Masonic Care Limited

Harry Priestley House

Inspection report

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Thorne
Doncaster
South Yorkshire
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Date of inspection visit: 12 May 2015
Date of publication: 29/07/2015

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 took place on 12 May 2015 and was unannounced. Our last inspection of this service took place in June 2013 when no breaches of legal requirements were identified.

Harry Priestley House is in the market town of Thorne, near Doncaster. It is registered to provide accommodation for up to 12 people who require personal care. The home specialises in supporting adults with learning disabilities.

The service had 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 2008 and associated Regulations about how the service is run.

Summary of findings

We asked people who used the service if the staff were caring and they said they were. For instance, one person said of a particular member of staff, "She is lovely, she's a lovely woman, very cuddly."

We spoke with people who used the service and they all said they felt safe. We spoke with staff, who had a clear understanding of safeguarding people from abuse and of what action they would take if they suspected abuse. Staff members had raised safeguarding concerns appropriately and this showed that staff put the safety and welfare of the people who used the service first.

We found that care and support was planned and delivered in a way that ensured people were safe. The individual plans we looked at included risk assessments which identified any risk associated with people's care. We saw risk assessments had been devised to help minimise and monitor the risk, while encouraging people to be as independent as possible.

There were enough staff with the right skills, knowledge and experience to meet people's needs. We saw the staff training record for the service. This showed that staff were provided with appropriate training to help them meet people's needs.

The home was particularly well decorated and maintained. People were involved in choosing the way the house was decorated and most had their names and pictures on their bedroom doors. One person was living with dementia and the registered manager explained that they had taken advice from a specialist team on how to decorate parts of the home to help the person connect with the world around them.

We found the service to be meeting the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). The staff we spoke with had a good knowledge of this and said they would speak to the most senior member of staff on duty.

People were supported to eat and drink sufficient to maintain a balanced diet and snacks were available in-between. The people we spoke with told us they liked the food. People were supported to maintain good health, to have access to healthcare services. We looked at people's records and found they had received support from healthcare professionals when required.

People's needs were assessed and care and support was planned and delivered in line with their individual care plan. We saw staff were aware of people's needs and the best ways to support them and encouraged people to maintain their independence. However, people who used the service did not have their own copy of their care plan and we discussed with registered manager.

People's individual plans included information about who was important to them, such as their family and friends. We saw that people took part in activities in the home and in the community.

The service had a complaints procedure, which was available in an 'easy read' version to help people to understand how to raise any concerns they might have.

There was evidence that people were consulted about the service provided. We saw that residents' house meetings took place and the company arranged for an independent advocate to help people to fill out satisfaction surveys, and to comment on their experience of the service provided.

The registered manager and members of the staff team undertook quality and safety audits and there was learning from incidents or investigations and appropriate changes were implemented, including action taken to minimise the risk of further incidents.

The staff members we spoke with said they really liked working in the home. The staff told us staff meetings took place each month and they were confident to discuss ideas and raise issues.

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?
The service was safe.

Good

The service had policies and procedures in place to protect people. Staff we spoke with confirmed they had seen the policies.

Care and support was planned and delivered in a way that ensured people were safe. We saw people's plans included areas of risk.

The service had arrangements in place for recruiting staff safely and there were enough staff with the right skills, knowledge and experience to meet people's needs.

There were appropriate arrangements in place to manage people's medicines.

Is the service effective?
The service was effective.

Good

The staff training showed that staff received core training necessary to fulfil their roles along with other, relevant training specific to people's needs.

We found the service to be meeting the requirements of the mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). The staff we spoke with were knowledgeable in this area and said they would speak to the most senior member of staff on duty if they needed to.

People were supported to eat and drink sufficient to maintain a balanced diet.

People were supported to maintain good health, have access to healthcare services and receive on going healthcare support.

Is the service caring?
The service was caring.

Good

People described the staff as caring.

Staff we spoke with were aware of people's needs and the best way to support them, whilst maintaining their independence.

People who used the service were supported to maintain family relationships and friendships.

Is the service responsive?
The service was responsive.

Good

People's needs were assessed and care and support was planned and delivered in line with their individual plan. We discussed with registered manager people having their own copy of their individual plan to help them be more aware of their plan and to help them participate in it.

We saw that people took part in lots of activities on a weekly basis.

The service had a complaints procedure and people knew how to raise concerns. The procedure was also available in an easy read version.

Summary of findings

Is the service well-led?

Good

The service was well led.

We saw various audits had taken place to make sure policies and procedures were being followed.

The registered manager told us the company asked people to fill in satisfaction surveys for them to comment on their experience of the service provided.

Staff we spoke with felt the service was well led and were supported by the registered manager who was approachable and listened to them.

Harry Priestley 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.

The inspection took place on the 12 May 2015 and was unannounced. The inspection team consisted of an adult social care 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 service. At the time of our inspection there were 11 people living in the home.

Before the inspection, we reviewed the information we held about the home, which included incident notifications they had sent us. We contacted the commissioners of the service and Healthwatch for their feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We spoke with six people who used the service and observed the care and support people received in communal areas. We also 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 one volunteer and five members of the staff team including the registered manager. We reviewed a range of records about people's care and how the home was managed. These included the care plans and day to day records for four people. We saw the systems used to manage people's medication, including the storage and records kept. We looked at the quality assurance systems that were in place. We had a tour around the house and saw some people's rooms.

Good

Is the service safe?

Our findings

We asked people who used the service if they felt safe and they told us they did. The service had policies and procedures in place to protect people. The staff we spoke with confirmed they had seen the policies and could have access to them at any time. Staff told us that they had received training in safeguarding vulnerable adults. They had a clear understanding of safeguarding adults and what action they would take if they suspected abuse. Staff we spoke with felt confident that members of the homes management team would take appropriate action without delay.

The registered manager had made the necessary safeguarding referrals to the local authority and notifications to the Care Quality Commission. We were made aware that staff members had raised safeguarding concerns appropriately and this showed that staff put the safety and welfare of the people who used the service first. We checked other systems in place for monitoring and reviewing safeguarding concerns, accidents, incidents and injuries. We saw that the registered manager carried out regular audits, which included monitoring and reviewing all safeguarding issues, accidents and incidents. It was clear that action was taken to manage risk and learning points from incidents, accidents and near-misses. For instance, the registered manager explained that a ramp, that was in one corridor, had been re modelled to provide a more gradual incline. This was because some people had been finding it increasingly difficult to manoeuvre, and this had resulted in a fall for one person.

Another example was that there was a risk of one person falling out of bed. We saw from their records that other professionals had been involved and we were told by staff that the person's bed had a sensor, so staff would know if they were out of bed.at night.

We looked at people's written records and found there were assessments in place in relation to any risks associated with their needs and lifestyles. Each person had up to date risk assessments, which were detailed and set out the steps staff should take to make sure people were safe. We saw the risk assessments had been devised to help minimise the risks, while encouraging people to be as independent as possible. We were told that it was very rare for people who used the service to present with behaviour that was challenging. However, if there were identified risks guidance was in place for staff about how to best minimise and manage these situations.

The people who used the service we spoke with told us there were enough staff and the staff we spoke with felt there were always enough staff on duty to allow them to care for people safely.

The registered manager told us how they assured themselves that there were sufficient staff. They said that staff were willing to cover at short notice and there were also a small number of relief staff who worked regularly and could also be called upon to provide cover. The registered manager told us that they kept people's needs under review and if people's needs changed they would review the staffing levels. This showed there were systems in place to make sure there were sufficient staff to meet people's needs.

The service had a staff recruitment policy and the registered manager told us that pre-employment checks were obtained prior to people starting work in the home. These included references, and a satisfactory Disclosure and Barring Service (DBS) check. The DBS checks helps employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. This helped to reduce the risk of the registered provider employing a person who may be a risk to vulnerable adults. We looked at staff files for three staff working in in home and found them to reflect the recruitment process.

People had a care plan in their file regarding any medication they were prescribed. This included how the person liked to take their medicines. One person's best interests had been discussed and considered, in case there was a need for their medication to be administered covertly. The staff were knowledgeable about the safe handling of medicines. They told us that they completed training in this area and then a manager checked they were competent before they were able to administer medicines on their own.

Although there was some building work going on, disruption was kept to a minimum and the house was very clean and tidy. The staff told us there were procedures and audits to make sure the cleaning was done. We saw measures put in place in the laundry room to avoid contamination. And we saw that staff wore personal

Good

Is the service safe?

protective equipment (PPE) when preparing food. People had support to clean their own rooms. This helped people to maintain and develop their independence. There was a maintenance person. Staff told us they had a book to note any maintenance jobs that needed doing around the house and where appropriate, the maintenance person did these. We saw that the home was secure and visitors had to ring the doorbell to be let in.

Good

Is the service effective?

Our findings

All the people we spoke with told us they thought the staff knew their needs, and had the right skills to support them. For instance, one person said, "The staff always have training." Another said, "They [the staff] are nice. They know what I like. I tell them."

The staff we spoke with said they felt supported by the registered manager and enjoyed their jobs. They said they were part of a good team. They told us the company's policies and procedures were accessible to them and were covered as part of their induction and subsequent training. The registered manager said the provider employed a training coordinator who worked with the registered manager to make sure staff had all relevant training. They added that the provider was very good at making sure that staff's training needs were met. They showed us the staff training records, which showed that staff had received training in a range of subjects including food hygiene, health and safety and fire prevention. Most recently, they had received refreshers in moving and handling and infection control. The staff members we spoke with said the training they received was very useful. The registered manager told us staff were scheduled to have training in equality and diversity that week and had also recently received training in supporting people living with dementia, in order to support one person's particular needs.

On the day of the inspection several people who used the service were having a dental health education session with a visiting dental nurse, who came from the local dentist and one person also had a home visit from a specialist diabetic nurse that day. We asked the registered manager and the staff about the healthcare support people received from other external healthcare services. They all told us there was good input from healthcare professionals. Staff supported people to gain access to the healthcare they required and to attend appointments. We looked at people's records and found that people had received timely support when required. For example, we saw involvement from community nurses, a physiotherapist, speech therapists and a dietician. There were records of people attending hospital appointments and appointments with their GP. People had clear healthcare plans and staff told us that people had regular health checks. The people we spoke with mentioned that they saw the doctor regularly, if they had any health needs. Comments included, "I have my blood pressure taken every Friday" and "The Doctors is only up the road and we go to them."

We looked at people's care records about their dietary needs and preferences. Each person's file included up to date details, including screening and monitoring records to prevent or manage the risk of malnutrition. Where people needed external input from healthcare professionals in relation to their diet, appropriate referrals had been made and guidance was being followed. We found that people were weighed regularly and their diet was reviewed to help with maintaining a healthy weight.

We asked two people who used the service if they liked the food and they told us they did. One person told us there were on a diet and were proud that they had lost a lot of weight. They said, "I have a healthy diet, I'm on a diet and it's been the best diet I've ever been on."

The staff we spoke with were all aware of people's particular dietary needs and preferences and offered people choices throughout. Staff told us they discussed what food they liked with people and made sure people got enough to drink. The registered manager told us that where people were not able to express their preferences verbally, staff observed what people preferred and built up a picture of their preferences. People's families also provided information about people's preferences and this information was clearly noted in people's care plans to help staff to support people appropriately. We saw people being supported at lunchtime. Everyone had chosen different meals. There was a written menu for the day in the kitchen. These included well balanced and nutritious meals.

The home was very well decorated and maintained. There were choices of different lounges and the registered manager told us some people had their favourite places to spend time. People were involved in choosing the way the house was decorated and had their names and pictures on their bedroom doors. Their bedrooms very much reflected their personalities and interests.

One person was living with dementia and the registered manager explained that they had taken advice from a specialist team on how to decorate areas of the home to help the person connect with the world around them. A mural had been used in one corridor, to help the person know where their bedroom was. Their room, and a toilet

Good

Is the service effective?

most often used by them had also been decorated to meet their specific needs. We noticed that most toilets and bathroom doors did not have pictures on and we discussed this with the registered manager. They said they thought it was a good idea and they would discuss it with people who used the service.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment. Staff had an awareness of the Mental Capacity Act 2005. Staff told us they had received training in this area and the records we saw confirmed this.

We looked at people's assessments and care plans and saw evidence that they were involved in decisions about their care and support. People's personal preferences and choices were recorded in the care plans. This helped to make sure that people's care and support needs were met in accordance with their wishes. Where people were not able to give consent regarding a particular issue, people who knew and understood the person had been consulted about the person's best interests. We saw evidence that independent advocates had an active role in people's lives.

Staff we spoke with told us how they encouraged people to make choices when their communication was limited and people's care plans included information about the kinds of support people needed to help them make day to day decisions.

We found that there were individual restrictions in place for some people. For instance, some people needed to be accompanied by staff when they went out, as they were not aware of the risks involved and one person was at risk of falls. We reviewed the risk assessments, care plans and records for three people regarding these interventions. There was evidence that the approaches taken had been decided to be in the person's best interests, and were reviewed regular basis.

We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Deprivation of Liberty Safeguards (DoLS) are part of MCA 2005 legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

The registered manager and the staff we spoke with had a clear understanding of the MCA 2005 and DoLS. The MCA Deprivation of Liberty Safeguards (DoLS) require providers to submit applications to a 'Supervisory Body' for authority to deprive someone of their liberty. The registered manager had made DoLS applications to the local authority where required, and in accordance with recently issued guidance.

Good

Is the service caring?

Our findings

We asked people who used the service if the staff were caring and they said they were. For instance, one person said of a particular member of staff, “She is lovely, she’s a lovely woman, very cuddly.”

Three people told us they made lots of choices every day. This included what activities they wanted to do, what they wanted to eat and what clothes they wanted to wear. People told us that the staff listened to them. We spoke with some people in the afternoon, when they had arrived back from their activities in the community. They said they liked going out, but they also liked coming home to Harry Priestley House

We saw staff and people who used the service spending time together. Staff were respectful and friendly. We saw people being offered choices about how they wanted to spend their time. We saw that staff often asked people if they wanted or needed anything. We also saw people who used the service and staff express affection for each other.

One staff member who was on duty told us they had retired, but they kept coming back as relief staff as they missed the people who used the service, who were like their family.

There was clear guidance for staff about the principles of the service. This helped to make sure staff understood how to respect people’s privacy, dignity and human rights. The staff we spoke with were aware of these principles and were able to give us examples of how they maintained people’s dignity and privacy.

We looked at care plans and reviews for people who used the service. They had their own detailed plans of care and support. People’s plans included information about the person’s choices, likes and dislikes and how they expressed themselves. They included what was important to each person, as an individual and how staff should maintain their privacy and dignity.

We saw that staff attended to people’s needs in a discreet way, which maintained their dignity. Staff also encouraged people to speak for themselves and gave people time to do so. They engaged with people in an encouraging way, and promoted people’s independence. The registered manager and staff we spoke with showed concern for people’s wellbeing and the registered manager told us the staff knew people well, including their preferences and personal histories. They had formed good relationships understood the way people communicated. This helped them to meet people’s individual needs. We saw staff giving people choices. For instance, about what they would like to drink.

It was clear that people were supported to maintain their family relationships and friendships. For instance, people’s plans included information about who was important to them such as their family and friends and notes of them keeping in contact. One person told us their brother came to visit a lot, and there was a nice, quiet lounge available for people to sit with their visitors.

There were notices about local independent advocacy services on the notice board. An advocate is someone who speaks up for people. We saw that an independent advocate had helped everyone who used the service to fill in a questionnaire to say what they thought about the service. There was also evidence in people’s files that they used the advocacy service when they needed to.

Good

Is the service responsive?

Our findings

There was evidence that people engaged in activities, in the home, out in the community. On the day of the inspection a number of people were out in the community doing activities and attending day services. The activities people said they engaged in included shopping, doing puzzles, bowling, swimming and reading books. It was evident that people were encouraged to be as independent as possible. For example, one person who used the service volunteered at a local café and regularly went out to get lunch independently.

An assessment of people's needs was carried out prior to them moving into the home make sure the person's needs could be met. Individual support plans and risk assessments and management plans were then set up. The plans were person centred, in that they were tailored to meet the needs of the person using the service. For instance, the registered manger had sought advice from professionals in order to support one person who was living with dementia and they had put this advice into action.

People's plans covered areas such as their communication, health care, personal care, mobility and activities. Each person had keyworkers assigned to them and the staff told us people were involved in making their own care plans. There was evidence that people had had some involvement in their reviews and these included pictures to help the person understand them.

However, when we asked people if they had a care plan some people were not sure what a care plan was and they did not have their own copy of their plan. The manager told us they and their staff would continue to develop ways in which people could be helped to understand about their care plan and be involved. This included having their own, version of their plan in a format that suited their communication needs.

Reasonable adjustments were made, to the environment to help people stay independent. For instance, there were accessible bedrooms, bathrooms and toilets downstairs, along with the shared areas, such as lounges, dining area and kitchen. This provided access for people with reduced mobility. New bathrooms were being installed. These were planned to be more accessible, to cater for people's future needs, and looked very nice and homely.

There was a residents' meeting once a month. The staff we spoke with told us that part of the meeting was about asking what activities, trips and holidays people wanted and starting to plan for these.

The service had a complaints procedure and people knew how to raise concerns. The procedure was available in an 'easy read' version. We asked people if they would tell someone if they had a worry and they said they would. One person said they would complain to the manager. When we asked if they would feel comfortable doing this they said that they would. We saw that complaints received had been appropriately dealt with and a log of evidence maintained.

Good

Is the service well-led?

Our findings

The service had a manager in post who was registered with the Care Quality Commission. They had worked at the service for number of years before they became the registered manager and know people who used the service well.

The registered manager undertook a number of quality and safety audits, which included reviews of areas such as accidents, personal protective equipment (PPE), clinical waste, care of substances hazardous to health (COSHH), first aid, electrics and the environment.

Staff members had particular areas of responsibility and undertook some of the regular quality assurance audits, with oversight from the registered manager. For instance, one staff member had responsibility for making sure the medication was well managed and usually undertook the audits related to medication.

There was evidence that issues found by the various audits were subsequently addressed to help maintain people's health and welfare. For instance, the registered manager told us a quality audit had identified areas for improvement in the way people were supported with their day to day finances. Best interests meetings had been held and individual arrangements put in place for each person, on the basis of what was best for them.

We saw that any accidents or incidents were recorded and there was evidence that learning from incidents or investigations that took place and appropriate changes were implemented, including action taken to minimise the risk of further incidents.

There was evidence that people were consulted about the service provided. We saw that residents' house meetings took place on a monthly basis to discuss things such as meals, events, and concerns. One person who used the service said if they wanted something to change they think that the staff would make those changes. The registered manager confirmed this. They told us anything arising from residents' meetings, from the satisfaction surveys that people who used the service had filled in, as well as feedback from surveys sent to people's relatives were included all in their action plan to improve the service..

The staff members we spoke with said they really liked working in the home. They told us that the service was run to ensure that people's individual needs were met. They said the service was well led and they were supported by the registered manager, who was approachable.

The staff told us staff meetings took place each month and they were confident to discuss ideas and raise issues, both with the registered manager individually and at staff meetings. Staff surveys were also undertaken regularly. This helped to make sure that staff could raise their views about the quality of the service.