

Priory Supporting Care Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Priory Supporting Care Limited is a residential care home providing personal care to 22 people aged 65 and over, at the time of the inspection. The service can support up to 25 people.

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

The service had arrangements in place to protect people from the unsafe management of medicines. Where people needed assistance to take their medicines, staff helped them accordingly. People were safeguarded from abuse or harm and staff understood how to keep them safe and report any concerns they had. Risk assessments had been carried out to identify any risks to people, when providing care and support. There were enough staff employed to meet the needs of the people using the service. The provider had effective recruitment procedures to make safe recruitment decisions when employing new staff. Accidents and incidents were recorded in detail and these were investigated by the registered manager to prevent or minimise them from happening again. Staff had received training in infection prevention and control. They understood the roles and responsibilities in this area to ensure people they supported, were safe.

The registered manager operated an open and inclusive culture where people, relatives, staff and other professionals were encouraged to help improve the service provided to people. Staff had access to a range of policies and procedures, and this helped them to carry out their role. People were treated equally regardless of their abilities, background, lifestyle, values, beliefs and their cultures. There were systems in place to monitor the service and address any areas of improvement where needed. The management team had good links and worked closely with other health and social care professionals to ensure people received the care and support they needed.

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

At the last inspection the service was rated requires improvement (published 21 January 2021) and there were breaches of regulation 12 (Safe care and treatment), and regulation 17 (Good governance). 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 carried out to follow up on action we told the provider to take at the last inspection. We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the

overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Priory Supporting Care Limited on our website at www.cqc.org.uk.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Priory Supporting Care Limited

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 was carried out by 1 inspector.

Service and service type

Priory Supporting Care Limited 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 Supporting Care Limited 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

We gave a short period of notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

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 and professionals 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 looked at notifications we had received from the service. A notification is information about important events, which the provider is required to tell us about by law. We used all this information to plan our inspection.

During the inspection

We spoke with 5 people who used the service, 3 members of staff, the registered manager, deputy manager, and maintenance staff. 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. We looked at 3 people's care records, 3 staff recruitment files, medicines administration records, staff rotas, staff training, health and safety audits, incidents and accidents and records relating to the running of the service. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Following the inspection, we continued to seek clarification from the provider to validate evidence found. We spoke with 4 relatives to obtain their views of the service.

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 requires improvement. At this inspection this key question has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection, we found the systems were not always effective in assessing and managing risks to people while they received a service. This was a breach of regulation 12 (Safe Care and Treatment) 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.

- At our last inspection, people's medicines were not always available in the necessary quantities. This meant people may be at risk of not receiving their medicines as prescribed. Protocols for administering PRN (as and when required) medicines were not always up to date.
- At this inspection, we found medicines were managed safely in line with national guidance. The service had suitable arrangements in place to protect people using the service against risks associated with the unsafe management of medicines.
- People told us they received their medicines as prescribed. One person said, "The staff give me my medicines when I need to have them." A relative told us, "I have been around in the home when the staff were giving medicines to my [family member] and I am happy with the way they do them."
- The deputy manager carried out regular audits of medicines, including people's medicine administration records (MAR). Medicine stocks were monitored very closely to ensure people did not run out.
- Any medicines prescribed to be given 'as necessary' were monitored and protocols were in place to explain when these medicines should be given. These were now readily available to staff as previously they were kept in people's care files and not with the other medicines.
- MAR sheets were completed correctly and there were no missing signatures.
- Details about what medicines people were prescribed were within their care records. Staff who helped people take their medicines, had been trained to do so.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse or harm and staff understood how to keep them safe and report any concerns they had.
- People told us they felt safe at the service. People did not raise any concerns about the way staff cared for them. One person said, "I am definitely safe here, I have no concerns." Another person told us, "I feel safe. The staff are always very good." A relative commented, "[Family member] is safe and we feel they are very safe in the care home."
- At our last inspection, we recommended the service review communication procedures to minimise the risk of such incidents reoccurring as on occasion, concerns were not always raised in a timely manner with the local safeguarding authority.

- At this inspection, we found the local safeguarding team had been informed of concerns as required.
- The registered manager was aware of their responsibilities on how to protect people from abuse. We noted they had reported safeguarding concerns to the local authority, and these were investigated.
- Staff had received training in how to safeguard people from the risk of abuse. They were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice. One member of staff told us, "I will inform my manager about any abuse." Staff knew the procedure to follow if they identified any concerns or if any information of concern was disclosed to them.
- The provider had a whistleblowing policy and this gave guidance to staff on how they could raise concerns about any unsafe practice.

Assessing risk, safety monitoring and management

- Potential risks about people's safety were assessed to ensure they were supported to remain as safe as possible.
- Risk assessments gave staff clear guidance on how best to support people in different situations, for example, how staff should help people with their mobility where they were at risk of falls. This helped to ensure care and support was delivered in a safe way.
- Staff knew about people's health needs and ensured they were safe when carrying out any tasks. Risk assessments were reviewed and updated to reflect any changes in people's needs.
- The provider also had an environmental risk assessment in place which identified potential risks and how to minimise them.
- The provider had a system to ensure all equipment was maintained and serviced. We saw fire safety checks were undertaken and the hot water temperatures were monitored to ensure people were not at risk of scalding.

Staffing and recruitment

- There were enough staff employed by the service to meet the needs of the people and staff recruitment processes were robust.
- People told us there were enough staff to meet their needs. One person replied, "Yes, there are" when we asked them if there was enough staff on duty. One relative told us, "There are always staff around when I go to visit my [family member]." Any shortfalls, due to sickness or leave, were covered by existing staff.
- The staffing numbers were kept under review to respond to people's choices, routines and needs. For example, when people had appointments in the community, more staff would be working to accompany them.
- We looked at the staffing rota and found sufficient numbers of staff available to support people with their care needs. Some of the staff had worked at the service for a long time. This helped to ensure people received consistent care from staff who knew them well.
- The provider had a thorough recruitment and selection process for new staff.
- Staff recruitment files contained checks that the provider had carried out on the suitability of potential staff before employing them. The checks included the required professional references, application form, criminal record check, identification, terms and conditions of employment and right to work in the United Kingdom. These checks helped to ensure people were not exposed to staff who were not suitable to work with them.

Learning lessons when things go wrong

- Accidents and incidents were recorded in detail and were investigated by the registered manager to prevent them from happening again. This helped to ensure people remained as safe as possible and where necessary, measures were put in place to avoid any repeat events. For example, we saw actions had been taken by the staff where a person had an unwitnessed fall.

- There were procedures for staff to follow in an emergency, such as when to call for an ambulance if a person was not well.
- There was an on-call system in place, there was always a member of the management team available for advice to staff in case of any emergencies.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date..
- Staff were trained in infection prevention and control. They understood their roles and responsibilities in this area to ensure people they remained safe.

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 requires improvement. At this inspection this key question 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.

Continuous learning and improving care

At our last inspection, we noted the provider's quality assurance systems and checks were not always robust. The systems in place did not always identify the shortfalls we found in medicine management. Audits carried out had not identified shortfalls relating to staff handover systems. Handover forms were not always fully completed with important information. This meant staff did not always have the most up to date information at the beginning of their shift. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. Enough improvement has been made at this inspection and the provider was no longer in breach of Regulation 17.

- At this inspection, there were effective systems were in place to quality assure the services provided, manage risks and drive improvement.
- We noted improvements had been made around the concerns we identified. The handover system had improved. The management of medicines was being monitored closely.
- The management team undertook regular audits to monitor the quality of the service they provided. This included regular care plan reviews, medicines administration and health and safety checks audits.

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 registered manager was aware of their responsibility to inform CQC of events and incidents that happen within the service or when people received care and support from staff.
- The registered manager kept us up to date with any changes that happened at the service and provided us with information promptly when we had requested them.
- All notifications were submitted to us in a timely manner.

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

- People and relatives told us that the service was a good place and that they could speak with the registered manager or a member of staff as and when they needed to. One person told us, "The manager is very good." A relative said, "The manager is always very helpful, and I am very happy with the home and the staff. They look after [family member] very well."
- The registered manager operated an 'open door' policy and were in regular contact with people, relatives and staff to ensure the service ran smoothly.
- Staff told us the registered manager was approachable and very supportive. A member of staff told us,

"The manager is really helpful." Another staff said, "The manager is very good, I can talk to them about anything."

- Staff had a clear understanding of what was expected of them. They were aware who they were accountable to and understood their roles and responsibilities in ensuring people's needs were met.
- The provider had a range of policies and procedures in place that gave staff guidance about how to carry out their role safely.

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

- The registered manager encouraged people, relatives and staff to be involved in the day to day running of the service as much as possible.
- Relatives told us the registered manager kept them informed of what was going on in the service. If there were any changes in their family member's health, the staff would contact them. Relatives were encouraged to discuss any issues they might have with the registered manager or their deputy. One relative told us, "I speak with the manager or staff regularly about my [family member], and they always let me know if there is anything going on."
- The provider ensured people and staff had an equal opportunity and were not treated differently or discriminated against because of their characteristics. People and staff had equal opportunity to fulfil their potential.
- There were regular meetings held for staff and these enabled them to raise any issues or concerns they had. We saw a number of areas were discussed during those meetings, such as any changes in people's needs and training courses. Staff told us they were encouraged to discuss any issues they might have or share ideas during these meetings.
- Meetings were also held with relatives and people who used the service. This gave them an opportunity to share any issues they might have or anything they would like to discuss.
- The provider continually sought feedback from people, relatives, staff and other professionals. This was gained by satisfaction surveys. They then analysed and acted on the feedback to improve the quality of the service provided.

Working in partnership with others

- The registered manager had good links with a number of health and social care professionals and this helped to ensure people's needs were fully met.
- People had access to a number of health care services within the community. Where people required it, the registered manager sought healthcare advice and support for them from external professionals such as occupational therapists.
- The registered manager kept themselves up to date with best practice. They regularly attended meetings which were held by the local authorities. They also attended regular meetings with other registered managers within the company to share ideas regarding how they managed their services and where improvements could be made.