

Bupa Care Homes (ANS) Limited

The Priory Care Home

Inspection report

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Shirley
West Midlands
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Date of inspection visit:
13 November 2019

Date of publication:
10 December 2019

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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

The Priory Care Home is a purpose-built care home providing personal and nursing care for up to 52 older people and people with physical disabilities. Forty-eight people lived at the home during our inspection visit.

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

People received extremely personalised and responsive care from staff they knew and trusted. People's achievements were celebrated which clearly had a positive impact on their lives. Staff were innovative and used creative ways to ensure people's desired outcomes were achieved. People received excellent care at the end stage of their lives and the staff team worked in partnership with health and social care professionals to achieve this.

People's needs were assessed before they moved into the home and people and their relatives were treated as active partners in their care. Animal therapy was used at the home with positive effect and staff were the extra mile to ensure people had opportunities to try new things. People were actively supported and encouraged to maintain links with people that mattered to them and people in their local community.

Staff supported people in the least restrictive way possible and in their best interests; the policies and systems in place supported this practice. People had choice and control over their lives and were treated well by staff who were committed to achieving equality. People's right to privacy was respected and their care was provided in a dignified way. People's independence was promoted.

People felt safe living at the home and safeguarding procedures protected them from harm. Risks associated with people's care and support were assessed. Detailed risk management plans helped staff to manage and reduce risks. Staff were recruited safely. Enough staff were on duty to provide safe care during our visit. Staff were trained and were competent to carry out their roles effectively.

People were happy with the cleanliness of their home and infection control measures were effective. The environment continued to meet people's needs.

People knew how to complain, and we received positive feedback about the leadership of the service and the visibility of the management team. Quality assurance processes and the results of regular audits demonstrated good governance and effective risk management. People's feedback was gathered and used to drive continual improvement. Lessons were learnt when things went wrong, and learning had been shared with staff team to prevent reoccurrence.

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

Rating at last inspection

The last rating for this service was Good (published 8 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was exceptionally responsive.

Details are in our Responsive findings below.

Outstanding ☆

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

The Priory Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector, one assistant inspector, a specialist nurse advisor and an expert by experience. A specialist advisor is a qualified health professional. Our specialist advisor was a registered nurse. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

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

Notice of inspection

The inspection took place on 13 November 2019 and was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included notifications the provider is required by law to send us about events that happen within the service such as serious injuries. We also sought feedback from commissioners who work with the service. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with 11 people who lived at the home and five people's relatives about their experiences of the care provided. We spoke with the registered manager, the deputy manager, the regional director, four care assistants, one senior care assistant, two nurses, the assistant chef, a house keeper and the activities coordinator.

We observed the care people received. We reviewed seven people's care records and a sample of medicine records. We looked at records relating to the management of the service including quality audits and people's feedback.

After the inspection

We gathered feedback from two health professionals who worked closely with the service and we received further information from the registered manager to demonstrate compliance with regulation.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People continued to feel safe living at the home. One person told us, "We are all perfectly safe here."
- The providers safeguarding procedures protected people from harm. Staff completed safeguarding training and knew what to do and who to tell if they had concerns about the well-being of anyone living in the home.
- The registered manager understood their responsibility to share information, when required, with the local authority and with us (CQC), to ensure allegations or suspected abuse were investigated.

Assessing risk, safety monitoring and management

- Risks associated with people's care had been assessed and were well managed. One person had a catheter and their risk assessment contained detailed information for staff to follow to manage associated risks such as, urine retention.
- One person told us the condition of their skin had greatly improved since they had moved to the home. They felt this was as a direct result of the good care they received from the nurses.
- The provider had effective processes to minimise risks related to the premises and equipment, such as periodic safety checks of gas, water, fire and electrical equipment in line with safety guidance.
- Emergency and contingency plans were in place. Staff understood the provider's emergency procedures and the actions they needed to take to keep people and themselves safe in the event of an emergency.
- People had personal emergency evacuation plans (PEEPs). These provided staff and emergency services with information on how to support people to evacuate the home quickly and safely in the event of an emergency.

Using medicines safely

- People were happy with how staff administered their medicines. People told us nurses explained why their medicines had been prescribed and the possible side effects they may experience from taking them.
- People's medicines were ordered, administered, stored and disposed of safely in line with best practice guidance.
- Clear guidance informed staff when 'as required,' and time specific medicines needed to be given as prescribed.
- People's medicines were administered by trained staff whose competency was checked by managers to ensure their understanding of safe procedures.
- A series of effective medicine checks took place which meant any errors could be identified and addressed promptly.

Staffing and recruitment

- During our visit there were enough staff on duty to respond to people's needs in a timely way to maintain their safety.
- Staff were recruited safely. The provider completed checks to ensure staff working at the home were suitable.

Preventing and controlling infection

- People were happy with the cleanliness of their home. One person said, "My room is cleaned every day, it's spotless."
- The provider's infection prevention and control measures were effective. Staff completed training on the prevention of infection and followed good infection control practices which protected people from the risk of infection.

Learning lessons when things go wrong

- The whole staff team shared a commitment to learning lessons when things went wrong. For example, staff had received further training and had reflected on their practice following an incident to reduce the likelihood of it happening again.
- A variety of systems were used to record accidents and incidents to minimise the risks of a reoccurrence. The provider shared learning across their organisation to drive forward continual improvement.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they moved into the home to ensure their needs could be met. Assessments involved people, their families and health and social care professionals. Information gathered during assessments was used to develop initial support plans which helped staff to meet people's needs and get to know them.
- Protected characteristics under the Equality Act were considered. For example, people were asked about any religious or cultural needs so these could be met.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- The provider was compliant with the MCA. The feedback we received confirmed people had choice and control of their lives.
- People's care records documented whether they had capacity to consent to specific aspects of their care. When needed best interest decisions had been made and the decision-making process had been recorded to ensure people rights were upheld.
- Referrals had been made to the Local Authority where people were being deprived of their liberty to ensure this was done lawfully and in the least restrictive way.
- Staff completed training to help them understand the principles of the MCA. We saw staff sought people's consent before they provided any assistance.

Staff support: induction, training, skills and experience

- People and their relatives had confidence in the ability of staff to deliver care and support safely and

effectively. We saw staff were confident and competent in their practice throughout our visit.

- Staff developed and refreshed their knowledge through an initial induction, which included the Care Certificate followed by a programme of on-going training. The Care Certificate is the nationally recognised induction standard.
- Staff told us their managers encouraged them to complete qualifications in health and social care to continually increase their knowledge and skills.
- Nursing staff kept up to date with changes in clinical practice and undertook relevant training to maintain their registration with the nursing and midwifery council (NMC). The NMC is the regulator for nursing and midwifery professions in the UK.
- Staff received supervision which gave them an opportunity to discuss and reflect on their practice.

Supporting people to eat and drink enough to maintain a balanced diet

- People liked the food and were supported to eat a nutritionally balanced diet. One person said, "The food is very good. We have lovely salmon and nice puddings."
- Staff including catering staff knew what people liked to eat and drink and peoples' individual dietary requirements were documented and catered for. For example, some people required a vegetarian diet and others were provided pureed and soft meals if risks associated with swallowing had been identified.
- Records showed people's feedback about the food provided was sought and amendments were made if needed in response to the feedback gathered.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare professionals when needed. One person said, "We have a super doctor. She has real compassion and really cares about us. She visits us once a week to check we are all okay."
- The whole staff team worked in partnership with health and social care professionals to ensure people received effective care. A health professional said, "We have really good communication. My advice is sought and listened to which benefits people."
- There was a whole team approach to providing person centred care. Staff discussed each person at daily handovers and team meetings to ensure people's needs continued to be met.

Adapting service, design, decoration to meet people's needs

- The Priory Care Home is a purpose-built care home and the environment continued to meet people's needs.
- The home had wide corridors and large rooms which meant there was sufficient room for people to move around safely with their mobility aids.
- There was a communal lounge and a dining room on the ground floor of the home. People's individual bedrooms included personal items to help create a homely feel.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity.

- People confirmed they received kind and compassionate care from staff they trusted and knew well. One person said, "Staff are lovely they listen to me when I talk to them. We have a laugh and a joke together which brightens up my day."
- Relatives spoke positively about the staff who supported their family members. One said, "The staff are all very caring. They know mum well she gets really good care."
- From speaking with staff, it was evident they cared about people and wanted to do their best. One said, "Our residents get excellent care. We all strive to achieved that. I love my job and I treat everyone how I would want to be treated myself."
- The management and staff team demonstrated they were committed to achieving equality. Staff received training and understood the principles of the Equality Act. Discussion confirmed they supported people in a caring way which respected their values, beliefs, religion, sexual orientation and cultural background. Further training was planned to help staff hold open conversations about sex and intimacy with people to assist in ensuring their needs were met.
- The home had consistently scored highly in feedback surveys completed by people and their relatives, including feedback left on independent websites.

Respecting and promoting people's privacy, dignity and independence

- People confirmed their right to privacy was respected and their care was provided in a dignified way. One person explained how staff always requested permission before they entered their bedroom and always closed the door when they assisted them with their personal care. They added, "They treat me with the upmost respect."
- People were supported to be independent. For example, at lunchtime staff offered to cut up people's meals for them so they were able to eat independently.

Supporting people to express their views and be involved in making decisions about their care

- People and relatives felt involved and were treated as active partners in their care. Their views were gathered in a number of different ways including meetings, involvement in quality assurance checks and regular reviews of the care and support provided.
- There were numerous examples of where people's views had been acted upon to improve the service they received. For example, the day before our visit one person had completed a mealtime experience audit. In response to their feedback new cutlery had been ordered to improve the mealtime experience for everyone.
- Staff sign posted people to advocacy services when required to ensure peoples voices were heard.

- People's personal information was managed in line with data protection law.

Is the service responsive?

Our findings

At the last inspection this key question was rated as Good. At this inspection this key question has now improved to Outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were eager to tell us the care they received was extremely responsive and personalised which they described as, 'top notch' and 'the best'. One person said, "Staff know me really well, they understand what's important to me such as my faith." Another told us, "I get excellent care, staff are very attentive nothing is ever too much trouble for them."
- Staff's commitment and focus was on ensuring people's experiences made a positive difference to their lives. One person had been supported by a staff member to attend a family wedding. They described the day as 'amazing'. Adding, "I will never forget it." The staff member who accompanied the person had done so in their own time because they felt privileged the person had invited them to attend. The staff member told us, "We both dressed up to the nines it was wonderful to be part of it all."
- Staff used innovative and creative ways to ensure people's desired outcomes were achieved. For example, one person desperately wanted to go to the seaside, but their poor physical health prevented this. Staff understood how important this was, so they brought the seaside to the person. They created a sea side in the home by using real sand, paddling pools and put on a Punch and Judy show.
- The service has gone the extra mile to recognise and celebrate people's achievements. One person was proud to have served in the army during the second world. Staff wanted to honour this and did so by arranging a special Remembrance Day celebration. The staff member who had arranged this spoke with pride when they told us, "It was really special day, [Person] wore his military medals, it was really moving and we all took time to recognise his contribution during the war."
- Animal therapy was used at the home with positive effect. We saw people's faces lit up when they stoked a puppy and it was very clear people welcomed and benefited from those interactions. The puppy had also been used to support one person to overcome their fear of attending specific medical appointments which were important to maintain their health. Staff had recognised cuddling the puppy provided the person with comfort and made them feel calm. So, staff had suggested the puppy attended an appointment with the person. This proved extremely successful. A health professional said, "I was absolutely delighted they [staff] have gone this extra step to help to improve the lives of residents."
- People's care plans contained the detailed information staff needed to provide personalised care.

End of life care and support

- Three health professionals told us they way in which staff supported people at the end stage of their lives was 'excellent' 'outstanding,' and extremely good.'
- There was a strong emphasis on partnership working with health professionals to ensure people received excellent care at the end stage of their life. This resulted in care being extremely personalised and well planned to ensure a dignified and pain free death.
- End of life champions, staff specifically trained to provide palliative care, told us they were committed to

working within the principles of Six Steps to Success. This approach, specifically designed to enhance end of life care, was embedded within the culture of the home. One staff member commented, "I feel privileged to provide care and companionship at the end of people's lives. The training I have had really helps me to do that."

- People's care plans included the ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) form. This plan provides clinicians with information about a person's clinical care in emergency situations, including cardiorespiratory arrest, in which they are not able to decide for themselves or communicate their wishes.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Intergenerational care, the practice of bringing young and older people together, was viewed to be of paramount importance to improve people's wellbeing. Staff frequently bought their children to visit people who lived at the home and children from a local school also visited. People told us it was delightful to see the children and to spend time with them. One person commented, "It makes me feel young."

- People told us how they benefited from the varied range of social activities they could choose to take part in. One person told us they particularly looked forward to and enjoyed taking part in the weekly 'knit and natter' session as they had made friends with other people who shared this interest.

- Links had been developed between the service and their local community. Some people had chosen to raise funds and were knitting blankets for a local dog rescue charity.

- Staff were also exploring how they could fulfil people's requests to experience new things. Plans were underway for people to 'feel the wind in their hair' through partnership working with an international cycling charity.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been assessed. Communication plans described the way people communicated and how staff should engage with them to ensure their wants and needs were met.

- Information was provided in a format people could understand to help them make choices including, easy to read and pictorial formats.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint and said they would speak to a nurse or the registered manager if they needed to raise a concern. They felt confident if they did raise concern it would be investigated and resolved.

- The provider's complaints procedure was accessible. When complaints had been received, they had been investigated and responded to in line with the provider's complaints policy. Learning from complaints was shared with staff so they could improve outcomes for people.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;

- People received extremely responsive and personalised care and support.
- People, relatives and staff all spoke positively about the leadership of the service and the visibility of the management team.
- The culture at the home was inclusive and people were seen to positively engage with managers and approach them without hesitation. One person said, "I like the managers, very approachable."
- The staff team shared a commitment to ensuring people received excellent care and worked in partnership with other professionals such as, GPs to achieve this.
- The registered manager was very motivated and had a clear vision of how they planned to achieve an overall rating of outstanding in the future. They said, "Everything I do is for the residents. I am passionate, and I am working hard with the staff to continually improve things in response to what people want."
- Staff shared the registered managers vision. One staff member said, "We all want the same thing. We have great ideas. With support from managers we will strive to make things brilliant for residents. They deserve the best."

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

- Management changes had occurred since our last inspection. The provider's new management team consisted of a registered manager and deputy manager who were both experienced registered nurses. The management team felt supported by the regional director.
- The registered manager had worked at the home since June 2019 and had registered with us in September 2019. They demonstrated a clear understanding their regulatory responsibilities.
- The registered manager was part of a local registered manager network. They told us this helped them to learn and share best practice. They explained how they cascaded their learning to the staff team to drive continual improvement.
- The latest CQC inspection rating was on display in the home and was also available on the providers website. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People felt fully involved in their care and support and the running of their home. Their views were

gathered in a variety of ways. For example, people had opportunities to attend regional director meetings to share their experiences of living at the home. The regional director said, "Senior managers receiving feedback first hand is the best way for us to evaluate what we do. We listen to people and take action if needed to improve things."

- Staff enjoyed their jobs and understood what was expected of them. They received support through individual and team meetings to guide them with their work and support ongoing development.
- The provider's staff recognition scheme identified good care and encouraged staff to continually develop their skills to benefit people.
- People maintained and develop links with their local community.
- The provider sent monthly newsletters to people and staff to communicate any upcoming changes and to share a variety of 'good news' stories.
- The home used social media and had a secure dedicated 'page' to communicate with people, their relatives, staff and the local community.

Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Quality assurance processes and the results of regular audits demonstrated good governance and effective risk management.
- The regional director completed monthly compliance assessment visits to ensure the service was meeting the essential standards of quality and safety. Audit findings and completed actions were shared with the provider who monitored actions were taken in a timely way.
- The provider and registered manager understood their responsibility to be open and honest when things went wrong. Lessons had been learnt and had been shared with staff, to prevent reoccurrence.