MCCH

Rectory Lodge

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

The inspection took place on the 2 and 4 August 2016.

Rectory Road is registered to provide accommodation with personal care for up to 12 people with mental health needs. There were 12 people receiving a service on the day of our inspection.

The service had a registered manager. 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 registered manager was supported by an assistant team leader to ensure the daily management of the service.

The service was safe. Staff were aware of their responsibilities to keep people safe and to protect them from harm and abuse. Risks to people were well managed and assessments were undertaken to keep people safe both within their own home and the local community. The registered provider had effective recruitment processes in place which ensured people were protected from the risk of avoidable harm. There were sufficient staffing levels to meet people's needs. Accidents and incidents were recorded and monitored to identify and mitigate reoccurrence. People's medicines were managed appropriately so they received them safely.

Staff had received appropriate training and supervision and were knowledgeable about their roles and responsibilities. Care plans were person centred and included information on people's preferences and routines. Care plans were regularly reviewed with people, and the people that mattered to them, were involved in the planning of their care. People were cared for by staff who knew them well. Staff shared information effectively which meant that any changes in people's needs were responded to appropriately. People were supported to access health and social care professionals and services when required.

Staff were kind and sensitive to people's needs and ensured people's privacy and dignity was respected. People had positive relationships with staff and relatives said that staff provided compassionate care and were professional and caring. Relatives told us they were made to feel welcome when they visited.

People's capacity to consent had been assessed. The registered manager demonstrated a good understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

The service had a number of ways of gathering people's views which included talking with people, staff, visitors and relatives. There was an effective quality assurance system in place to monitor the quality of the service and to help ensure the service was running effectively, meeting people's individual needs and working towards continuous improvement.

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.

There were enough staff with the skills to manage risks and meet people's needs.

There were robust recruitment procedures in place to ensure people received their support from staff who had been deemed suitable and safe to work with them.

People's medicines were managed so they received them safely and as prescribed.

Is the service effective?

Good

The service was effective.

Staff received an induction when they came to work at the service and ongoing training to support them to deliver care and fulfil their role.

The registered manager and staff had a good knowledge of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS).

People healthcare needs were met and they were supported to access healthcare professionals when they needed to see them.

Is the service caring?

Good

The service was caring.

Staff knew people well and what their preferred routines were and treated people with kindness and compassion.

Staff treated people with dignity and respect.

Staff encouraged people to maintain their independence.

Is the service responsive?

Good

The service was responsive.

The service was flexible and responsive to people's needs.

Care plans were person centred and were regularly reviewed to ensure they continued to reflect people's needs.

The service had appropriate arrangements in place to deal with complaints.

Is the service well-led?

Good

The service was well led.

The service was run by a committed manager who had a clear vision for the service. Staff felt valued by manager and were positive about the support they received.

There were systems in place to seek the views of people who used the service and others and to use their feedback to make improvements.

The service had quality monitoring processes in place to ensure the service maintained its standards.

Rectory Lodge

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.

This inspection took place on the 2 and 4 August 2016 and was unannounced. The inspection was completed by one inspector.

Before our inspection we reviewed the information we held about the service. This included the last inspection report, statutory notifications and safeguarding alerts. Notifications are changes, events or incidents that the provider is legally obliged to send us. We also reviewed a Provider Information Return (PIR). A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

A significant number of people who lived at the service were not verbally able to talk to us, or chose not to, so we used observation as our main tool to gather evidence of people's experiences of the service. We spoke with two people, three members of staff, the assistant manager, the senior operations manager, the registered manager and one healthcare professional. We also spoke by telephone with three relatives of people using the service on 8 August 2016.

We reviewed a range of documents and records including four people's care files, four staff recruitment and support files, training records, arrangements for medication and quality assurance information.

Good

Is the service safe?

Our findings

People using the service told us they felt safe. Comments included, "I like living here, I'm happy;" and, "I love it here I am well looked after." People's relatives also told us they were confident that their relative was safe.

There were systems in place to keep people safe and staff and management understood the importance of protecting people and keeping them safe. The service had safeguarding and whistleblowing policies and staff were trained in recognising the signs of abuse. Staff we spoke with were able to demonstrate an understanding of the different types of abuse and of the safeguarding and whistleblowing procedures. One member of staff told us, "I know people so well that I will probably know if something is wrong and if I thought someone was being abused I would straightaway tell [name of registered manager]. If I felt nothing was being done about it I would contact the safeguarding team or call CQC." An 'Ask Sal' poster was displayed in the main entrance foyer of the service. 'Ask Sal' is a confidential helpline for people, relatives or staff to call if they had any safeguarding concerns. Records confirmed the registered manager had referred safeguarding concerns to the local authority and had notified the Care Quality Commission of safeguarding issues.

Staff had the information they needed to support people safely. Risk assessments were undertaken to keep people safe and were regularly reviewed. These assessments included potential risks to people both within their own home and in the community and included information on how staff should manage these risks and support people in the safest way. We saw that people's risks were identified in respect of their mental health and that indicators of deterioration in people's mental health were set out in their care plans. The service used an established mental health risk assessment tool relating specifically to risks such as neglect, self-harm and suicide. Processes were in place to keep people safe in the event of an emergency situation such as fire and each person had a personalised emergency evacuation plan.

There were systems in place to record and monitor incidents and accidents. These were reported on the provider's on line reporting system and were monitored by the registered manager and by the registered provider. This ensured that if any trends were identified actions would be put in place to prevent reoccurrence.

There was a robust recruitment process in place, including dealing with applications and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS). Staff told us, and records confirmed, they were not allowed to start working at the service until their references and DBS checks had been completed. New staff were required to undergo a six month probationary period and there were disciplinary procedures in place to respond to any poor practice.

There was enough skilled staff to meet people's needs safely. The registered manager told us how they assessed staffing levels regularly with the staff team to ensure there were enough staff to support people in a flexible way that met their individual needs. We noted that night staffing arrangements had been revised

following an increase in needs of people using the service. Staff told us that there were sufficient staff to enable them to meet people's needs appropriately and that they did not feel rushed or task focussed when providing care and support. During our inspection we observed staff spending quality time with people; staff were not rushed when providing personal care and support needs.

People received their medication safely and as prescribed. All staff who administered medication had received medication training and had their competency checked annually. Regular audits were undertaken to ensure that people were receiving their medication safely and correctly. We looked at the medicines folders which were clearly set out and easy to follow. We observed staff dispensing people's medicines safely and saw staff communicating well with people when giving them their medicines. Where people had been prescribed medicines on an 'as required' basis for example for pain relief, there were protocols in place for staff to follow. There were safe systems in place for ordering, receiving, storing and disposal of medicines.

Good

Is the service effective?

Our findings

People were cared for by staff who had the skills and knowledge to meet their needs. Staff had undertaken an induction programme when they started work at the service and were supported to obtain the knowledge and skills they needed to provide good care. Staff told us the training they received was good and was a mixture of face to face and e-learning. Training records confirmed staff had completed the registered provider's mandatory training. The registered manager told us that all new staff were required to complete the Care Certificate. The Care certificate is a training course which enables staff who are new to care to gain the knowledge and skills that will support them within their role. Where required staff had received specialised training to enable them to support people; for example mental health, first aid, dementia awareness and multiple sclerosis training. The registered manager confirmed that currently 15 out of 16 staff had achieved or were working towards achieving a recognised health and social care qualification. This meant that people were supported by staff that had the skills and knowledge to meet their needs and ensure their safety.

Staff received supervision and had an appraisal in place. Staff told us they received regular supervision which included guidance on things they were doing well and where improvements were needed. They told us they enjoyed their work and felt well supported by the registered manager and assistant team leader who were always available if they needed any advice or guidance. Records confirmed that staff received regular supervision and appraisal. A member of staff told us, "I have regular supervision and an annual appraisal. It is very much a two way process and I receive constructive feedback for example my areas of strength." This meant staff had a structured opportunity to discuss their practice and development.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty safeguards (DoLS). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff had received MCA and DoLS training and understood their responsibilities and the key principles of the MCA. The registered manager was aware of their legal requirements relating to the MCA and records showed that people had had their capacity to make decisions assessed. Where restrictions had been put in place to keep people safe, for example if people were under constant supervision or unable to leave the building independently, decisions had been made in people's best interests and appropriate DoLS applications had been made to the local authority. Staff were aware that people had to give their consent to care and had the right to make their own decisions. Throughout our inspection we observed staff asking people if they were happy to receive care and support and respected people's decisions. For example one person was invited to join in an activity but said they did not want to; their choice was respected. This told us people's rights were protected.

People were supported to have a balanced and healthy diet. People told us they liked the food. Staff were knowledgeable about people's specific dietary needs such as gluten free and, where required, followed guidance from the speech and therapy team to ensure people's needs were being met. We observed people

being offered a choice of food and where people were unable to communicate staff were skilled in recognising what their preferences were. We saw one member of staff take a person to the kitchen so that they could point out what they wanted to drink. Staff told us people were involved in menu planning and we observed this on the first day of our inspection.

People's healthcare needs were met. People were supported to access healthcare professionals such as GPs, dentists and chiropodists when they were required. Records confirmed that people had also been supported to see, or had been referred to, healthcare professionals such as mental health professionals, hospital consultants and occupational therapists in response to changing needs and management of existing conditions. Each person had a 'Hospital Passport' which contained information about the person's personal and medical needs. This ensured hospital staff would know how to provide consistent care and support for people in the event of a hospital admission. A healthcare professional told us they had a very good working relationship with staff who always contacted them if they had any concerns or required them to visit the service. People were supported to maintain their health.

Good

Is the service caring?

Our findings

Staff provided a caring and supportive environment for people who lived at the service. One person said, "This is the best place I've ever been, I'm really happy, the staff help me and take me out to get clothes and make up." Feedback from relatives included, "The care they [staff] give goes above and beyond and I feel they genuinely like [name of person]; even though they can be difficult they treat [name of person] just like family;" "All the staff are really caring. They are very good and tolerant. They do their job well whilst being professional;" and, "I have full confidence everyone [staff] knows what there're doing they are most definitely caring." Staff had worked with people living in the service for a number of years which enabled positive relationships to develop. Throughout our inspection we observed staff interacting with people in a kind, caring and respectful way. Staff consistently acknowledged people and engaged in conversation with them.

People's preferences were recorded in their care plans. Where appropriate staff had discussed people's likes and dislikes with relatives so they could ensure they provided care which met people's individual needs. Staff we spoke with were able to describe people's preferences, personal histories and interests. Where people had difficulty communicating verbally staff were able to recognise facial expressions, sounds and gestures as well as changes in people's demeanour. This helped staff to interpret how each person felt and whether they were happy or distressed. Communication was acknowledged as an important aspect and was included in people's care plans. For example we saw that one person required staff to speak face to face with them with clear mouth movements, and to add gestures such as mimicking eating if asked if they wanted lunch and to use visual aids and objects of reference. We saw staff using these techniques during our inspection.

People's privacy and dignity was respected and staff demonstrated a good understanding of privacy and dignity. People had their own rooms and had the option of having their own key so they could keep their door locked if they wanted privacy. People's records were securely stored to ensure confidentiality and respect their right to privacy. Staff promoted people's independence and encouraged them to do as much as they could for themselves where they were able to. For example one member of staff described how they supported people to wash independently as much as they could so they did not lose their independence to undertake this task.

People were supported to maintain relationships and the registered manager told us that visitors could visit at any time. One relative told us, "I can visit any time, I even feel I could turn up at 11pm if I had to." Another said, "We [person and family member] do like the quiet room; it's a place we can sit and chat privately."

People's diverse needs were respected and recorded in their care plans. The registered manager said that staff would support people to access religious services should they require this. A local church visited monthly and held a service which people could attend if they wished.

The service displayed information about local advocacy services and people had been supported to access advocacy. An advocate supports a person to have an independent voice and enables them to express their

views when they are unable to do so for themselves.

Good

Is the service responsive?

Our findings

The service was responsive to people's needs and supported people to lead meaningful and fulfilling lives.

Before people came to live at the service assessments were undertaken to identify people's heath, personal care and social support needs to ensure these could be met by the service. The registered manager told us that, as part of the assessment process, people were given the opportunity to spend time at the service to see if it was suitable for them. Information from the assessment process was used to develop people's care plans. Each person had an assigned keyworker who was responsible for reviewing their needs and care records. People and, where appropriate, their relatives and health and social care professionals were also involved in the planning and reviewing of their care needs.

The care plans we looked at were person centred and included detailed information about people's health, medication, likes/dislikes, preferences and what was important to people and how they wished to be cared for. There was also information on how best to support people if they were showing symptoms that might indicate that their mental health was deteriorating. Care plans were evaluated monthly and reviewed every six months or sooner if people's needs changed. If an individual's needs changed these were discussed at daily handover meetings and recorded in the service's communication book and in their care records. This meant there was clear up to date information available on how staff were to support people in a person centred way.

People received consistent personalised care and support. Staff were very knowledgeable about the people they supported and were aware of their likes and dislikes, interests and health and support needs. This meant they were able to provide a personalised and responsive service which met people's individual needs. The registered manager told us they ensured the service was flexible and responsive to people's needs and that staff worked together effectively as a team to enable people to pursue their leisure activities, go out on day trips or supporting them to attend healthcare appointments. Staff we spoke with confirmed this; one member of staff said, "We work really well together as a team, we are constantly speaking with each other so we can arrange to take people out when they want to go out without compromising staffing levels."

The service had a clear policy in place for dealing with complaints and concerns. People were provided with a copy of the registered provider's complaints policy in their 'Welcome Pack' when they came to live at the service. A relative told us, "If I had a serious concern I would go to MCCH but [names of registered manager and assistant team leader] know [name of person] so well and I feel they would take note and not play lip service if I had any concerns, I trust them." There had been no complaints within the last 12 months prior to our inspection however we noted the service had received three compliments during the same period from health and social care professionals regarding the professionalism and caring nature of staff.

Good

Is the service well-led?

Our findings

The service promoted a positive person centred culture and staff had a good knowledge about the people they were caring for. The registered manager had worked at the service for four years and was based at the service for three days each week. The registered manager described to us how the service was institutionalised when they first joined and how they had changed this, they said, "We want to support individuals to maintain their independence as much as possible and this is strongly embedded in the [staff] team." The registered manager demonstrated that they had a good knowledge of the people using the service.

Staff told us they felt well supported. They said the registered manager was approachable and operated an 'open door' policy. All the comments we received from staff were positive. Comments included, "Staff are happy here, [name of registered manager] is here a lot and is approachable and supportive;" and, "I feel very supported by [name of registered manager], they operate an 'open door' policy and I feel comfortable talking to them. If I want to try something out or need guidance I can say and am listened to. If something cannot be done the reasons why it cannot be done will be explained to me." Feedback from relatives was also positive; one relative said, "[Name of registered manager] is friendly and approachable but also professional, they knows their job."

Staff were positive about their roles, clear on their responsibilities and enjoyed their work. They shared the registered manager's commitment to provide good quality care to people. One member of staff told us, "I've known the residents for 10 years and feel they are a part of my family and I need to ensure they are okay. There is lots of time to take people out and have one to one time with them."

There were regular staff meetings where a range of topics were discussed such as updates on people's care and support needs, training and activities. Staff told us, and records confirmed that there were handover meetings between shifts. There was also a communication book which staff used to communicate important information to each other. This showed that there was good teamwork within the service and that staff were kept up-to-date about changes to people's support needs.

The registered manager actively sought the views of people who used the service and used this feedback to improve the quality of the service. This was done in a number of ways such as surveys and monthly resident meetings. Minutes from the resident meetings confirmed a range of topics were discussed such as health and safety, activities and days out and compliments and complaints. We saw that following feedback from people who used the service individual action plans had been developed to address any concerns or improvements and, where appropriate, had been incorporated into their care plan. Feedback was also sought from relatives and visitors. We looked at the results of a relatives and visitors survey which had been undertaken in June 2016. Although only six responses had been received we noted that all the responses were positive about the service.

People's confidential information was stored safely and securely in the office when not in use but was accessible to staff when needed.

There were effective quality assurance systems in place to continually review and improve the quality of the service provided to people. Regular audits were undertaken by the registered manager and by the registered provider and where any actions had been identified action plans had been developed to improve the quality of the service.

The registered manager told us they were supported by the registered provider who visited the service on a regular basis. They attended regional managers meetings which provided an opportunity to share good practice and knowledge, discuss any challenges and receive updates.