Century Healthcare Limited

Priory Court Nursing Care 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

Priory Court provides nursing, personal care and accommodation for up to 28 people. Accommodation is provided across three floors with access by passenger lift to the upper floors. Most rooms are of single status and some rooms have en-suite facilities. There are two double rooms. There are several communal areas and accessible gardens for people to make use of.

At the last inspection the service was rated Good. At this inspection we found the service remained Good.

People who lived at the home told us they were happy with their care and liked the staff who looked after them. We observed staff providing support to people throughout our inspection visit. We saw they were kind and patient and showed affection towards people in their care.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. These had been kept under review and were relevant to the care provided.

The service had sufficient staffing levels in place to provide support people required. We saw staff members could undertake supporting people without feeling rushed. People who lived at the home told us staff were responsive to their needs.

We found staff had been recruited safely, appropriately trained and supported. They had the skills, knowledge and experience required to support people with their care and social needs.

We found the service had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices.

Staff wore protective clothing such as gloves and aprons when needed. This reduced the risk of cross infection.

People told us they were happy with the variety and choice of meals available to them. We saw regular snacks and drinks were provided between meals to ensure people received adequate nutrition and hydration.

People had access to healthcare professionals and their healthcare needs were met. We saw the service had responded promptly when people had experienced health problems.

We saw people who lived at the home were clean and well dressed. They looked relaxed and comfortable in the care of staff supporting them.

Staff knew people they supported and provided a personalised service. Care plans were organised and had

identified the care and support people required. We found they were informative about care people had received.

We looked around the building and found it had been maintained, was clean and hygienic and a safe place for people to live. We found equipment had been serviced and maintained as required.

We found medication procedures at the home were safe. Staff responsible for the administration of medicines had received training to ensure they had the competency and skills required. Medicines were safely kept with appropriate arrangements for storage in place.

The registered manager understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions.

The service had a complaints procedure which was made available to people on their admission to the home and their relatives. People we spoke with told us they were happy and had no complaints.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included regular audits and relative surveys to seek their views about the service provided.

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 remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

Priory Court Nursing Care Home

Detailed findings

Background to this inspection

We carried out this comprehensive 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 visit took place on 14 June 2017 and was unannounced.

The inspection team consisted of two adult social care inspectors.

We spoke with a range of people about the service. They included seven people who lived at the home, one relative, six staff, the activities coordinator, the registered manager and the director of nursing. Prior to our inspection visit we contacted the commissioning department at the local authority. This helped us to gain a balanced overview of what people experienced accessing the service.

We reviewed the Provider Information Record (PIR) we received prior to our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This provided us with information and numerical data about the operation of the service. We used this information as part of the evidence for the inspection. This guided us to what areas we would focus on as part of our inspection.

During our inspection we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with the people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at care records of three people, staff training records, personnel and supervision records of three staff. We also looked at arrangements for meal provision, records relating to the management of the home

and medication records. We reviewed recruitment procedures and checked staffing levels. We also checked the building to ensure it was clean, hygienic and a safe place for people to live.

Good

Is the service safe?

Our findings

People who lived at the home told us they had confidence in the staff who supported them and felt safe when they received their care. Comments received included, "If I press the buzzer they come straight away." And, "I can honestly say I get my medication when I'm supposed to."

The service had procedures in place to minimise the potential risk of abuse or unsafe care. Records seen and staff spoken with confirmed they had received safeguarding vulnerable adults training. Staff members we spoke with understood what types of abuse and examples of poor care people might experience and understood their responsibility to report any concerns they may observe. There had been no safeguarding incidents raised with the local authority regarding poor care or abusive practices at the home when our inspection visit took place.

Staff completed risk assessments to identify the potential risk of accidents and harm to staff and the people in their care. The risk assessments we saw provided instructions for staff members when delivering their support. Where potential risks had been identified the action taken by the service had been recorded. For example, we saw guidance for staff about how they should support two people with limited mobility.

We found staff had been recruited safely, appropriately trained and supported. They had the skills, knowledge and experience required to support people with their care and social needs. The registered manager monitored staffing levels to ensure sufficient staff were available to provide the support people needed. We observed staffing levels were sufficient to meet the needs of people who lived at the home.

We looked at how medicines were prepared and administered. Medicines had been ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. The registered manager carried out audits to monitor medicines procedures. This showed systems were in place to check people had received their medicines as prescribed. We observed one staff member administering medication and saw they followed safe administration practices. People were sensitively assisted as required and medicines were signed for after they had been administered.

We looked around the home and found it was clean, tidy and maintained. The service employed staff for the cleaning of the premises who worked to cleaning schedules. Domestic audits were in place and the registered manager made regular checks to ensure cleaning schedules were completed. We observed staff made appropriate use of personal protective clothing such as disposable gloves and aprons. Hand sanitising gel and hand washing facilities were available around the building. This showed the provider had taken steps to ensure people who lived at the home and staff were protected against the risks of the spread of infection.

Good

Is the service effective?

Our findings

People received effective care because they were supported by an established and trained staff team who had a good understanding of their needs. Comments received from people who lived at the home included, "The staff are excellent, they do everything I need them to." And, "The staff know how to support me and they do very well in my opinion." A visiting relative told us, "My wife is getting the best possible care."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The staff working in this service make sure that people have choice and control of their lives and support them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff we spoke with understood the importance for people in their care to be encouraged to eat their meals and take regular drinks to keep them hydrated. Snacks and drinks were offered to people between meals including tea and milky drinks with biscuits. A variety of alternative meals were available and people with special dietary needs had these met. These included people who had their diabetes controlled through their diet and people who required a soft diet as they experienced swallowing difficulties.

We observed lunch in the dining room. We observed different portion sizes and choice of meals were provided as requested. We saw most people were able to eat independently and required no assistance with their meal. People who did require assistance with their meal were offered encouragement and prompted sensitively. Drinks were provided and offers of additional drinks and meals were made where appropriate. The support we saw provided was organised and well managed. About the food, people told us, "The food is wonderful. We are fortunate to have a very good cook." And, "We get lots of snacks and drinks all day and home made cakes often. If you don't like something, there is always a choice."

People's healthcare needs were carefully monitored and discussed with the person or family members as part of the care planning process. We saw visits to and from General Practitioners (GP's) and other healthcare professionals had been recorded. Records were informative and documented the reason for the visit and what the outcome had been.

We looked at the building and found it was appropriate for the care and support provided. Some bedrooms were provided with en-suite facilities. There were bathroom/shower rooms and toilets on each floor. These rooms have thermostatically controlled bath taps to protect people from scalding. Each room had a nurse call system to enable people to request support if needed. Aids and hoists were in place which were capable of meeting the assessed needs of people who lived at the home.

Good

Is the service caring?

Our findings

People who lived at the home told us they were happy and well cared for. One people visiting their relative also spoke positively about the care being provided. Comments we received included, "The staff are very nice, I get on well with everyone." And, "They [staff] are very respectful and patient people, they are so kind."

Staff had a good understanding of protecting and respecting people's human rights. They were able to describe the importance of promoting each individual's uniqueness and there was an extremely sensitive and caring approach observed throughout our inspection visit.

We saw staff had an appreciation of people's individual needs around privacy and dignity. We observed they spoke with people in a respectful way, giving people time to understand and reply. We observed they demonstrated compassion towards people in their care and treated them with respect.

We spoke with the manager about access to advocacy services should people require their guidance and support. The service had information available for people and their families if this was required. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

People's end of life wishes had been recorded so staff were aware of these. We saw people had been supported to remain in the home where possible as they headed towards end of life care. This allowed people to remain comfortable in their familiar, homely surroundings, supported by familiar staff. We saw many compliment cards and letters from people whose loved ones had spent their final days at the home. These were all very positive and described kind, sensitive and caring support for people and their relatives.

Good

Is the service responsive?

Our findings

People who lived at the home told us they received a personalised care service which was responsive to their care needs. They told us the care they received was focussed on them. They were encouraged to make their views known about how they wanted their care and support provided. Three care plans we looked at were detailed and clear about support needs of people and how they wanted their care delivered. We saw people's preferences had been incorporated into care planning.

The provider had a complaints procedure which was made available to people on their admission to the home and on display in the home. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and CQC had been provided should people wish to refer their concerns to those organisations. When we undertook our inspection visit the service had not received any formal complaints. People who lived at the home told us they were happy and had nothing to complain about.

The registered manager followed good practice guidelines when managing people's health needs. For example, people had documents containing information about their health needs should they need to visit a hospital. This ensured people who had difficulty communicating their needs had information as to how to support them and include information about a person's mobility, dietary needs and medication.

The provider employed an activities coordinator to help ensure people's social needs were met. People were supported to go out into the community, to the sea front as well as being provided with a range of activities in the home. The activities coordinator explained they would spend time with people on a one to one basis when they did not want to get involved in group activities.

Good

Is the service well-led?

Our findings

There was a registered manager in place. 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.

We found the service had clear lines of responsibility and accountability with a structured management team in place. This consisted of a registered manager and senior staff. They were experienced, knowledgeable and familiar with the needs of the people they supported. Discussion with the registered manager confirmed they were clear about their role and provided a well-run and consistent service. This was confirmed by people we spoke with and a visiting relative who said, "It's very well run, the management are very good indeed."

The registered manager had procedures in place to monitor the quality of service provided. Regular audits had been completed. These included checking the building and care plans of people who lived at the home. The registered manager told us audits were an important part of their quality assurance systems. This was so they could continue to monitor and improve the service they provided for people.

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. These included social services, healthcare professionals including General Practitioners, psychiatrist's and district nurses.

The service had on display in the reception area of the home their last CQC rating, where people visiting the home could see it. This has been a legal requirement since 01 April 2015.