were taken to prevent abuse from happening.

Staff told us they would whistleblow any concerns about care and treatment and were aware of the policy which was displayed in the dining room. They told us that they would not hesitate to report any poor practices.

Risk assessments were in place within the service and for people. We found that people were risk assessed when they first started to use the service. These risks were reviewed monthly or when conditions changed. Risks assessed included medicine administration, mobility, falls, nutrition and skin integrity. There were procedures to deal with foreseeable emergencies. Staff demonstrated how they would respond to a medical emergency and a fire. We also saw that a business continuity plan was in place and known by senior staff. Accidents and incidents were recorded and actions were cascaded to staff and acted upon.

People told us they were happy with the way their medicines were handled. One person said, "Oh yes, I definitely get my tablets on time." Another person said, "Staff explains to me what tablets I take, as I sometimes forget." A relative said, "She gets her medication as she should." Another relative said, "She has her tablets four times a day and she is now getting all she requires. If we go out for the day we are given a supply and instructions."

Medicines were handled, administered, stored and disposed of appropriately. We observed a medicine round in the morning and in the evening and found that staff checked that they had the correct person, the correct medicine and waited for people to take their medicine before signing the Medicine Administration Record Sheet (MARS). We saw that the medicine trolley was kept locked when not in use. Medicines were administered by staff who had been assessed as competent. We spoke to staff and they were able to tell us the procedure to take if a person refused medicine. They told us about how they ordered medicine through the pharmacists. We reviewed six MARS and found no discrepancies. There were proper procedures in place to protect people from the risk of improper management of medicines.

People and their relatives told us that they thought there were enough staff to support people most times. One person said, "There seems to be enough people around." Another person said, "Staff are always here when I need them."

We reviewed staff rotas for March 2015 and found that the staffing levels were the same as what staff told us. Each person had a dependency score that was updated monthly. There was usually a senior care staff and three staff on duty during the day. In addition the deputy manager, manager, activities coordinator and a cook were around. At night there were two staff and a night supervisor had recently started working three nights a week. Staff thought that this was enough most times but said sometimes at night it was a problem depending on the needs of the people. Staff meeting minutes we reviewed confirmed that some extra duties for night staff had been streamlined to allow them more time to attend to people at night. We saw evidence that staff shortages were usually covered by other staff. Occasionally agency staff who had been given a brief induction were used if required to ensure there were enough staff to support people.

We reviewed staff files and found that the service had effective recruitment practices which ensured that only staff that had undergone disclosure and barring checks, supplied two verifiable references and met the criteria in the job descriptions were employed. At times people who

Good

Is the service safe?

used the service were encouraged to be part of the interview process as evidenced in the manager's monthly reports. There were systems in place to ensure that staff employed were of a good character and were unlikely to harm people who used the service.

Good

Is the service effective?

Our findings

People told us that they were always given a choice and their consent was sought before care was delivered. A person said, "I can get up and go to bed when I want." We saw that staff offered choice to people on a daily basis and were knowledgeable about the procedure to follow if people lacked capacity. We saw evidence that best interests decisions were sought where people lacked capacity to make decisions for themselves. Capacity assessments were for specific decisions such as participating in care planning, daily decisions and financial decisions. Where input from independent mental capacity assessors was required managers could explain how this was sought. Staff were aware of the deprivation of liberty safeguards and showed us documentary evidence that applications had been made to deprive people of their liberty for their own safety, these included applications for people who needed bedrails as well as for the keypad entry system to the service.

People and their relatives told us that they were happy with the food served and the options available. One person said, "I can't grumble about the food. Portions are big enough. If you don't fancy what's on the menu, they would do something else, if they've got it. If we want water or juice, we just ring the bell." Another person said, "I get a drink when I want one."

People were supported to eat and drink sufficient amounts. We saw that the menus were displayed in the dining room and were on a four week cycle and included options. We saw evidence in meeting minutes and monthly audits that menu choices and quality of food were updated according to people's preferences. We observed breakfast and lunchtime and found that food was served in timely manner. Those who needed support with cutting up their food were assisted and those who required protective clothing and specialist cutlery were provided. Staff were aware of people's dietary needs and were able to tell us people on special diets such as those with diabetes and those on a soft diet. Water and squash was available throughout the day and tea was served twice with biscuits and cake.

Staff had an annual training program and received an induction on starting employment. We saw that training included but was not limited to moving and handling, infection control, safeguarding and record keeping. Other training such as dementia care and end of life care were also provided. Staff told us they received regular supervision and annual appraisals and we saw evidence of this in the staff files we reviewed. Staff told us they felt supported by the manager and some had taken on extra roles. For example one of the senior care staff was also the moving and handling trainer. Dementia and dignity champions were also in place in order to support staff, relatives and people. Further dementia training had been arranged for the year including open days for relatives to attend and better understand dementia. People were cared for by staff who were knowledgeable and supported to improve their practice when caring for people with dementia.

Staff we spoke with had experience in care and dementia care and had been working at the home for a long time. They were able to explain the importance of communication skills and how to adapt these each time they spoke with people at various stages of dementia. One staff member explained, "Each day it's different. We have to meet each person at the place they are at that very moment and try our best to engage with them." Staff told us and we saw how the resident cat provided stimulation to people. We saw that some people who were normally quiet engaged with the cat by stroking and feeding the cat. During our visit the cat became the centre of the conversation in one of the communal areas.

People told us that they could see the GP or any other healthcare professional when they needed to. One person said, "Every six weeks a chiropodist visits and you can see the doctor if you need to." Another person said, "I can see the doctor if I need to." Relatives told us people had access to healthcare. One relative said, "The GP checks on her and changed her medication recently. The chiropodist visited last week." We saw a practice nurse that visited every Monday and found that district nurses and palliative care nurses visited the service regularly to ensure people received care such as dressings and medicines that were administered by injection. People were supported to access healthcare professionals in order to attend to their healthcare needs.

Good

Is the service caring?

Our findings

People told us that staff were attentive, caring and compassionate. One person said, “I’m quite happy here, I get on with everyone. The girls are so friendly”. Another person said, “I’m OK living here. They do look after me well”. Relatives told us that staff were approachable and kind and looked after people well. One relative said, “The staff are very patient, approachable and friendly. The staff sit and chat with residents and joke with them.” Another relative said, “The staff are lovely, there are some very nice people here. They are very friendly towards the people.” We observed that care was delivered in a kind and sensitive manner.

We observed the way staff interacted with people throughout our inspection and found that staff responded to them in a timely manner. We saw that call bells were answered promptly and people were assisted with personal hygiene needs when they needed. Staff spoke in soft tones and acknowledged any questions. We saw staff support an agitated person by talking to them until they were calm. Staff were aware of the needs of the people they looked after and could explain them to us, including those who were no longer coherent at times due to their illness.

People were treated with privacy, dignity and respect. One person said, “They do knock on my door when coming into my room and shut it if attending to me.” Another person said, “They try their best to respect my wishes." A relative said, “They do exercise dignity and respect.” Before care was delivered, staff explained what they were going to do. We also saw in the quiet lounge that a dignity tree was used as part of a wall mural to remind staff different ways they can promote people’s dignity. People wore clean clothes and were well groomed. We saw staff checked on people receiving end of life care regularly and also ensured that their relatives were kept up to date. Professionals from different fields were involved during end of life care in order to ensure that people remained as pain free and comfortable as possible.

People’s spiritual and cultural wishes were respected. Staff told us people’s wishes and how these were accommodated. This included whether people wanted personal care to be delivered by same gender staff and how they preferred their food cooked. A relative said, “The Pastor from church visits her” and this was confirmed by staff.

People were given choice and information was made available on the activities and the menu choices for the day. People told us they had been involved in decorating their rooms. One relative said, “We helped mum pick what she wanted in her room.” We found that rooms were individual and had people’s photographs and furniture. One room had bird and cage themed wall paper to reflect the persons love for birds and nature.

Good

Is the service responsive?

Our findings

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Good

Is the service well-led?

Our findings

People and relatives were complimentary about the management and the staff. People felt the manager was visible around the service during the day and approachable. One person said, "The manager is about and I can speak to her if I need to". Another person said, "The manager is approachable, I've been able to talk to her."

People thought the service was managed well and that the staff worked as a team. This was evident during lunch and breakfast where we saw that staff coordinated to ensure that people were served in a timely manner. One person said, "The home is run well. I am quite happy with everything here." A second person said, "The home is run well. We are very lucky she (the manager) is here as it's very homely with a happy atmosphere." We observed that the atmosphere in the communal areas was mainly calm both morning and afternoon.

There were clear management structures in place. The registered manager was supported by an area manager and had a deputy. Staff told us they would report to the senior care staff first before escalating to the deputy or the manager. The home's values included encouraging "individuals to lead a purposeful life and enjoy independence, choice and total respect". Staff were aware of these values and could demonstrate how they applied them in practice.

Staff told us they felt supported by the management and that there was an "open, no blame culture". Staff told us they had opportunities to feedback or discuss any issues with the manager and the deputy. They told us that appraisals, supervision and meetings were all platforms to give feedback in addition to any time they saw the manger or their deputy. One staff member said, "The manager is approachable and I feel supported by the management."

People, relatives and staff told us that they were involved in making decisions about the service and that suggestions were listened to and acted upon where possible. One relative said, "They are open to considering change". Another relative said, "They would definitely sort any issue out if approached." Staff and relatives told us that relatives had been involved in previous summer BBQs and saw some relatives on the day helping out with activities. This showed that the service involved people and their relatives in making decisions about activities, food and other day-to-day issues relating to the service.

The service had a robust quality monitoring systems which included monthly visits from the operations manager to check care plans and audits of the quality of care delivered. The service used service improvement plans (SIPs) to address any issues identified during the various checking systems in place. We reviewed three service improvement plans and found that records, infection control and night checks were completed monthly and any issues identified had actions and responsible persons noted to ensure that the quality of care delivered to people was improved.

The service had recently received an award and had been ranked 8th in an independent survey completed on London care homes based on recommendations made by people who used the service. The service was also one of the first to be part of the Dementia Action Alliance in Havering. In addition the service had implemented a dignity tree which was displayed in the quiet lounge with actions as leaves for all staff to see. Memory boxes were displayed in each person's room to aid memories. Care planning included "this is me document" which outlined people's likes and dislikes and past to enable staff to assist people better. In addition the service was working towards obtaining the Investors in people award (a framework for improving performance and competitiveness through people)." They were also working towards Gold Standards Framework (GSF) accreditation. GSF accreditations enable organisations to demonstrate sustained best practice when delivering end of life care.

The service had demonstrated partnership working with local colleges and young people with disabilities and had won a Havering garden competition in collaboration with a local college. People went out regularly to the local pub which had made adjustments for people needing wheelchairs by offering a more spacious table to enable people to enjoy coming out.