

Southend Care Limited

Priory House

Inspection report

Prittlewell Chase
Westcliff On Sea
Essex
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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

Priory House 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. Priory House does not provide nursing care. It is registered for up to 29 older people some of whom may be living with dementia. The service also provides respite and rehabilitation services. Respite services provide care and accommodation for short periods of time. Rehabilitation services are generally for a set period of time to help people to recover from ill health, after leaving hospital. The service offers people support, and works together with occupational therapists and physiotherapists, to help people regain the independence they had prior to their illness. At the time of our inspection there were 15 people living there permanently, four people in respite beds and four people in the service for rehabilitation.

There was a registered manager in post. 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.

People were protected from the risk of harm and abuse. Staff were trained and demonstrated a good understanding of their responsibilities to keep people safe. The service had policies and procedures in place to guide staff, and they knew how to implement them. Risks were well managed. People were supported to take every-day risks to help them maintain their independence. Staffing levels were consistently good, they enabled people the opportunity to access the local community. The service had a robust recruitment process that ensured staff were suitable to work with vulnerable people. Medicine management was good. People received their medicines as prescribed. Staff had received training, and had a good knowledge of peoples' medicine needs. There were good infection control policies, procedures and practices in place. The registered manager shared information with staff to ensure that lessons were learnt when things went wrong.

People's needs had been fully assessed before they moved into the service and their care plans had been devised from the assessment process. Staff had received a good, thorough induction and were trained and supported to do their job. The registered manager worked well in partnership with other professionals to ensure people received the care they needed. People had sufficient home cooked, good quality food and drink to enable them to keep healthy. People received appropriate healthcare support, when needed. There were safety certificates in place and the building was in good order and was suitable for people's needs. The registered manager had identified any issues and had plans in place to make any necessary improvements. People had as much choice and control over their lives as possible. The service worked in line with other legislation such as the Mental Capacity Act 2005 (MCA) and had completed mental capacity assessments and Deprivation of Liberties (DoLS) where required to ensure people's rights and freedoms were respected and protected.

People said staff knew them well, and told us all of the staff were kind, caring, compassionate and understanding. We saw that people were treated with dignity and respect and their privacy was maintained. Staff ensured that people were supported to maintain their independence, as much as possible. People and their families were actively involved in making decisions about their care.

People received person-centred care that was responsive to their changing needs. The care plans were written in a way that ensured people were supported to maintain their skills for as long as possible. The activities coordinator arranged activities to suit people's needs throughout the day. People told us about the miniature horses that had visited the day before our inspection. They said how much they had enjoyed their interaction with the little animals. People also told us about other outings and picnics, saying how much they enjoyed them. There was a good, clear complaints system in place and people and their relatives said they were confident that concerns were dealt with quickly. The service had dealt with complaints swiftly and had recorded the outcomes.

People received a good quality service. The registered manager and staff shared a vision to ensure people were fully involved in their care, and to maintain their happiness. The aim was to provide individualised person-centred care that gave people as much control, choice and independence as possible. The registered manager told us they were a, "Mindful" employer, who valued staff and involved them in all aspects of the service.

There was an effective quality assurance system in place, where regular checks on systems, processes and practices identified any improvements needed. The registered manager had developed plans to ensure that improvements were made in a timely way. The service learnt from mistakes through discussions at team meetings, and made continual improvements to ensure people received a better service. The registered manager ensured that all interested parties were kept fully involved and worked well with other professionals to ensure that people received good quality person-centred care.

Further information is available in the detailed findings below.

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 were protected from the risk of abuse by the service's systems, processes and practices. Risks were assessed and monitored and people were supported to stay safe.

The registered manager safely recruited enough suitable, skilled and qualified staff to keep people safe and to meet their assessed needs.

Medicine management was good. People received their medication as prescribed.

People were protected from the risk of infection by the service's infection control practices.

The registered manager shared investigation and audit information with staff and ensured that improvements were made and lessons were learnt.

Good 

Is the service effective?

The service was effective.

People's needs were assessed and their changing needs catered for. They were cared for by well trained and supported staff.

People were supported to eat and drink enough to maintain a balanced diet. People experienced positive outcomes regarding their healthcare needs.

The service worked well with others to deliver effective care and support. People were involved in decisions about their environment.

The registered manager and staff had a good knowledge of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) and had applied it appropriately.

Good 

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and compassion. Staff respected people's independence and supported them when required.

Staff knew people well, listened to them and were empathetic to their feelings.

People and their families were kept fully involved in decision making. Staff were respectful at all times and had a kind, friendly approach.

Staff encouraged and supported people to maintain close relationships with their family and friends.

Is the service responsive?

Good ●

The service was responsive.

People and their families contributed to the assessment and care planning process. People's personal preferences, interests and hobbies were built into their care plans to ensure that they received care that met their individual needs.

People enjoyed a range of activities. There were good community links and people regularly enjoyed trips in the local community.

There was an effective complaints system. People and their families were confident the service would listen to their concerns and deal with them appropriately.

The service encouraged people to use new technology such as the 'SmartCart'.

Is the service well-led?

Good ●

The service was well led.

People and their relatives had confidence in the way the service was run and they would recommend it to others.

Staff were well trained and supported and they shared the registered manager's vision to provide people with good quality person-centred care to meet people's individual diverse needs. People had strong links within their local community.

External organisations were positive about how the service worked together in partnership with them to provide people with high quality care.

The service had an effective quality assurance system in place that encouraged improvements. Management and staff learnt from mistakes and made changes to systems and practices in a timely way to prevent re-occurrence.

Priory House

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. This was a comprehensive inspection.

This inspection took place on the 26 and 31 July 2018. It was unannounced and carried out by one inspector. This is the service's first inspection under the new provider, who was registered in July 2017.

The provider returned a Provider Information Return (PIR) when requested. This is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make. We also reviewed any other information that we hold about the service such as safeguarding information and notifications. Notifications are the events happening in the service that the provider is required to tell us about. We used this information to plan what areas we were going to focus on during our inspection.

During the inspection we used the 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 seven people who use the service, two of their relatives, two health and social care professionals, the registered manager, the deputy manager and seven members of staff.

We also reviewed five people's care and support files and four staff recruitment and support records. We looked at a sample of the service's quality assurance systems, training records, medication system, staff duty rotas and complaints records.

Is the service safe?

Our findings

All the people we spoke with said they felt safe, and we saw they were relaxed and happy when interacting with staff. One person said, "I am very happy here, they [staff] look after me well and keep me safe." Another person told us, "The staff are very good at making sure we are well looked after and I do feel safe here." Relative's comments included, "I feel confident that my loved one is safe." "People are cared for by lovely staff who look after them well." And, "The service is very, very safe." There were clear policies and procedures in place and staff had been trained, and had a good knowledge of how to protect people from the risk of harm and abuse. One staff member said, "We have training on how to protect people, and we have regular updates and there are leaflets displayed with the phone numbers on them." Another staff member told us, "I would report any concerns to the manager, social services or CQC."

People had risk assessments and management plans in place for any areas of identified risk, and risks were well managed. The plans included information about how staff protected people and kept them safe. Staff took the time to get to know people, which helped them to identify and minimise risks quickly. One staff member told us, "The risk management plans are clear about what we must and must not do to try to keep people safe." Other risks, such as for fire, health and safety, and infection control were well managed. There were safety certificates in place such as, for the electrical, gas and water systems. Regular fire checks and drills had been carried out and staff knew the actions to take in the event of a major electrical or plumbing fault.

People told us, and we saw that there were always plenty of staff available to help and support them. One person said, "I never have to wait too long for staff to help me. They are usually very quick." A visiting relative told us that staff were always on hand when they needed to speak with them about their loved one. One relative said, "They have a good team of staff here, and when new staff start they make sure that they have the right attitude to care for people." Another relative told us, "There are always enough staff, even at weekends, it's generally the same faces." The duty rotas showed, over the two month period checked, that staffing levels had been consistent. We saw that staff responded quickly to people's needs throughout our inspection visits. There was a robust recruitment process in place, which ensured that all of the relevant checks, such as Disclosure and Barring Service (DBS) and written references had been carried out. Staff told us, and the records confirmed that the recruitment and induction process was thorough.

The service had an effective system in place for managing medicines, and people received their medicines as prescribed. We carried out a random check of the medicine system and found it to be correct. The records were of a good standard and had been appropriately completed. Regular audits of the medication system had been carried out to ensure medicines had been administered properly. Staff were trained, and they had their competency to administer medicines checked to ensure safe practice. They demonstrated a good knowledge of people's medicine needs and of the service's policies and procedures.

Staff had been trained in the prevention and control of infection. People told us that staff always wore appropriate protective equipment such as gloves and aprons to ensure they minimised the risk of infection. There were policies and procedures in place and regular audits had been carried out to ensure that infection

control measures remained effective. The service was clean, tidy and fresh.

Staff told us they learnt from accidents and incidents, and they knew their responsibilities to report them to the appropriate authorities. Information about incidents, accidents or near misses was discussed at staff meetings to ensure that lessons were learnt and improvements made.

Is the service effective?

Our findings

People's needs had been fully assessed before they moved into the service. The assessment process looked at their holistic needs, such as their physical, social and emotional needs. It took into account people's preferences and wishes, and their care plans reflected this. People and their relatives told us they had been fully involved in the assessment process. One relative said, "I was fully involved in [person's name] assessment and the staff keep me fully up to date with their care needs. They let me know if anything changes and ask for my views. I feel really involved."

People told us they thought staff had the correct skills. One person said, "They all know what they are doing here so I imagine they have good training." Another person told us, "I have no complaints about any of the staff, even the temporary ones seem to know what they have to do." Visiting relatives were very complimentary about staff and one told us, "All the staff here are very knowledgeable. I have noticed that even new staff can tell me what I need to know." Although staff had received training, we found it was not always up to date. One staff member told us, "I am a bit behind with some of my training but feel that it has improved recently." Another staff member said, "The training is getting better and better." The service had recently employed a team leader who was responsible for staff training, and to ensure that staff's training needs were identified and met. The registered manager had recently started a programme of updated training for all staff. The new team leader was a qualified trainer and there were plans in place to supplement on-line training with face to face up dates and checks to ensure that staff had learnt and understood the training. Staff demonstrated a good knowledge of topics that were relevant to their everyday work. We also saw that staff practiced safe moving and handling techniques, good infection control practice and had a sound knowledge of people's nutritional needs. Staff said, and the records confirmed they had regular supervision sessions where they could discuss any training and support needs. One staff member said, "I feel really well supported, and if I have any issues I know that senior staff will deal with them. I am very happy working here and feel the new providers are very good." Another staff member told us, "I enjoy my work and am fully supported. Things are getting so much better now."

Everyone who we spoke with said the food was really good. We were told that the food was always made from fresh ingredients and we saw this on the day of our visit. The registered manager regularly sampled the quality of the meals to ensure they were of a good standard. People told us, and the nutritional records showed that they were offered a choice of healthy meals, snacks and drinks. The dining area was pleasantly laid out and people happily chatted with staff, and with each other during our inspection visits. The meals looked appetising and were sufficient in quantity to meet people's individual needs. One person said, "I don't like big meals so they [staff] make sure I don't have too much on my plate, as it puts me off." Another person told us, "They cook a lovely meal and although I don't really like desserts they [staff] do me a little bowl of fresh fruit. It is always cut nicely into small pieces and I really do enjoy it." There was a good supply of fresh, frozen and tinned foods available. The cook told us that they made fresh homemade cakes every day for people to enjoy. People said there were always hot and cold drinks available and visitors told us staff always offered them a drink on arrival. People's dietary intake and weight had been monitored to ensure they received sufficient nutrition to help them remain healthy.

People received a joined-up service that met their individual needs. The service worked well in partnership with other organisations such as hospital social workers, district nurses, dementia specialists, occupational therapists, physiotherapists and GP's. The service is currently working directly with the GP service by piloting the use of a Tele Health Care Kit. This is a system that links directly to the GP surgery using an electronic communication aid to provide the GP with important health information, such as people's vital signs or changes in their condition. The aim is to streamline people's service by enabling GP's to deal with health issues promptly. Health and social care professionals were positive about working together with the service. One health and social care professional told us, "Staff at the home know their jobs, are very articulate, intelligent, have wide experience and appear to be well-trained." Staff said, and the records confirmed that the service worked together effectively with a number of professionals including the dementia specialist and physiotherapists.

People told us they received the healthcare support they needed. One person said, "The staff are good at identifying when I need medical help. They arrange it for me promptly." Relatives were kept informed about people's healthcare needs and were positive about the service's intervention. One relative said, "I know the staff will get my relative the help they need. All of the staff seem to be aware of my family member's state of health and are very quick to respond to any changes." Another relative told us, "The service is brilliant at recognising changes in my relative's health. They support them well and keep me informed. I have peace of mind." The outcome, and any follow-up action, of health-related appointments had been recorded.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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, and whether any conditions or authorisations to deprive a person of their liberty were being met. People said, and the records confirmed they had been supported to make every-day choices. Staff had ensured people were fully involved in decision making. People decided what they wanted to do and how they wanted their care to be delivered. There were mental capacity assessments in place where needed, and the service had applied for, and been granted DoLS where required. Staff had received training, and demonstrated a good understanding of the MCA and DoLS. We heard staff consistently asking people for their consent throughout our visits. The service worked in line with legislation.

Is the service caring?

Our findings

People said staff were kind, caring, understanding and compassionate, and we observed this in staff's attitude throughout our inspection visits. One person said, "Staff make the time to talk with me and they always have a kind word, even when they are very busy." Another person told us, "All of the staff are kind and caring. They treat you with dignity and respect and always have a happy face and a kind word for us." One relative said, "All of the staff are so good here, they are kind, caring and gentle. They treat my relative like their own family." Another relative told us, "I have peace of mind as I know my relative is well cared for and that all of the staff treat them well. I see it every time I visit, and my relative would say if it was any different. I know how caring this service is." One Health and social care professional told us, "[Name of staff] is very experienced and clear thinking, they also display a lot of compassion and empathy towards people. It is like they have endless patience, which I think is pretty impressive."

People told us staff treated them with dignity and respect and we saw this throughout our inspection visits. Staff interacted with people in a kind, caring and friendly manner. They respected people's privacy and maintained their dignity at all times. They checked that people agreed with actions before taking them. Staff clearly respected people's wishes and choices and their human rights. One person told us, "The staff are all very respectful and don't rush me. They know I need to take my time and they respect that." Visiting relatives said that all of the staff were respectful and had a good attitude and a good rapport with their loved ones. Relatives described the staff as consistently kind, caring and compassionate. Staff got to know people well and understood their unique personalities. This helped to build and maintain happy, healthy relationships.

Communication throughout the service was good. People were very positive about their relationship with staff. One person said, "I have a good relationship with [names of staff], they are really friendly and are good communicators." Another person told us, "They [staff] are very good at communicating with me. They let me know anything I want to know about and they support me to make choices." Staff communicated well with each other during handover sessions, and by using a communication book. The registered manager told us that they planned to install wi-fi in the new building (planned for 2020) as there was no wi-fi connection at present. However, one person used a computer tablet and told us they accessed the internet through their mobile phone. People told us they had families who advocated for them when needed. There was information about advocacy services available should people need them.

People were supported to follow their faith and pastors regularly visited the service regularly. The registered manager told us that, in the past, one person of the Hindu faith was supported to follow their rituals and eat their preferred foods. People and their relatives told us that people were encouraged and supported to follow their faith.

People and their relatives told us there were no restrictions on visiting, except for the rehabilitation unit. People in this unit had intense occupational and physical therapy throughout the day, so visiting times were restricted to ensure their therapy was not interrupted. Relatives said they were always made to feel welcome, and were offered a cup of tea. People were supported to maintain their relationships with families and friends. We spoke with permanent resident's visitors during our inspection visits and they told us they

were able to visit whenever they wanted.

Is the service responsive?

Our findings

People and their relatives said they were very happy with the care provided by the service and they told us it was responsive to their needs. One person said, "As my health improves the staff discuss my care plan with me and we change it to suit my changing needs." Another person told us, "My family and I are kept involved in how I want my care to be given. I have a care plan that changes when I do." A relative said, "I work together with my loved one and the service to ensure the care plan is right. I am very involved in my relative's care and the staff consult me about everything. The care plans contained detailed information to enable staff to care for people in the way they wished. They had identified people's preferences and were written in a person-centred way. They included information about people's past life, such as their education, past employment, holiday destinations and family members. This helped staff to get to know people better as they could talk with people about what interests them most. The care plans were written in a way that ensured people's needs and preferences were at the heart of it. We saw that the care plans and risk assessments had been regularly reviewed and updated to reflect people's changing needs.

There was an activities coordinator who planned and arranged activities that suited people's needs. One person told us, "There is always something going on. Yesterday we had miniature horses come to the home. They were so sweet. It was lovely when they come right up to me in my chair. They were lovely friendly animals." Another person said, "The little horses were so friendly and they were nice to stroke. We usually have a dog visit, which is lovely but the little horses made a great change. I do hope they come again." We saw there was an activities folder which included photographs of the many activities people enjoyed. These included, games such as bingo, softball, quizzes, pamper sessions, chair exercises and craft work. The PAT (Pets as Therapy) dog visited weekly, which people said they really enjoyed petting them, as it was relaxing. There was also a monthly entertainer and other singers in between their visits. People told us, and we saw from photographs, that they had enjoyed an Armed Forces Day, trips to the seafront for an ice cream, a visit to Leigh cockle shed and a picnic in a local park. The operations director and registered manager accompanied people on this picnic and people told us, and the photographs showed, that they had a great time. The registered manager had sourced a 'SmartCart'. This is an interactive product that enriches the lives of people living with dementia. The SmartCart uses touch screen technology to encourage reminiscence and social activities. It contains stimulating videos, sensory lights and music and can be wheeled into any room or outside in the garden. The registered manager said this would be used at the summer fete in August 2018.

People and their relatives said they were confident about raising concerns. One person told us, "I wouldn't have any worries about telling the staff or manager if I was unhappy with anything. They would sort the problem out quickly." Another person said, "I don't have any problems but feel they would look into them, and they would put things right if I did." Relatives were positive about how the service dealt with concerns. One relative said, "Staff are very responsive, they listen and act on what you say. They all do their best to make the home a nice place to live. I have confidence in the management and know they would do the right thing." There was an effective complaints policy and procedure. Staff told us, and the records confirmed that they had discussed complaints at staff meetings to ensure they learnt from them. The complaints records showed that concerns had been dealt with swiftly to the complainant's satisfaction.

The service had received many compliments from people. Comments included, "Wonderful care and attention." "Thank you for keeping our spirits up." "I've loved being here, it is like a five-star hotel with excellent staff and food." And, "Thank you from the bottom of my heart. You have all been so kind and patient. I am sure that without your hard work and dedication I would not have been back in my own home feeling so much better."

People had end of life care plans in place that described how they wanted to be cared for and who should be contacted at their end of life. Comments from relatives showed that people received good end of life care. One relative wrote, "The service's staff provided attentive care towards the end and that was a huge comfort to us, as a family." Staff had a good understanding of people's end of life wishes. They told us they checked people's care plans when they were nearing their end of life to make sure their wishes were respected and they had a dignified death.

Is the service well-led?

Our findings

There was a registered manager in post and people and their relatives knew them well. People and their relatives told us there was a consistent staff team and that when new staff came they blended in well with existing staff. One person said, "The staff are all very professional and the manager talks to me when they are here, and asks me how I am getting on." A relative told us, "The service is really well led. I didn't think it could get any better as it was so good with the last manager, but I would say it has improved. They employ the right kind of staff and that gives me confidence that my loved one is well cared for. I have a peace of mind knowing the staff will keep me informed."

The registered manager's vision was to maintain people's happiness, be a mindful employer who values and involves people and staff in decision making. Their aim was to provide people with good quality, person-centred care that is open, inclusive and empowering. Staff shared the registered manager's vision to make life better for people by making continual improvements in the way the service was provided. Staff told us they felt well supported by management and that they received regular supervision. One staff member said, "I feel well supported and can always ask senior staff if I am not sure about anything." Another staff member told us, "I am getting more training now and the supervision is good. I love working here."

People and their relatives told us the registered manager and staff were very good and were always happy and smiling and quick to respond to their requests. One person said, "The new manager always comes around to see us, and they are very nice." A visiting relative told us that they frequently saw the registered manager in the home and that they always made time to talk with them about their loved ones' health and welfare. The service had good infection control policies, procedures and practice. People told us, and we observed that the service was clean, fresh and tidy. There was a relaxed, calm and friendly atmosphere in the service during both of our visits, and relatives confirmed this was always the case when they visited.

People had good community links and went out with staff in the local community. They had regular local outings and told us they had attended an Armed Forces Day. People, their families and staff had participated in regular meetings to ensure their views and opinions were heard. The records showed that all issues relating to the running of the service had been discussed. People had their say on what to eat, what to do and how they wanted to do things. Staff had discussed care practices, training, supervision and future plans for the service. Relative's had been consulted on the 2020 plans to build a new home, and there were detailed drawings of the proposal in the foyer. Meeting minutes included any actions identified and there were clear timeframes for completing any improvements. The action plans had been regularly updated to keep them current.

The registered manager and staff worked well in partnership with other organisations. Health and social care professionals were positive about this. One said, "I have good lines of communication with the registered manager, who I feel has made a positive impact on the service. They are very supportive and open to ideas." Another told us, "Care staff are reablement trained and work in partnership with trained therapists to implement care plans and achieve identified goals. Care is of a very high standard in my opinion and care staff act in a professional manner at all times." Another health and social care professional told us, "The

service works well with others. The new manager is clear about what the service needs to do and how it should be done. I have also observed directly how they deal with families and carers and they do so with tact and understanding."

The provider offers staff incentives such as a financial reward for passing their probationary period. Discounts in shops and pubs and a reward for recommended new staff.

People were very complimentary about the service in their survey questionnaires. One relative stated, "Could not ask for anything better." Another person stated, "It was wonderful, excellent meals, just like a five-star hotel." And, "I have loved being there." The relatives spoken with told us they would definitely recommend the service to others as it was so good.

People's personal records were securely stored, and the computerised system was password protected to ensure people's confidentiality was maintained. Staff had received training in the General Data Protection Regulations (GDPR), which came into effect in May 2018 and forms part of the data protection regime in the UK, together with the new Data Protection Act 2018 (DPA 2018). There were policies and procedures in place for dealing with confidential data. Staff were aware of who they could, and could not share confidential information with. This ensured that people's confidential information was protected in line with data security standards.

There was an effective quality assurance system in place where the registered manager continuously assessed and monitored the service. Audits included, managing safeguarding concerns, incidents, accidents and complaints. The records showed that the registered manager and staff had learnt from these audits and had taken the necessary steps to minimise the risk of any re-occurrence.