

Nightingale Retirement Care Limited

Priors Mead 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

Priors Mead Care Home is a residential care home for up to 17 people over 65 years of age. At the time of our inspection on 14 January 2019 the home was fully occupied with 17 people. A number of people were living with dementia.

Rating at last inspection

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People were cared for safely at Priors Mead. There were sufficient staff to meet people's needs, all of whom were permanent and had experience of care. People's risks had been assessed and staff knew what actions to take as well as how to report any suspected abuse. Medicines were safely managed and infection control procedures were practised. Accidents and incidents were recorded and monitored to prevent reoccurrence.

People's needs were assessed and kept under review. People were enabled to stay well and have their health needs met. Staff had the knowledge and skills to understand and care for each person. People enjoyed the food and risks to their nutrition or weight was monitored. The environment was homely and accessible for people. Technology was used effectively to support continuity of care. People's consent was sought in line with the Mental Capacity Act 2005.

Staff demonstrated an attentive and caring approach with people. They spent time with people, listening to and supporting people in the most appropriate way. They enabled people to make decisions about their care. People were treated with dignity and respect.

People received care that was personal to them and staff took an interest in their lives. There was a variety of day to day activities and weekly outings were arranged. People's aspirations were known and staff made efforts to meet these wherever they could. Complaints were responded to in a personal way. People at end of life were cared for in a sensitive and safe way.

The service was well led and a registered manager was in post. The provider aimed to improve the service further and quality audits and feedback were used to assess how this might be achieved. The provider aspired to be an employee led organisation and staff were being prepared to be financially accountable in the future. People were given a chance to be involved in decisions and changes and regular meetings were held. Statutory notifications were sent to the CQC. Environmental and safety checks were in place. The service had established good links with community services, schools and groups that benefited the people they cared for.

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 remained Safe	Good ●
Is the service effective? The service remained Effective.	Good ●
Is the service caring? The service remained Caring.	Good ●
Is the service responsive? The service remained Responsive.	Good ●
Is the service well-led? The service remained Well-Led.	Good ●

Priors Mead Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 14 January 2019 and it was unannounced.

The inspection was carried out by two inspectors 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.

Before the inspection we reviewed records held by the CQC which included notifications and any safeguarding concerns. Notifications are changes, events and incidents that the service must inform us about.

At the inspection we spoke with five people, two relatives and one visitor. We also observed the care that people received and how staff interacted with people. We spoke with seven staff, including the registered manager and a director. We reviewed care plans for seven different people. We looked at the risk assessments as well as mental capacity assessments and any applications made to deprive people of their liberty. We looked at four staff recruitment files and evidence that all staff had up to date training and supervision.

We reviewed accident and incident records, checked that mandatory policies and procedures were in place and the documentation that showed whether regular monitoring of equipment and the premises was being done. We reviewed the internal audits, feedback from surveys and responses to complaints to understand how well the service was being governed and managed.

Is the service safe?

Our findings

People we spoke to at Priors Mead felt safe and nobody had any concerns. One person told us, "I choose to live here and feel perfectly safe." Relatives were confident that staff could be trusted to provide safe care. One relative said, "I haven't seen or heard anything to make me feel that anyone would be unsafe."

People were protected from the risk of abuse because staff understood their responsibilities in relation to the safeguarding of vulnerable people. Staff had received training on safeguarding policies and had been told how to report any concerns. One staff member said, "If I had any concerns, or if I saw a staff member doing something they shouldn't, I would not hesitate in speaking to the manager." They also knew how to whistle blow if action was not taken. Other staff members told us how they recorded any bruise or mark on a person, that had not been there before, so it could be investigated.

Risk assessments were in place to ensure that people receiving care and the staff supporting them were kept safe. A person whose health had deteriorated recently had an increased risk of falling from bed. An assessment was in place and actions to prevent harm or injury were implemented. Staff knew to carry out regular checks and ensuring the person was positioned correctly in bed. Their relative told us, "They also now have crash mats and a bleep mat which reassures me." Another person living with dementia was prone to walking about at night with a risk of disorientation and disturbing others. The night staff monitored the person and reassured them if found wandering.

People received their medicines in a safe way. People's medicines administration records (MAR) contained their picture to reduce risk of misidentification and any allergies were clear. Changes to people's medicines that were handwritten had been checked and signed by two staff members. Where people were using topical creams, a body map showed clearly where the cream should be applied. Staff had recorded to show when they had applied it. Staff were due to have their medicines competencies renewed in the next month. We noted that some people who took an 'as required' medicine did not have individual protocol in place with details of signs and symptoms to look for, when it can be given and how long before a doctor needs to review. We brought this to the attention of the registered manager who sent us an example after the inspection. We were confident that this was addressed and that people received these medicines appropriately. The medicines were stored in a safe way in a locked cupboard and the temperature was taken and recorded.

People were protected against the risk of the spread of infections. Staff were aware of good practice and cleanliness and hygiene was evident in the home. Staff had access to, and used, the correct personal protective equipment. One staff member told us, "We use gloves and aprons and we have alcohol gel. If someone had an infection their cutlery would be washed separately so other people didn't get the infection." There was at least a twice-yearly audit undertaken, and staff training in this area was up to date.

People were kept safe following any accidents or incidents. Any injuries were logged and the outcomes and actions were recorded. These demonstrated that appropriate action was being taken. There was an overview of incidents across the home and an electronic trend map. One person had two falls in a month.

The reason was identified and a note was made of the action to be taken by staff to prevent this again. The provider said, "We can see if there is anything we need to address. But we are a small home and know people so would notice immediately if there is a recurring problem or increased risk."

There were sufficient staff to safely meet people's needs. Although it was a busy day, when we visited, no one was kept waiting at any time. One person said, "If you need someone, there's always someone around." The home operated a three-shift pattern. In the morning there were always three care staff, a manager, a cook and a housekeeper. In the afternoon this reduced to two care staff. The provider reviewed staffing levels monthly, based on the needs of people in the home, using a staffing complement assessment. The registered manager told us, we always meet the required levels and there is no agency." One relative said, "The continuity of staff contributes to everyone's safety. They (staff) know people and can spot the signs if someone is getting anxious or cross."

Staff had been safely recruited. Prior to employment the provider obtained details of the applicant's previous work history, two references and a check with the Disclosure & Barring Service (DBS) was completed. The DBS keeps a record of potential staff who would not be appropriate to work in health and social care.

Is the service effective?

Our findings

People told us they were happy with the staff and they were good at their job. One person said, "The staff seem to join up, they really work well together." A relative told us, "They help the person that I visit with a calm persistence. They never push and just come back after a time and try again – it always works." We observed that staff were effective at anticipating and managing people's anxiety and any behaviour that may impact on others.

People were supported by staff who had been trained and able to give effective care and support. Staff told us they had good access to training. One care worker said, "We do a lot of training. We've done dementia and diabetes training this year." There was a plan in place to ensure staff completed their mandatory training and yearly updates. We saw that training and development had been discussed at the last staff meeting. There were suggestions made to enable staff to gain additional knowledge and skills in relevant topics, such as audiology. Staff also confirmed they were appropriately supervised. One staff member said, "I have supervision every three months and an annual appraisal."

People's needs had been assessed and there was evidence that good practice guidance was followed. People's care plans contained sufficient information for staff on their mental and physical health, and how they wished to be cared for. There was detail on cultural needs and characteristics that would be protected under the Equalities Act, such as a person's religious faith. The home used recognised national tools to measure people's nutrition and had accessed guidance from local health services on risk factors. Technology was well used as staff had immediate access to information about people on electronic tablets that were linked to the provider's new digital care planning system. They could add their daily notes in real time using the voice recognition to dictate them or type them in.

People were supported to eat and drink enough and to have a balanced diet. People told us they liked the food and were given some choice about what to eat. The cook said, "We try different foods and always give people two options." One person was allergic to mushrooms, another was vegetarian and two needed a soft diet. The cook was aware of these requirements and used low sugar recipes to support those with diabetes. People had access to drinks, fruit and snacks during the day and night if needed. People's weights were being monitored monthly. Two people were at risk of weight loss had been referred to the dietitian. Plans were in place to encourage them to eat and information was shared with the cook to add calories where needed. One relative said, "Since being here [person's name] has put on weight. She's eating a wider range of foods. They tempt her and have built up her portion size."

People were supported to stay healthy and to access health care services when needed. The diabetic nurse was involved with one person who managed their own insulin and had advised them on eating a balanced diet. Staff reminded them to test their blood sugar levels and they recorded the time that insulin was taken. People could ask to see a doctor and some people told us of the name of the GP who visited the home. The home arranged for people to see a dentist or optician when needed and a podiatrist visited them at the home. One person told us, "I saw the dentist in a room downstairs here." Another said, "They take my blood pressure twice a week."

Staff communicated well, working with other organisations to deliver effective care and support. A person who was having increased falls had been referred for physio and occupational therapy. People living with dementia had their needs assessed as they progressed, including medicine reviews and assessment by mental health professionals. The mental health team had been asked to visit one person whose anxiety and behaviour was causing concern. One healthcare professional had said they, "Looked forward to working alongside staff as they are always helpful and thinking of the resident's perspective."

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 MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People's consent to care and treatment was sought in line with legislation and guidance. Consent was sought before carrying out personal care and staff knew the decision making support people needed. In one person's plan we read, "I am able to make daily decisions about my care and treatment." Staff asked the person what help they needed. Mental capacity assessments were in place and detailed the decisions a person would be unable to make. There were two capacity assessments, however, where the actual decision to be made was not clear. We gave feedback about this to the registered manager to ensure assessments were always decision specific and relevant. The impact was low on these people because staff sought their consent for day to day care needs. Where a family member held the legal authority to decide on a person's behalf, there was documentation in place and evidence that the person's best interests was considered.

The home was suitable to meet the needs of the people who lived there. The ground floor was all on one level and people used their walkers and sticks to safely get around the lounge, conservatory and dining area. There was a lift to access the upper floors. However, most people living with dementia would need assistance to find their way to their rooms due to the layout. There was good and unrestricted access to the garden and to a patio with suitable furniture for the warmer weather. The garden had been an improvement project last year. There were raised flower beds offering an opportunity for people to take part in gardening. One person told us, "I make good use of the garden, as do others. I can do that on my own with the handrail on the long path."

Is the service caring?

Our findings

People, and relatives, we spoke to praised the staff and told us they were caring. One relative said, "The staff help each person as an individual. They take time to know them and they know when they are having good and bad days." A staff member said, "It's by far the best care home I've worked in. We (staff) spend time talking to people and sitting with them."

People were supported in a kind and compassionate way. One person told us, "When I have a bath, not my favourite thing, the girls just chat away with me and distract me, they are so thoughtful." We observed staff deal patiently with a person who was anxious and went to the office several times to ask about contact with their relative. Each time they spoke kindly to reassure this person. Later, we saw a care worker comforting the person in a very kind way encouraging them to eat something. There was attentive interaction from staff with people throughout the day.

Staff were skilful at distracting people who were living with dementia and managing behaviour that challenged others. One person walked around much of the time. At lunch time they had their coat on and a staff member said, "I've got to go upstairs so shall we take your coat up, then you can have lunch as you're not going out until later." Staff accompanied this person for a walk two times a week which was something they really enjoyed and helped their mental health. We saw that staff intervened in a calm and helpful way when people were irritated with each other and anticipated what might be needed. One relative told us, "They know where to sit people to avoid poor relations and any friction starting."

People, and their relatives, could express their views and be involved in decisions about their care. Staff were seen chatting to people, asking them what they wanted and showing a real interest. One staff member said, "We give people choices all the time. We show them and let them choose and ask them what they want to do and when they want to do it." Visitors were made welcome and there were no restrictions on families. One relative said, "My relative's behaviour can be difficult, and that makes me feel bad, but they always reassure me and tell me what is happening."

People's independence was promoted. This impacted on the way people felt about living at the home. One person told us, "Each person can have their own routine. We get up and go to bed when we want. That's better than making people fit in. We are at home." Another person said, "I like having breakfast in my room, I don't have to be up and dressed, it's more like being at home." One of the staff told us about how they worked with people, saying, "We are here to help people to do things. Not to do it for them, but to coax them to manage, if they can."

People's dignity and privacy was respected. There was a recognition of people's individual beliefs and characteristics which were respected. One person told us, "They know that I don't believe in drinking any alcohol." Another said, "They work around my stuff, my papers and the like. They know that I am a natural hoarder but never make me feel bad about it." People commented on the way their clothes and bedding were always kept clean and items were not lost which was important to them.

The provider had assessed prospective care staff at recruitment to ensure they had the right attitude and values to give respectful and empowering care to people.

Is the service responsive?

Our findings

People received personalised care and staff knew how to meet their needs responsively. Care plans contained information about people's personalities, interests and the goals and aspirations they had. One person's plan recorded their wish to become more mobile. We saw that they had been helped to make progress which was recorded. Another person wanted to have social company and to attend meetings with people who shared their religion.. A relative told us, "They know how important her faith is, it's core to her."

People's individual requirements were known and supported by staff. Care plans were updated with new information. One person who could be disorientated in the mornings, and often refused to get up, had guidance for staff in their plan that read, "[Name] needs a lot of soothing and reassurance. Wake up slowly so they are fully awake." Staff knew what to do. One care worker said, "We leave her and go back a bit later. She will get up in her own time."

Staff took an interest in each person. A person had just arrived at the home for respite care and little personal information was known. We observed a staff member sitting with the person, engaging them in conversation about their life, jobs, hobbies and travels and listening with interest. There were life stories in place for most people which enabled staff to talk about people's individual memories, significant people and pets. The activities co-ordinator was working on each person having an individual photo album of their good times.

People had access to daily group activities at the home which they could choose to take part in. The activities co-ordinator worked six days a week in the afternoon and evenings until 7.30 pm. This appeared to work well for people as there was some stimulation each afternoon and after supper as well. There was a good variety such as music therapy, chair exercises, crosswords, crafts and history club. There were also plans for an additional group activity three mornings a week as a response to people's requests. There was an iPad available for people and it was used to skype relatives as well as looking up information or maps to encourage people to talk about themselves and where they had lived.

People also had the opportunity to go out of the home. The service had access to a vehicle and could arrange outings in small groups most weeks. People told us they enjoyed these, and one person said, "I have put my name down for the garden centre at the end of the week. I love going out." Another person said, however, "It could be better organised and that would give more opportunity for going out. It adds to me feeling a bit 'locked up' sometimes." The registered manager had a plan to provide more outside activities in small groups. It was dependent on having staff who could drive the vehicle and taking someone to a hospital or health appointment might take priority. A newsletter for families evidenced that in December groups had gone to have afternoon tea a couple of times and a variety of community groups had visited the home.

People were encouraged to think about individual outings they would enjoy. Staff worked hard to respond to individual requests. The provider was working with an insurance company who provided funding to give older people their 'wish'. Funding had already been secured for one person who had wanted to go to

Brighton once again. This had been especially arranged as an individual outing. The staff were now working on organising more special events, such as for one person, who used to be a pilot, to go in a plane again.

People's communication needs were met and responded to. One person living with dementia had word finding difficulties but staff understood this and did not try to correct them. They knew how to help the person and learnt what they were trying to communicate. People who were had poor sight were helped to see more by individual bright lamps. Staff said they knew to ensure those who needed hearing aids were reminded to wear them.

People were cared for sensitively at the end of their lives. Care plans contained some relevant information and any decisions people may have made. One person was currently receiving end of life care. Their relative was full of praise for the staff. They told us, "The Hospice have arranged end of life medication to be here for when it's needed. That reassures us and staff are managing her medication well, keeping her pain free. The staff have made this horrible time more bearable, and by talking to me and helping me to understand what's happening I have felt wonderfully supported."

Complaints were dealt with and responded to in a timely way. There had been a complaint about a person not having their glasses or hearing aids on one occasion. The registered manager had met the family personally, apologised and discussed the importance of this with staff at the next meeting.

Is the service well-led?

Our findings

People told us the home was well – led. There was a registered manager in post. Everyone knew the registered manager by their first name and they could go to them for anything. One person said, "The managers are part of here. It's like a big family just some of us don't have to do any of the jobs." Another said, "The manager supports us at every stage. She has made a difficult stage of life bearable and we are very grateful."

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.

The home was run by a small company who had a mission to provide high quality care with a focus on individuals. The goals were written up on the wall and staff felt involved in the aim to make people as happy as possible in later life. One staff member told us, "The best thing about the home is that it is small and friendly. We have the time and the intimacy with people. We get to know people really well." We could see that this was the case by the way staff talked with people.

Staff felt valued and supported by the manager and were invested in the running of the home. We heard staff say, "The manager will remark if we've done something out of the ordinary," and, "We are praised in our supervisions and get good family feedback which is so nice." There was an 'employee of the month' scheme in place to reward thank staff. The workforce was stable with a low turnover of care staff.

The company was developing an employee ownership model and had spent time engaging with staff to educate them on what this would mean for them. Special events had been held where staff could learn and raise questions in a fun way and everyone was able to feel they had a stake in the company. Feedback from the events was positive and included comments such as, "Brought staff together to know each other and promote teamwork," and, "Helped to continue our journey together."

People also had a chance to give their views on what happened in their home. This was done through bi-monthly meetings which the activities co-ordinator ran in an informal way. We saw from the notes that safety, activities and food were discussed. After one meeting the food shopping list had been changed to include people's suggestions and the chef was informed. People talked about ideas for more outings in small groups and had agreed to do chair exercises as an activity. There was also a yearly survey and interviews undertaken with some people and their relatives. The comments received were well documented by the provider and any negative views were looked into and responses were made. For example, last year there were negative comments about one or two staff and the feedback was used in staff meetings and supervisions to reinforce expectations on good communication.

The provider had a performance framework in place to monitor the care delivered and any risks. These included the statutory health and safety checks that needed to be carried out in the home. We saw evidence

that fire assessments, equipment, building safety and legionnaires tests had been carried out. People's call bell events were monitored and any time delays were investigated with the reasons given. There was an electronic system in place for recording and risk rating any actions that were identified for staff, the managers or provider. This enabled the provider to have oversight and keep track of the accountability of actions.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had informed the CQC of significant events including deaths and safeguarding concerns. However, the lift had been out of action recently affecting some people in the home. We advised that this should have also been notified to us. The registered manager said it affected four people and was only a problem for a few days but they would learn from this. We will follow up on compliance with notifications at the next inspection.

The provider had a quality assurance method in place which includes regular internal audits based on the CQC key lines of enquiry and characteristics for adult social care. The results were used as a service improvement tool and staff pay and bonus is based on the outcome. There were few actions currently identified. There was one action about checking if an advocate is required for any safeguarding investigations. Another was about reviewing the effectiveness of 'mini games' with staff as a method of training and achieving change. The registered manager told us of improvements they had made, for example a bi-monthly newsletter for families and friends which encouraged a feeling of community.

The service had developed good relationships with community services for the benefit of people. For example, there was a toddler's session held in the home each week that people really enjoyed. One person said, of the children, "It's lovely to listen and watch them." A partnership was in place with a local school to enable young people to volunteer at the home most days of the week. We saw three young people attend and spend time chatting to people, supervised by the activity co-ordinator. The home had made links with a local college to encourage students who were interested in social care to gain experience. The provider attended the Care Home Forum and had taken part in an NHS pilot on sepsis awareness which resulted in additional training and awareness for their staff.