

Priory Supporting Care Limited

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Inspection report

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

About the service

Priory Supporting Care Limited is a residential care home providing personal and nursing care to 17 people at the time of the inspection. Most people living at the service were older people some of whom had dementia. The service can support up to 25 people.

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

The service had enough staff to meet people's needs. The registered manager was clear about the need to keep the staffing level under review so that there were suitably qualified and experienced staff to meet people's needs.

The staff recruitment processes were robust. This meant that staff were checked before starting work at the service and were also supported in their roles.

The service had a safe medicines management system. People received their medicines as prescribed by their doctors.

Personal and environmental risk assessments were completed and action taken to ensure people were safe. Regular health and safety checks had been undertaken to ensure people lived in a safe home.

Infection control procedures had been enhanced due to the risk of COVID19 and we observed the service was clean and there was a cleaning a cleaning schedule. Systems were in place to ensure visits were made safely. Personal protective equipment (PPE) was readily available and people and staff were tested regularly.

Quality assurances auditing processes were used to monitor and ensure the service was safe. The service sought feedback from people and relatives to improve the quality of the service.

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

Rating at last inspection

The last rating for this service was requires improvement (published 11 December 2019).

Why we inspected

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

The inspection was prompted in part due to concerns received about staffing, medicines management and risk assessments. A decision was made for us to inspect and examine those risks and how the service was

managed.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the Safe, Effective, and well-led sections of this full report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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?

This key question has not been rated.

Details are in our safe findings below.

Inspected but not rated

Is the service well-led?

This key question has not been rated.

Details are in our safe findings below.

Inspected but not rated

Priory Supporting Care Limited

Detailed findings

Background to this inspection

The 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.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we already held about this service. This included details of its registration, previous inspection reports and any notifications of significant incidents the provider had sent us. We used the information the provider sent us in the 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. This information helps support our inspections. We sought feedback from the local authority and

professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service, one care worker, a housekeeper, an activities' co-ordinator, a maintenance person and the registered manager. We reviewed five people's care files including their risk assessments, five staff files and a range of records such as staff rotas and training records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. This included reviewing a range of records we requested and received such as the provider's policies, procedures and confirmation of staff recruitment processes. We spoke by telephone with four relatives about their experience of care provided at the service.

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. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about. We will assess all of the key question at the next comprehensive inspection of the service.

Staffing

Before the inspection, we had received concerns that the service did not have enough staff and that they depended on agency staff who had not been properly recruited. During this inspection, we found improvements had been made.

- There were enough staff providing care. Four care staff, a deputy manager and the registered manager were on shift during the day and one person had a one-to-one care twenty four hours a day. The night shifts were covered by two care staff and the deputy manager or the registered manager were on standby to be contacted and to provide support if needed.
- People and relatives were happy about the staffing level. One person said, "Yes, there are many staff. They are always around when I need them. I am happy here." A relative told us, "[When I used to visit the service before the Covid-19 lockdown], they did have enough staff. Another relative said, "They have enough staff. [Person using the service] is safe there and I am happy with the staff they have."
- The registered manager confirmed that the staffing levels were based on the number of people and the complexity of their needs. The service used a needs' assessment tool to determine the level and kind of care people needed. The registered manager told us they would review and increase the existing staffing level if a new person was admitted to the service.
- Staff told us they did not feel stretched and they had enough time to provide personal care. A member of staff said, "I think the staff we have on each shift is enough. I do not feel stretched. We support each other and work as a team."
- On the day of our visit, only one care worker was from an agency and three care workers were employed by the service. There were two new care staff on an induction. One of these was from an agency and the other was a newly recruited care worker.
- We noted that the registered manager required the agencies to confirm by writing any care worker sent to the service had undergone a recruitment process which included evidence of police check, references, right to work in the UK and written references.
- The service followed a robust recruitment process and this ensured that all staff were properly checked to ensure they were safe to work with people using the service.

Using medicines safely

At our last inspection, we found that although there was no evidence to show people were harmed, the services' medicines administrative systems were not effective. We stated, these findings demonstrated a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated

Activities) Regulation 2014. During this inspection, we found improvements had been made in both areas. Medicines were always available and PRN protocols were kept with medicines.

- The registered manager explained that they worked with the GP and pharmacists to ensure prescriptions were issued and medicines were received on time.
- People told us they received their medicines on time.
- Staff who administered medicines had received medicines training and their competency to administer medicines was checked.
- Medicines were audited on daily, weekly and monthly basis. This ensured that any errors or gaps in medicines were spotted and proper action taken without delay.

Assessing risk, safety monitoring and management

Before the inspection, we had received concerns that people were at risk because there were problems with the doors and sensory mats. During the inspection, we noted that improvements had been made and the doors and sensory mats were working properly.

- The provider had installed new door closure mechanisms to all doors, which meant that in an event of a fire doors automatically closed.
- Fire risk assessments had been completed and staff had fire safety training.
- Regular checks had been undertaken to ensure equipment was safe and in good working order. This included checks on sensory mats, fire doors, fire alarms and water temperature.
- Risk assessments had been completed for each person and these identified risks to people and how staff could mitigate them. These included moving and handling, pressure sores and falls.

People and relatives told us the service was safe. One person said, "Everyone at the service is friendly. I feel safe." A relative told us, "[Person using the service] is much safer at the care home than when [they were] at [their] own home."

Preventing and controlling infection

- We were assured that the provider was using personal protective equipment (PPE) effectively and safely.
- We were assured that the provider was preventing visitors from catching and spreading infections by introducing measures such as limiting visits to the care home and facilitating online contacts.
- We were assured that the provider was meeting shielding and social distancing rules .
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- People and relatives told us the home adhered to infection control practices. One person said, "They are cleaning the home. It is clean." A relative told us, "The staff wear protective masks and gloves. The home is very clean."

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. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check if improvements had been made since our last inspection on quality assurance. We will assess all of the key question at the next comprehensive inspection of the service.

Continuous learning and improving care

- At our last inspection, we found the provider's quality assurance and auditing systems were not effective in identifying shortfalls in information sharing through staff handovers. During this inspection, we found improvements had been made in these areas.
- The registered manager used survey questionnaires to seek people's feedback about the quality of the service. This helped the service to make improvements such as decoration of the dining area.
- Relatives had also been sent survey questionnaires but had yet to complete and return to the service. One relative told us, "Yes, I have received a survey form."
- The registered manager kept up to date with new guidance on Covid-19 and was able to confirm that they attended managers meetings and shared information with colleagues.

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

- Before our visit, we had received information that the out of hours management arrangement was not clear and effective. The registered manager discussed an incident where a text message was used instead of a telephone call that resulted in delayed management response. A new guidance was in place to avoid a similar incident.
- The service had a clear management structure with a deputy manager and two seniors supporting the registered manager. We noted that at least a senior or a deputy was on each shift to provide management cover.
- Relatives told us they were happy with the way the service was managed. One relative said, "I am happy with the management of the service. If I phone, I get an answer. They also phone me."
- Staff were supported in their roles. A member of staff said, "I am supported by the management. We work as a team and I am happy in my role."