

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

The Priory

South Street, Tarring, West Worthing, BN14 7NH

Tel: 01903237027

Date of Inspection: 16 July 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Meeting nutritional needs	✓	Met this standard
Cleanliness and infection control	✓	Met this standard
Supporting workers	✓	Met this standard
Records	✓	Met this standard

Details about this location

Registered Provider	The Field Lane Foundation
Registered Manager	Mrs. Allena Edwards
Overview of the service	The Priory is registered to provide nursing and personal care for up to 42 people. Care is provided for people affected by dementia. At inspection the manager advised us that the regulated activities Diagnostic and screening procedures and Treatment of disease, disorder or injury were not at that time being carried out at the service.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 16 July 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

At inspection the manager advised us that the service had operated as a care home without nursing since 2002 and that care was provided for people with dementia. We used a number of different methods to help us understand the experiences of people who used the service. This included observing people in their interactions with staff and we spoke with two people who used the service, three relatives of people who used the service, the manager and three staff members.

We saw that people's needs were assessed and that care plans provided guidance for staff in meeting their needs. We found that care provided had met their needs safely and had taken into account their preferences. People who used the service and relatives of people who used the service told us they were happy with the care provided. One person who used the service said, "Everybody is nice and kind. People are very caring." A relative told us, "It's a great place. The staff treat people very well."

We found people were supported to receive adequate nutrition and had a choice of meals made available to them.

Procedures were in place for ensuring the cleanliness of the building and checks were carried out to ensure that staff were following proper procedures for the control of infections.

We looked at the care records for four people who used the service. We found that records were kept up to date because regular reviews and good recording procedures were in place.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

One person we talked with told us that their relative was encouraged and supported to make choices and decisions about their care, but that staff also made sure they received the care they needed.

Staff we talked with gave us examples of how people's individual requests had been carried out. For example one person had wanted a television in their bedroom and this was obtained for them, and for another person a puzzle board was provided. We saw that people were given choices about activities that were provided. We saw that people sat where they wanted to sit. Information provided at the staff handover meeting showed that people had been given the choice about when they got up, when they had breakfast, and how they had wanted to be assisted with their hygiene that morning. This meant that before people received any care or treatment they were asked for their consent and had received support in the way that they had requested.

We looked at care records for four people and found they all included a section which guided staff on how the person preferred their care to be provided. We observed one individual whose appearance showed that their stated preferences for personal grooming had been followed. The person told us, "We're asked about what we want." Staff we talked to gave examples of how they supported people to remain as independent as possible in line with their care plan. This included asking the person each day what areas of their hygiene and dressing they wanted to complete themselves. This meant that people's independence had been encouraged and supported.

We saw that people's privacy was supported by staff. For example, when one person wished to remain in their bedroom this was shared between staff members and how the person would continue to be supported in their bedroom was agreed. There were sitting rooms in the home which staff advised us were available and used when people wished to spend private time with their visitors.

We saw that people were supported by staff in a way which promoted their dignity. Staff talked with people in a way which showed that they respected the person's views and

wishes. A relative told us that staff treated people with the same respect that they would give to people who were part of their own family. "Staff have a good rapport with people," the relative told us.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

Comments from the two people we talked with who received a service included, "They're good with you, I have no complaints" and "People are happy and pleasant." The two relatives we talked to told us that a high standard of care was provided. "They've always cared for my relative very well," one person told us. Another person told us "I'm very happy with the care that has been given."

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. For example, records showed that specialist assessment and equipment had been obtained which had led to the effects of one person's medical condition being alleviated. Records showed that staff had received training in using the new equipment and that the equipment had been successfully employed.

We attended a staff handover meeting where staff were advised of changes to the care provision for individuals, for example advice provided by health professionals who had visited that morning. Guidance was provided to staff at this meeting on how the needs of individuals should be met. For example for one person whose appetite had not been good that day information was shared on what had done to address this. This meant that a consistent approach had been taken to meeting people's needs. Records seen showed that the needs of people who were monitored for their nutritional intake had been met.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We saw that there was an assessment and care planning process which took into account all of the person's assessed needs. Records seen included for example care planning for washing and dressing, hygiene, emotional wellbeing and physical health. We also saw that risk assessments had also been undertaken regarding a range of issues such as falls. We saw that arrangements had been put in place to prevent one person from injuring themselves from falls and staff showed us the arrangements in place. They told us that since the arrangements had been put in place the person had had no further falls. This meant that the service had taken action to ensure the aim of maintaining the person's safety was achieved.

We found that care plans included guidance for staff in assisting the individual. For example for one person who was assessed as confused and at risk at times, the care plan

guidance described the tone of voice and approach and strategy that staff should adopt. During our visit we saw on one occasion that the person appeared disorientated and distressed. We noted that staff took the approach recommended in the care plan and that this helped reassure the person and orientate them. We saw that the care records for the four people we looked at all included a section which guided staff on how the person preferred their care to be provided.

We saw there was regular involvement of other professionals in people's care such as general practitioners, district nurses and occupational therapists. We saw that the advice given by health professionals was written up in care plans and daily records. We saw that their advice was also relayed verbally to staff at the team handover meeting we attended. This demonstrated staff had appropriate clinical advice from professionals available to them to deliver care and treatment appropriately and safely.

During our inspection we observed people and staff in the main sitting room for part of the morning and during lunch in the dining room. We saw that staff were responsive to people and supported and encouraged them to engage with them. For example with one person who sat separately from other people a member of staff engaged them in an individual activity which they enjoyed. We saw that staff involved people in social activities such as flower arranging on the day of our visit. Individual activities carried out by staff included manicure treatment.

There were arrangements in place to deal with foreseeable emergencies. For example, a member of staff we talked with said that there were fire drills once a week and that staff were aware of the evacuation procedure. Records seen told us that full fire drills had taken place.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

People were provided with a choice of suitable and nutritious food and drink. One person we talked with told us, "I enjoyed my lunch. Meals are regular and on time, and we are asked what we want." We observed a lunchtime meal in the main dining room. We saw that there was a choice of two meals available for lunch and people were asked for their choice. We saw that one person was offered a choice of sandwiches when they did not wish to eat either of the main meals on offer. Special dietary requirements such as pureed meals were also provided.

We found that people who required assistance with eating and drinking were supported in an unhurried and sensitive way. We saw that staff gave the person individual attention and assisted them at the person's own pace. We saw that people were supported to eat and drink sufficient amounts to meet their needs. For example, we saw at regular intervals people were offered drinks and jugs of drinks that had been left on tables were refreshed at intervals. People who needed assistance with drinking were offered this regularly at both mealtimes and other times. The two relatives we spoke with gave examples of how strategies adopted by staff ensured the person received adequate nutrition. For people who were assessed as at risk of not taking adequate nutrition records showed that good levels of nutrition had been provided. This meant that people received the individual care and attention they required to maintain a healthy diet and fluid intake.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

One person who received a service told us "It's very clean. It's a clean place." A relative told us, "Very rarely is there a funny smell and it is clean."

There were effective systems in place to reduce the risk and spread of infection. For example we saw that staff had signed to confirm that they had read and understood the service's infection control policy which set out how the service planned to address infection risks. The manager advised us that there had been no incidents of spread of infection since our previous inspection in March 2013. Staff we talked with showed that they were knowledgeable about infection control, for example what steps they would need to take to ensure that people's infections were not spread. We visited the laundry room and saw the arrangements in place for ensuring people were not at infection risk from laundry arrangements. We saw that laundry staff kept soiled and clean clothes separate and how the washing of soiled laundry was undertaken. Staff records showed that they had received training in food safety, infection control and the control of substances hazardous to health (COSHH). This assisted staff to minimise the risk of infections being spread.

We found that the provider had maintained a clean and appropriate environment. Housekeeping records seen showed the cleaning measures that had been taken and these had been checked and signed. Equipment had been purchased since our previous inspection to help limit the risk of the spread of infection, such as waste bins that could be operated hygienically. We saw that bathrooms and toilet areas were kept clean and that there was a good supply of liquid soap, disposable towels and alcohol gel throughout the building. We saw the schedule for cleaning the premises and two members of staff we spoke with told us that the manager regularly carried out visual checks on cleanliness, hygiene, hand washing and appropriate use of personal protective wear such as aprons and gloves. A member of staff told us, "The manager does an inspection in the morning to check cleanliness and hygiene."

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

One person who used the service told us, "People are very caring and have a good attitude." Records of team handover meetings seen showed that staff were supported in their practice by advice on topics such as good medication administration practice, use of slings, and ensuring people remained well hydrated during the hot weather.

Staff received appropriate professional development. Staff records showed that most staff had received recent training in first aid, moving and lifting, hygiene and infection control, and food safety. One member of staff told us, "We had training in dementia where we had different scenarios where I had to assist someone with challenging behaviour. The things they taught us were helpful." Relatives we talked to said that staff had good skills when they assisted people with challenging behaviour. This meant that the training staff had received had supported them in delivering the care that people needed.

Staff we spoke to told us that they had received staff supervision and that they found this helpful. Records seen showed that twelve members of staff had received staff supervision in April 2013 and the manager said that further supervisions were planned for July and August 2013. The manager advised us that team supervision had also been provided on topics such as record keeping to support staff in their practice.

Records

✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment.

Reasons for our judgement

People's personal records including medical records were accurate and fit for purpose. Records were kept securely and could be located promptly when needed. We examined the records of four people who used the service. The provider used a care plan system which staff told us they found easily accessible and were able to locate information they were looking for. "We're always able to check things out in the care plan, the information is there" a member of staff told us.

Staff records seen showed that training had been provided for staff in records management. Staff meeting notes we saw showed that prompts for reviewing care plans for individuals were given to staff. We found that care records were up to date and plans of care had been recently reviewed. We found that records were stored securely. We found that records for the monitoring of the care and welfare of people who were assessed as at risk were up to date and were monitored by the manager. This meant that that records held for people supported them to receive the appropriate care and treatment.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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