

Avery Homes (Nelson) Limited

Priory Court Care Home

Inspection report

Priory Road
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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

About the service

Priory Court Care Home is a residential care home providing personal care to up to 60 people. The service provides support to adults of all ages, people living with dementia and people with a physical disability or sensory impairment. At the time of our inspection there were 44 people using the service. The service is a purpose-built care home.

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

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff had been safely recruited and received training in how to care for people safely. There were enough staff to meet people's needs in a calm unrushed manner.

Care plans reflected people's needs and risks had been identified and assessed. Care and equipment were in place to keep people safe from harm. People's ability to eat and drink safely and maintain a healthy weight were assessed and where needed food was modified to be safe for people to eat.

Staff had received training in how to keep people safe from abuse and knew how to raise concerns. They were confident in the registered manager's ability to take action to keep people safe.

Medicines were safely managed and people received their medicines as prescribed.

The home was clean and staff worked to keep people safe from the risk of infection. Staff used protective equipment appropriately.

People's privacy and dignity were respected, and the registered manager had provided activities in the home to keep people engaged. People were able to receive visitors when they wanted.

Systems were in place to monitor the quality of care provided. The registered manager gathered views of people and their relatives. All this information was used to improve the care provided.

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

Rating at last inspection and update

The last rating for this service was requires improvement (Published 17 October 2019).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Priory Court 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of an 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 care service.

Service and service type

Priory Court Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Priory Court Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with five people who used the service and three relatives about their experience of the care provided. We spoke with five members of staff including the area manager, registered manager, senior care worker, care worker and a housekeeper. 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 reviewed a range of records. This included six people's care records and multiple medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. Medicines were not managed safely. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks to people were assessed and care was planned to keep people safe. For example, what support people needed to move around the home. A relative told us, "[Name] needs a lot of help getting around but the staff make sure they are safe whether using the frame or a wheelchair."
- The home was in the middle of a power cut when we arrived. The registered manager had assessed all the risks to people and had taken action to ensure people were safe. For example, people on electric pressure relieving mattresses were got up and staff were constantly walking around checking on people as the call bells were not working. The quick action taken ensured people were safe during the incident.
- Medicines were stored safely. Medicines which needed to be kept cool were stored in the refrigerator. Systems were in place to monitor stock levels and expiry dates. This ensured people's medicines were effective and available when needed.
- Medicines were safely administered in line with people's prescriptions. People told us they were happy with the way staff looked after their medicines and confirmed it was administered in a timely manner. Staff administered medicines to people in the way they preferred. They took time to ensure people were able to take their medicines in a calm and unrushed fashion. This reduced the risk of medicine errors.
- Medicines records were fully completed. The provider used a computer system to manage their medicines. It would flag up if people's medicines were late being administered. Protocols were in place to support staff to administer as required medicines such as pain relief in a consistent and safe manner.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe living at the home. One relative told us, "This is a lovely place, [Name] is safe and happy here."
- Staff told us they had completed training in how to keep people safe from abuse. They could identify the different types of abuse and knew how to report any concerns they had, both within the home and to external agencies.
- The registered manager had responded appropriately when incidents happened. They took action such as moving people to a different room to reduce people meeting and further incidents occurring. The registered

manager worked collaboratively with the safeguarding authority and other external agencies when investigating incidents. This kept people safe.

Staffing and recruitment

- People told us there were enough staff to care for them safely. One person told us, "I'm happy with the staff, they know what they're doing."
- There were enough staff to meet people's needs. The registered manager monitored how well staff were meeting people's needs and was flexible around staffing levels when people's dependency levels increased.
- The registered manager ensured people working at the home were safe to work with vulnerable people. Staff told us they had to bring in proof of identity and complete a disclosure and barring service check before they were offered employment in the home. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. .

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes

The provider was working in line with government guidance regarding unrestricted visiting.

Learning lessons when things go wrong

- Incidents and accidents were recorded and where needed immediate action was taken to update care plans and inform staff of changes needed to keep the person safe. The registered manager reviewed accidents and incidents to identify if there were any trends and action needed. For example, if further training in areas were required.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People received an assessment of their needs so safe care could be planned. Where people had long term conditions the registered manager identified best practice guidance in supporting people with their specific conditions and ensured this information was available to staff in people's care plans.
- Care plans showed the registered manager had ensured recognised good practice tools had been used when completing the assessments. For example, people's risk of developing pressure areas had been assessed using the Waterlow tool. The provider had policies and procedures in place to ensure up to date guidance and legislations was available to staff.

Staff support: induction, training, skills and experience

- Staff received an induction when they started to work at the home. This included training in how to support people to move safely and how to recognise and report abuse. In addition, new staff shadowed an experienced member of staff to gain knowledge and experience. All new staff were required to complete the care certificate. This is a national set of standards which ensured staff had the skills to provide safe care to people.
- Ongoing training and support were provided for staff to ensure their skills remained up to date. Records showed the registered manager had a system in place to monitor when training became due so they could ensure staff's skills remained safe and effective. One member of staff told us, "The registered manager will chase us if we don't complete training."

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

- People were offered a choice of food at mealtimes and if there was nothing on the menu they preferred then the cook was able to make them anything they wanted. One person told us, "The fish and chips are lovely." Staff assisting people to eat did so with patience and care.
- People's ability to maintain a healthy weight was monitored. Where concerns were identified people's food and fluid intake was recorded for an assessment period. People's ability to eat and drink safely was monitored, and people were referred to healthcare professionals for assessment, advice and support. Where needed people were provided with a modified diet such as food that was able to be mashed with a fork. This ensured people's risk of choking was reduced.

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 when needed. Records showed people had attended hospital

appointments and their GP and community nurses had visited them when they were not well.

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

- The home environment supported people's well-being. It was pleasantly decorated and well maintained. There were several communal areas where people could choose to spend time. People living downstairs had access to outside space, however people living with dementia upstairs were reliant on staff to help the access the gardens to enjoy some fresh air.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People were not unlawfully restricted. People's ability to consent to living at the home was assessed and where necessary an application for a DoLS assessment was completed. There was no one at the home with any conditions on their DoLS.
- People's rights were maintained. Staff had received training in supporting people's rights and abilities to make choices about their lives. When a person was unable to make a decision, one was taken in their best interest. Best interest decisions had considered the views of family and healthcare professionals.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. 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 told us they were happy with the staff who cared for them. One person said, "The care is very good here, I like it here, it's my home now." A relative told us, "[Name] gets very good care here, the staff are attentive, helpful and cheerful."
- All the staff interacted with and supported people. One person told us how the housekeeper helped them to look after their plants. The maintenance person also tried to mend a photograph frame for them.
- Staff supported people to develop memory boards. This helped staff to get to know people and understand what was important to them. One person was walking around the home with their memory board and stopped to discuss some of the photographs with a member of staff.

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

- People's choices were recorded and respected. One person told us, "I need help with dressing, but I always pick what I want to wear, and the staff help me." People's care plans also recorded their preferences and their ability to make choices.
- Where people were unable to make decisions about their care or did not have any friends or relatives to support them, the registered manager was able to refer them to an advocacy service. An advocate is an independent person who looks at what is in the person's best interest.

Respecting and promoting people's privacy, dignity and independence

- Staff had received training in supporting people's privacy and dignity. Staff explained how ensuring they had consent was important and they always asked for people's consent before providing care. In addition, staff told us they would ensure they closed doors and curtains before providing care to support people's dignity. People could be reassured staff understood how important people's privacy and dignity was.
- People's independence was supported. For example, when providing personal care staff encouraged people to do as much as possible for themselves. Staff understood how important it was for people to remain independent as it supported their dignity.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

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

- Care plans reflected people's needs and had been reviewed on a regular basis to ensure they took account of any changes people needed in their care. One person told us, "I'm here while getting over a broken ankle. I'm able to do some walking now with a carer."
- Where people had been diagnosed with conditions care plans contained information on concerns for staff to monitor. For example, when a person had diabetes, their care plan contained information on risks of having high or low blood sugar and how to identify when to be concerned about a person. This level of information supported staff to act quickly in an emergency and to help prevent the need for hospital admission.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. Care plans recorded the support people needed to access written or verbal information. For example, they noted who needed glasses to read. These needs were shared appropriately with other health and social care professionals.

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

- People told us there was plenty going on in the home to keep them occupied. There was a full seven-day programme of activities in place. One person told us, "I do activities, I've been to a birthday party today." Another person said, "There's plenty to enjoy here."

Improving care quality in response to complaints or concerns

At our last inspection the provider had failed to investigate and respond to complaints appropriately. This was a breach of regulation 16(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of

regulation 16.

- People told us they knew how to raise a complaint, but they had never felt the need to do so. The provider had a complaints policy in place which set out how to complain and the action they would take to investigate the concern and respond to the complainant. One person said, "This is a good place, no complaints."

End of life care and support

- People's wishes for the end of their life had been recorded in their care plans. For example, if people wanted to stay at the home instead of being admitted to hospital.
- Staff were knowledgeable about supporting people at the end of their lives. They knew which healthcare professionals who would be able to support people to remain calm and pain free.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to robustly assess and drive improvement in the care provided. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider had a suite of audits in the home assess the quality of care provided. These had been effective in driving improvements in the home. The area manager reviewed the audits on a monthly basis to ensure the home was operating safely. They benchmarked the home against the provider's other homes to ensure they were meeting standards.
- The area manager told us they were confident in the manager's abilities and so were responsive to their requests. For example, when the registered manager raised the need for extra staff this was supported and put in place.
- The registered manager had taken action to comply with the regulatory requirements. They had notified us about events which happened in the home. In addition, the manager was in the process of completing their registration with the Commission.

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

- People living at the home and relatives told us the registered manager and staff were kind and approachable, and the service was well managed. One relative told us, "We see the [registered] manager and assistant most times we visit. They're always available for a chat."
- Staff were positive about the registered manager and felt they had the skills needed to manage the home. The registered manager was also complimentary about the staff, explaining they worked as a team and were always willing to cover an extra shift when needed.

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

- The provider understood their duty of candour responsibilities to be open and honest with people and relatives about incidents which happened. Records showed how they had communicated with a family after

an incident and had taken the families wishes into account in the care provided.

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

- People and their relatives had been asked about their thoughts on the service. People were confident action would be taken if things were not right. One family member told us, "We were sent a survey a few weeks ago but there wasn't anything we wanted changed." Another relative said, "We get surveys but the [registered manager's] door is always open. We haven't got any complaints anyway."
- Staff told us they were engaged with the service and their feedback was gathered through surveys and one to one supervisions with their line manager. Staff felt confident in raising concerns and were assured the registered manager would take action to improve the care provided.

Continuous learning and improving care; Working in partnership with others

- The registered manager had investigated accidents and incidents and had identified areas where improvements could be made. They ensured this learning was shared with staff and used to improve the quality of care provided.
- The registered manager worked collaboratively with health and social care professionals to ensure people received care which met their needs.