

MACC Care Limited

Priestley Rose Nursing Home

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

This was an unannounced inspection, which took place on 02 and 06 March 2017. We previously did a comprehensive inspection of this service on 01 and 03 December 2015 the service was rated as requiring improvements overall and was not meeting all the regulations. We also undertook a focused inspection of the service on 07 April 2016, due to concerns about people's safety; at this inspection we also found that the provider was not meeting all the regulations. During this inspection we found that the provider had taken the appropriate actions to ensure they were meeting the regulations.

Priestley Rose Nursing Home is a privately owned care home situated in a residential area of Birmingham. Nursing care is provided for up to 47 older people who live at the home. There were 41 people living there at the time of our inspection.

There was a registered manager in post at the time of our inspection. 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 and associated Regulations about how the service is run.

People received a safe service, because the provider had procedures in place to reduce the risks of harm to people. Staff were trained to help keep people safe and knew the procedures for ensuring people did not suffer abuse or harm.

People received their medicines as prescribed and were cared for in an environment that was well maintained to ensure they were safe.

People were supported by sufficient numbers of staff that were suitably recruited, trained, supervised, supported and monitored to ensure they cared for people effectively.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People had a choice of meals and were supported to eat and drink enough to maintain their health and well-being. Staff knew how to support people that may be at risk of not eating or drinking sufficient to maintain their health. People had access to health care professionals when they were unwell, so their health care needs were met.

People and their relatives were happy with the care they received and felt that staff were caring and compassionate towards them. People's privacy and dignity was maintained and staff encouraged people to be as independent as possible.

Visitors were welcomed in the home, so that people could maintain relationships with people that were

important to them. Social activities were provided for people who wished to take part.

People and their relatives were involved in planning and agreeing their care needs, so they knew what care was being provided. Where people had concerns about their care, there were effective procedures in place to handle these concerns. People were confident that any concerns they raised would be acted on and resolved to their satisfaction.

People received a service that was well managed, by a stable management team and there were systems in place to ensure the care people received was monitored. People knew who the registered manager was and felt that she was open and visible in the home. This gave people confidence in the service. People had the opportunity to comment on the quality of the service they received.

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 received a safe service because, procedures were in place to help keep people safe and staff knew the procedures.

Risks to people were assessed and managed appropriately and there were sufficient staff that were suitably recruited to provide care and support to people.

People received their medication as prescribed and there were procedures in place to support staff to administer people's medicines safely.

Is the service effective?

Good ●

The service was effective.

People received care and support from staff that were trained and knew people's needs. Staff received effective support, training, supervision and development to enable them to care for people well.

People had control over what they ate and drank and staff supported them to maintain a healthy diet, lifestyle and health.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible.

Is the service caring?

Good ●

The service was caring.

People had good relationships with staff, and their individuality, independence, privacy and dignity were respected and promoted.

People made decisions about their care with support and guidance from staff and were supported to maintain contact with relatives and significant people in their lives.

Is the service responsive?

Good ●

The service was responsive.

People were involved in planning and agreeing their care and received care that met their individual needs. People had the opportunity to take part in social activities. However, activities on the weekends were limited and the activities provided were not suitable for everyone.

People were confident that their concerns would be listened to and acted upon. There were procedures in place to investigate and respond to people's concerns.

Is the service well-led?

The service was well led

People received a service that was monitored to ensure it was of good quality. People and staff had the opportunity to comment on the quality of the service and the management was open and visible within the service.

Good ●

Priestley Rose Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 inspection took place on 02 and 06 March 2017 and was unannounced on the first day; we informed the provider that we would be visiting on the second day. The inspection was undertaken by one inspector and an expert by experience on the first day and one inspector on the second day. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert –experience had personal experience of caring for older people and people living with dementia care needs.

Whilst planning our inspection we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts. A notification is information about important events which the provider is required to send us by law. We also reviewed any complaints and concerns received from people that used the service and their relatives. We reviewed reports that the local authority send us on a regular basis. These reports tell us about any concerns that the local authority has about the service they commission on behalf of people.

The provider had completed a Provider Information Return (PIR). This is information we asked the provider to tell us about what they are doing well and areas they would like to improve.

During our inspection we spoke with 10 people that lived at the home, six relatives, the registered manager, two registered nurses, four care staff, the activities coordinator and a member of the kitchen staff team. We also spoke with the quality assurance manager. We observed how staff supported people throughout the inspection to help us understand their experience of living at the home. 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 looked at the care records of four people. This included medication administration records (MAR). Other records looked at included safety records, analysis of incidents, accidents and questionnaires and the provider's system for ensuring medicines were handled safely. We also looked at compliments, complaints and safeguarding records. We looked at audits completed by the registered manager and the recruitment records of three new staff. We looked at reports completed by the clinical commissioning group, that purchase care on behalf of people living at the home and the recent pharmacy report completed by the NHS pharmacist. We also asked other health care professionals for their views on the quality of the service.

Is the service safe?

Our findings

At our inspection in April 2016 we found that the provider was not always adequately identifying environmental risks that had the potential to harm people and was therefore not meeting the regulations. The provider had failed to identify the risks of having unguarded radiators and exposed pipe works, that posed a risk to people. This had resulted in an alleged incident involving a person that lived at the home. During this inspection we saw that the provider had addressed this. We asked the registered manager about lessons learned from this incident. We saw that the environmental risk assessment for each person's individual room had been revised to take into account visible risks. We saw that all radiators and exposed pipe works had been covered. The quality assurance manager told us they were in the process of revising their medical emergency procedures to ensure that all eventualities were covered, should an untoward incident happen. This meant that the provider had addressed the risks identified and had amended their procedures accordingly to ensure they complied with the regulations.

All the people living at the home and their relatives we spoke with felt the service they received was safe. One person told us, "I feel safe here and I have a key to my room, you see the girls are up and down all the time." A relative told us, "Yes dad is safe here and he is looked after well." Everyone spoken with said they would speak with the registered manager or any member of staff if they had any concerns about their safety. This meant people had no concerns about their safety and felt they could speak with staff if they thought they had concerns.

There were procedures in place to help staff keep people safe from abuse and harm. All staff spoken with and records looked at confirmed that staff had received training on how to keep people safe from harm. Staff knew about the different types of abuse and the signs to look for which would indicate that a person was at risk of abuse. Staff knew the provider's procedures for reporting concerns and were clear about what action they would take if they were concerned about people's safety. Staff knew about external agencies that they could report concerns to, if they felt the registered manager or provider were not acting to protect people from harm. Staff were confident that they could report concerns about people's safety using the whistleblowing procedure. The whistleblowing procedure allows staff to report concerns about poor practice to the provider in confidence.

People said they were involved in planning their care, along with their relative and this included any risks associated with their care. All staff spoken with and records looked at showed that risk assessments and risk management plans were in place to support staff to manage risks to people's care.

Staff spoken with knew the procedures for handling emergencies, such as fire and medical emergencies. Staff told us that they all received fire safety training and that fire drills took place on a regular basis. We saw, and staff told us, that equipment used for people's care was serviced regularly and the environment was maintained to ensure people's safety. We saw that the environment was clean, warm and well maintained.

People were supported by sufficient numbers of staff to ensure they were cared for safely. Everyone spoken with said and we saw that there were enough staff to meet people's needs. One person living at the home

told us, "There are so many of them [staff] here." A relative told us, "There are enough staff lots of different faces though there is always someone in the lounge with the residents when I come." All staff said there were enough staff to provide the care safely. One member of staff told us, "I think we have enough staff we have eight care staff in the mornings and six in the afternoon and always two trained nurses during the day. There is always cover for sickness and annual leave." The provider information return stated that there was a fairly stable staff team at the home, with very little staff turnover. This meant a consistent staff team who were familiar with the home was available to support people.

Staff spoken with and records looked at showed that all the recruitment checks required by law were undertaken before staff started working. Staff said they received an induction into their role, in line with the care certificate, which is a framework for good practice. An induction is the initial training received by staff when they commence work, so that they are clear about how to offer care and support to people. Staff told us that Disclosure and Barring Service checks (DBS) were carried out before they started work. These are checks that are undertaken to ensure that staff do not have any relevant criminal offences that would prevent them from providing care and support to people that use services.

People said they received their medicines as prescribed and we saw that people received their medicines safely during our inspection. Medication administration records (MAR) that we looked at showed no gaps in medication recording which indicated that people received their medication as prescribed. Procedures were in place to ensure medicines were ordered, received stored and administered safely.

Is the service effective?

Our findings

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. At our inspection December 2015, we found that the provider was not following the law in regards to how they ensured that people's rights were fully protected in line with the MCA. During this inspection we saw that mental capacity assessments were in place for the people that may have limited capacity to make major decisions about their care. We saw that procedures were in place to ensure that decisions made on behalf of people that were deemed to lack capacity were made in their best interest. Staff told us that they have had updated training on the MCA and demonstrated their knowledge of obtaining consent from people that may have limited capacity. For example, staff said they would report any concerns about people's ability to consent to their care to the registered manager, so that an assessment could be made. This showed that the provider was now ensuring that people were supported in the least restrictive way, so their rights were protected.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw that the registered manager had made the necessary applications for people that were considered to be deprived of their liberty. Where DoLS had been granted for people, the provider informed us of the authorisations, as required. We sampled some of the applications that had been granted and we saw that the conditions of the DoLS were being met, and where necessary applications were made for them to be reviewed. Staff spoken with understood the DoLS, because they had received training to support their understanding. Staff were aware that some people had a DoLS in place to support their needs and understood why the DoLS were in place for those people. This ensured that people received support that was in line with their best interest and safeguarded their rights.

People were supported by staff that were trained to meet their needs. People told us they thought the staff were trained and had the knowledge to care for them effectively. One person told us, "Most of them are well trained but some are new to the job I think." All staff said they received the necessary training, supervision, performance development and attended team meetings to support them to do their job. The provider told us in their provider information return (PIR) that 56 staff have the care certificate and 37 have a national vocational qualification [NVQ] in care. Staff spoken with confirmed that they were encouraged and supported to obtain these qualifications in care. We saw that the provider adopted a planned approach to staff training, so that refresher training for staff was always on offer to keep staff updated.

People had sufficient to eat and drink and had a choice of meals. People told us they had enough to eat and drink and had a choice in what they ate and drank. One person told us, "The chef is very thoughtful I like soup for my meals...he makes beautiful soup for me much better than tinned." Another person said, "You

will never starve to death in here." We saw that one person was asleep during lunch, although staff tried to wake them. We asked a member of staff what would happen with this person's lunch. The member of staff told us, "He often does this we keep it and help him later." An hour later we saw that the person had eaten their lunch. We saw that people had a choice of hot and cold drinks and snacks throughout the day.

We saw that people who were unable to support themselves with eating and drinking were supported in an appropriate way. For example, staff sat down so they were at the person's level and supporting people at a pace that they were comfortable with. We saw that staff called people by their names and ensured they had condiments to add to their food if they wished. We saw that the weekly menu was on display outside the dining room; these were in pictorial formats and were easy to read. This enabled people to know what the menu choices were.

Staff knew how to support people at risk of poor nutrition and dehydration. For example, they told us and records showed that people's nutritional needs were assessed and their weight was monitored. Food and fluid intake records were available to show peoples' diet and fluid intake. Staff said if necessary people would have fortified food and drinks, these are foods that have been enriched with additional nutrients and vitamins and health care professionals such as the GP and dietician would be involved in supporting their care.

People told us they saw the doctor and other health care professionals when needed. One person said, "The doctor sees me regularly and they call him if they need to." Another person told us that staff had organised for them to see an optician, so they could have new glasses. Most relatives spoken with had no concerns about the health care needs of their relative. One relative was concerned that following a course of physio treatment, staff were no longer supporting their relative to walk. We spoke with the registered manager about this, she said she was of the view that the person's relative liked to support them to walk. We reviewed the person's records and saw that staff were to encourage the person to walk and had been doing so previously. The registered manager said that she would ensure that staff continued to support the person with developing their walking skills, in addition to the input of relatives.

Is the service caring?

Our findings

People said the staff were caring and friendly towards them. One person told us, "The staff are very courteous they do everything they can for you." A relative said, "The staff are very good here I have never been in a home like it." During our inspection we saw that staff interacted with people in a kind and caring way. Staff were pleasant and spoke to people in a kind and caring manner. This showed that people were treated with kindness.

People's privacy and dignity was respected by staff. People told us and we saw that staff respected people's privacy and dignity. We saw that people's privacy and dignity was respected. For example, staff ensured doors were closed when attending to people's personal care needs. Where people lived in shared rooms we saw that curtains were in place to ensure people's privacy. Staff spoken with gave good examples of how they maintained people's privacy and dignity. A member of staff told us, "If giving care we close windows and doors, close curtains and keep people covered up."

People told us they were supported to be independent as possible. A relative told us, They [staff] help her [person] when she is too poorly... but she likes to be independent and wash herself when she can." Staff gave good examples of how they supported people to remain independent with their daily living. A member of staff said, "We ensure that people do as much as they can for themselves and support them if necessary." We saw there were some people that had plate guards and special cutlery so they could be independent when eating their food. We saw that the activities programme included a weekly exercise session, to help to promote people's mobility. This showed that people were encouraged to be as independent as possible.

Is the service responsive?

Our findings

People using the service and relatives spoken with said people's needs were being met. People said they were happy living at the home. We saw that call bells were in easy reach for people that were cared for in bed, so they were able to call staff if needed. We saw that call bells were answered quickly when people used them.

People told us and records showed that people or their representatives were involved in planning people's care needs. We saw that people's care plans and risk assessments were regularly reviewed and took into account their changing needs. Staff spoken with and records showed that detailed risk assessments and care plans were available for each person. The care plans and risk assessments gave staff information on how to support people's individual needs. Staff spoken with told us that they were constantly reminded about the needs of people during handover, so they knew when people's needs had changed.

We saw a group activity session taking place in the afternoon, 12 people took part the activity. People seemed to enjoy the activity and people were laughing and joking, showing they were engaged with what was happening. One person told us they attended the bingo sessions that took place and enjoyed doing this with a friend. A member of staff told us about the various activities that took place. This staff member also said that people's families and visitors were invited to participate in the social events that took place. This ensured people had the opportunity to socialise with their friends and relatives.

The home employed an activity coordinator to encourage and support people in pursuing leisure activities. We spoke with this member of staff who told us about the various social activities that took place. This member of staff also said that they did one to one sessions with people that were in bed, although they had taken on additional duties lately that had impacted on the time they had to spend with people in their rooms. We spoke with the registered manager, who said she would review this. The PIR told us that the activity coordinator was available five days per week, and the programme of activities we saw did not include social activities on the weekends. The registered manager said this would be reviewed.

We saw that people were dressed in individual styles of clothing reflecting their age, gender and the weather and people told us they chose their own clothes. This maintained people's individuality. One relative was concerned that staff did not always dress their relative in the clothes they had chosen and felt was appropriate for the weather. The relative said that the person living at the home did not have the capacity to know what they wanted to wear. We spoke with a member of staff about this. The member of staff told us that, even if people did not have the capacity to make informed decisions, they still consulted people about what they wanted to wear, as it was important for people to have a choice.

People maintained relationships that were important to them. People told us that friends and relatives were able to visit the home as they wished. All visitors confirmed they were free to visit at any time. This ensured people were not isolated from their friends and family.

People were confident their complaints and concerns would be listened to and acted upon. Everyone

spoken with said they would speak with the registered manager if they needed to. People that had raised concerns said the registered manager always dealt with their concerns. Other people said they had nothing to complain about. The provider had a complaints procedure. This was in an accessible format and was on display in the entrance hall for people to see. Complaints that we sampled had been investigated and responded to in line with the provider's procedure. People and their relatives told us they were asked their views about the service. A relative told us, "I think I have got a survey to fill in but it's nice here I have no complaints." This meant people and their relatives had confidence in the provider's complaints procedures and felt they could have their say about the service.

Is the service well-led?

Our findings

People living at the home and their relatives that we spoke with felt they received a good quality service. People spoke highly of the registered manager and said they were able to speak with her about anything. We saw that there were systems in place to monitor the quality of the service, and quality audits were undertaken. These included medication, infection control, care records, health and safety etc. The audits we sampled were up to date. A member of staff told us, "The manager discuss any complaints and incidents that happen with us, so that we can learn and improve." We saw that the provider had recently employed a quality assurance manager with designated responsibility for overseeing the service and ensuring the monitoring processes were effective. This showed that systems for assuring quality were maintained so that the provider was assured of the quality of service they provided and this meant people received a good quality service.

There was a longstanding registered manager in post and all conditions of registration were met. The registered manager kept us informed of events that they are required to inform us of. We saw and people told us that the registered manager was open and transparent in her practice.

We saw that the registered manager was highly visible in the home and people we spoke with called her by her first name, showing they were familiar with her. We saw that the provider had recently employed a deputy manager to support the management team; this ensured that there was management support for the staff team when the registered manager was not available.

Staff said they got the support they needed and were able to put forward ideas for improvements in team meetings, supervision or just speaking to the registered manager. A member of staff told us, "I have made suggestion about labelling the drawers and wash bowls for people in shared rooms as people's clothes were getting mixed up. This was done and the problem was reduced." From speaking with staff we saw that they understood and were committed to the values of the service in promoting a good standard of care for people living there. We asked staff their views about how the home was being managed. A member of staff told us, "I think we are on track." Another staff member said, "I think the home is well run. The manager does listen to us and the resource is available for anything that's needed."

People told us they were regularly asked for their views on the quality of the service they received. People said they completed questionnaires and that residents and relatives meetings took place, to enable them to put their views forward. We saw that the home had a monthly newsletter which kept people informed about events in the home. We saw the result of the analysis of recent questionnaires and this indicated that there was a high level of satisfaction with the care people received.