M & M Care Limited

The Old Rectory

Inspection report

The Old Rectory
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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

Overall summary

The Old Rectory is situated in the village of Saxilby in Lincolnshire. The home provides residential care and support for up to 24 older people, some of whom live with memory loss associated with conditions such as dementia.

We inspected the home on 29 February 2016. The inspection was unannounced. There were 20 people living in the home at the time of this inspection.

At the time of our inspection there was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 provider had safe recruitment processes in place and background checks had been completed before new staff were appointed to ensure they were safe to work at the home.

Summary of findings

Staff were well supported and had received training in order to enable them to provide care in a way which ensured people's individual needs were met. Staff also knew how to recognise and report any concerns they had regarding people's safety so that people were kept safe from harm.

Staff had ensured that people's rights were respected by helping them to make decisions for themselves. The Care Quality Commission is required by law to monitor how registered persons apply the Deprivation of Liberty Safeguards under the Mental Capacity Act 2005 and to report on what we find. These safeguards protect people when they are not able to make decisions for themselves and it is necessary to deprive them of their liberty in order to keep them safe. In relation to this, the registered manager had worked with the relevant local authorities to ensure that people only received lawful care that respected their rights.

Staff knew how to manage any identified risks and provided the care needed as described in each person's care record. Care was supported through staff having access to a range of visiting health and social care professionals when they required both routine and more specialist help. Clear arrangements were also in place for ordering, storing, administering and disposing of people's unused medicines.

Staff worked closely with people and their families to ensure each person was supported to maintain their individual interests and hobbies and to have a meaningful and enjoyable life. In addition staff provided a varied programme of communal activities for those who wished to participate in them.

People were provided with a good choice of nutritious meals. When necessary, people were given any extra help they needed to make sure that they had enough to eat and drink to keep them healthy.

The registered manager ran the home in an open and inclusive way and the provider encouraged people, their relatives and staff to speak out if they had any concerns. The provider and registered manager listened and took action to resolve any issues or concerns identified. More formal systems were also in place for handling and resolving complaints.

The provider and registered manager worked together consistently and maintained regular communication in order to regularly assess and monitor the quality of all the services provided. This approach ensured that any shortfalls in quality could be quickly identified and actions take to keep improving developing the service.

Summary of findings

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.

People told us they felt safe living in the home and that they were well cared for. Staff knew the correct procedures to follow if they thought someone was at risk.

There were sufficient numbers of suitably qualified staff available to keep people safe and meet their needs.

Medicines were managed safely and people were supported to take their medicines at the times they needed them.

Is the service effective?

Good

The service was effective.

Staff had a good knowledge of each person and how to meet their needs.

Staff received on-going training and development so they had the right level of skills and knowledge to provide effective care to people.

People were assisted to regularly eat and drink enough to maintain a varied and healthy diet. They also had access to visiting health and social care professionals when they needed any additional support.

The registered manager and staff were following the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect and their diverse needs were met. Their choices and preferences about the way care was provided were respected.

Care and support was provided for people in a warm, friendly and patient way which took account of each person's personal needs and preferences.

Is the service responsive?

Good

The service was responsive.

People had been consulted about their needs and wishes and staff provided people with the care they needed.

People were supported to pursue their interests and hobbies and there was a range of meaningful activities available to all of the people who lived at the home.

People were able to raise any issues or complaints about the service and systems were in place which enabled the provider and registered manager to take action to address any concerns raised with them.

Summary of findings

Is the service well-led?

Good

The service was well-led.

The provider had a range of quality checks in place which ensured that people received all of the care they needed.

People, their relatives, staff and visiting professionals had been consistently invited to contribute to the development of the service.

The provider and registered manager demonstrated good leadership, promoted good team working and had developed an open culture based on clear communication and continuous improvement.

The Old Rectory

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 was 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.

We inspected The Old Rectory on 29 February 2016. The inspection was unannounced and the inspection team consisted of a single inspector.

Before we undertook our inspection visit, we looked at the information we held about the home such as notifications, which are events that happened in the service that the provider is required to tell us about, and information that had been sent to us by other organisations and agencies such as the local authority who commissioned services from the registered provider.

During our inspection we spoke with nine people who lived at the home and two relatives who visited. We also spoke with the registered manager, the deputy manager, seven care staff, one of the homes activity co-ordinators, the homes maintenance staff member and the cook. We also spoke with the registered provider by telephone.

We spent some of our time observing how staff provided care for people. In order to do this we used the Short Observational Framework for Inspection (SOFI). This was to help us better understand people's experiences of care and because some people lived with conditions such as dementia and were unable to tell us about their experience direct.

We also reviewed the information available in three care plan records. A care plan provides staff with detailed information and guidance on how to meet a person's assessed social and health care needs. Other information we looked at as part of our inspection included; three staff recruitment files, staff duty rotas, staff training and supervision arrangements and information and records about the activities provided. We also looked at the process the provider and the registered manager had in place for continually assessing and monitoring the quality of the services at the home.

Good

Is the service safe?

Our findings

People we spoke with said they felt very safe living at the home. One person told us, "I like living here and it makes me feel safe to know the staff are about and helping me with things and when I need to get about." A relative commented, "The staff are thorough in the way they look to keeping [My relative] safe."

Staff we spoke with described the actions they undertook to keep people safe. One staff member said, "We know how to make sure people can move around safely. The skill mix is good for each shift and safety is a priority for all of us here." We observed care staff using equipment such as mobile hoists and working together in pairs when it had been identified as needed to apply moving and handling techniques to help people move safely. Staff were vigilant in communal areas and noticed and took action to assist when people wanted to be mobile or when people were confused and became distressed and needed to talk with someone about how they felt. We also observed staff gave people assistance quickly when they were called to help people in their rooms.

Care records showed a range of additional information which staff referred to and kept up to date which demonstrated they worked in ways which kept people safe. For example, we saw people had records to show when they needed support to move or turn in bed to reduce the risk of them becoming sore.

Information was also available to show the help each person would need if they needed to leave the home in the event of an emergency. The information was clear and staff said they understood their responsibilities in regard to the actions needed for each person. These arrangements were backed up by the provider having a business continuity plan in place. The information was up to date and gave guidance so that staff would know what to do if, for example people could not live in the home due to a fire or flood. This information included details about alternative temporary local accommodation people could move to if required in an emergency.

The registered manager showed us records and staff confirmed that they had received training in how to keep people safe from harm. Staff demonstrated a clear understanding of the provider's policy and procedure and how they would follow these if they identified any concerns related to the safety of people. Staff were clear about who they needed to report any concerns to. This included the local authority safeguarding team, the police and the Care Quality Commission (CQC). Staff said they were also confident that if required, any concerns or allegations would be investigated fully by the registered manager and provider.

The registered manager had safe systems in place in order to recruit new staff. We looked at the staff recruitment information for three staff members. The information included completed checks undertaken by the registered provider with the Disclosure and Barring Service (DBS). These checks helped ensure new staff would be suitable and safe to work with people who may be vulnerable. The checks also included confirmation of the applicant's identity, previous employment and references.

People and staff we spoke with told us that they felt there were enough staff on duty to meet people's support needs both during the day and at night time. We observed staff worked together well and had the time to speak with people and to notice and respond when people called for help or assistance.

The registered manager told us they had an established staff team and was supported by the provider to maintain and when needed increase staffing levels at any time to meet any new needs that had been identified to keep people safe. Staff rotas we looked at showed the registered manager had established how many staff needed to be on duty for each shift and that this had been decided by assessing the level of care each person needed. The rotas showed the registered manager had considered the mix of skills and experience required for each shift so staff could work in safe ways to support people and each other. Advanced planning of shifts and rotas by the registered manager ensured routine shift arrangements were being filled consistently and records showed any changes in staff at short notice had been covered from within the staff team. The registered manager told us if they experienced any difficulties in maintaining the right staffing levels they had access to a small team of bank staff who knew the home well. This meant the required cover was in place and staffing levels remained consistent in meeting people's needs.

The registered manager had a range of information to show they took their responsibility to maintain a safe environment seriously. We spoke with the member of staff

Good

Is the service safe?

responsible for carrying out any maintenance work needed. They described the range of checks they carried out to support the registered manager in ensuring people remained safe. The checks included those related to the decoration in the home, the safety of the garden area, fire prevention, water, gas and electrical safety. They also showed us they checked the equipment used by staff regularly and when needed carried out any repair work to ensure it was always safe to use.

Staff told us, and records confirmed, the staff who had the responsibility to help people take their medication had received training to make sure they did this safely. The registered manager and deputy manager showed us how they ordered, recorded, stored and disposed of medicines. This was in line with national guidance and included medicines which required special control measures for storage and recording. People's care records showed how and when they were supported to take their prescribed medicines. We observed staff carried out medicines administration in line with good practice and the registered manager and their deputy carried out regular audit checks to identify and address any issues related to the processes in place. This meant that people's individual medicines were always available for them when needed and were managed in a consistent way.

The registered manager told us where people received support in managing their overall finances this was done through the arrangements they had in place with their families and or legal representatives. The registered manager did however confirm they supported some people in holding day to day money for them so that it was safe. Where this was the case consent had been given by people and records maintained to show how much money was being held for each person. We checked of the arrangements in place for three people and found the amount of money being held matched that contained in the records. We also saw the records had been counter signed to show they had been witnessed and were accurate.

Good

Is the service effective?

Our findings

People and relatives we spoke with told us they felt the staff team had the experience and the right amount of skills to provide the care and support they needed. One person said, "The staff look after us very well" and "I know all the carers here today and it's nice that they can all do their jobs right." A relative said, "I think they have a good range of skills and deal with any issues and needs well."

People's healthcare needs were recorded in their care plans and it was clear when they had been seen by healthcare professionals such as local doctors, community nurses, dentists and opticians. The registered manager said us they had developed strong working relationships with external health professionals and that communication between them and the local health services was good.

Reviews related to the care provided for each person were carried out regularly. Any existing or new risks identified had led to the care records for people being updated to show actions taken to respond to any increase or decrease in risk. For example, when people needed to be cared for in bed any changes to the specific timings for support to be provided had been updated in order to manage those changes. The registered manager understood their role and their responsibilities under the Health and Social Care Act 2008 and associated Regulations. The registered manager informed CQC and other appropriate agencies of any untoward incidents or events which happened within the home. When any accidents or incidents had occurred they had been recorded by staff, discussed with and analysed by the registered manager. Any specific issues or changes needed to the care arrangements in place were quickly identified and steps taken to help prevent or reduce the risk of them from re-occuring.

Staff told us they received an induction when they started to work at the home. One staff member described their induction to us saying, "I have worked in several different care settings but here has helped things to click. The support is brilliant and my induction has been very supportive so I can learn and get things right before I go any further." The staff member told us their induction involved shadowing other colleagues and completing training to enable them to build on their existing skills. The registered manager confirmed they were in the process of introducing the new national Care Certificate as part of the induction process for two new staff who were being recruited. The Care Certificate sets out the key common induction standards for social care staff. They and staff we spoke with also told us all of the care staff team had obtained or were working toward achieving nationally recognised vocational care qualifications.

Information was available about the training staff had received and the future training the registered manager had planned for staff. The training records showed staff skills were reviewed regularly and developed in line with the needs of the people who lived at the home. For example, training had focused on subjects such as keeping people safe and supporting people who lived with dementia, helping people to move around safely, infection control and fire safety. We observed staff applying their skills in the right way when they did things like helping people with their personal hygiene needs and to move around.

Staff said that they were well supported by the registered manager and deputy manager. They told us they received regular supervision sessions which gave them the opportunity to discuss working practices and identify any training or support needs.

People and their relatives told us they were involved in decision making about care needs and that staff always respected their views. We observed staff checked and asked people for their consent before they provided any kind of support. Staff explained the support they were going to give in a way that people understood. If people declined the help offered staff respected the person's wishes and retuned to offer the support again at a time when the person was ready to accept it.

Where people had difficulty in deciding things their care records contained information to show the help each person needed with their decisions. Any decisions made in the person's best interests were then recorded. For example, where bed support rails or sensor mats were in use to keep people safe appropriate consent had been obtained.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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. The registered manager and staff were aware of the legal requirements of the MCA and demonstrated their understanding of how to support people who lacked capacity to make decisions for themselves. They knew about the processes for making decisions in people's best interest and how they should also support people who were able to make their own decisions.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff had received training and demonstrated their understanding of DoLS guidelines. The registered manager knew how to make an application for DoLS authorisations where necessary and at the time of this inspection one person living in the home had a DoLS authorisation in place.

People told us they had access to food and drink whenever they wanted it and that they enjoyed the range of food that was available to them. One person said, "You can't fault the food and there is plenty of it." Another person said, "The meals here are very good. I never go without because they make the kind of things I like." A relative we spoke with told us they were supported to have their lunch together with their family member whenever they visited. The relative commented, "[My family member] enjoys the food here and we have seen them improve through having access to a decent diet."

A drink station was located in an easy to access communal area in the home with information encouraging people and visitors to help themselves to any additional drinks they wanted at any time. People also said they had time to think about what they wanted because staff asked them in advance about their choice of meal. When people changed their mind about the meal they had previously asked for their decision was respected and the meal option was changed. In addition to the main meals provided during the day and evening the cook told us and people confirmed they also had access to a cooked breakfast if they wanted one.

When we spoke with the cook they demonstrated a clear understanding of people's individual nutritional needs. They showed us records which confirmed they catered for a range of individual tastes and how they had established a varied menu which was changed seasonally. This had been developed through asking people about their preferred meals.

Menus had been adapted when it was needed in order to cater for people who had needs linked to conditions such as diabetes and those who required nutritional supplements. Staff demonstrated their knowledge and understanding of people's nutritional needs. They followed care plans for issues such as encouraging people to eat and drink enough. Care records showed where people were at risk of poor nutritional intake, their weight was checked regularly to help make sure it was maintained. Staff told us when it was needed they understood how to make referrals to specialist services such as dieticians in order to request any additional support and advice they required.

Good

Is the service caring?

Our findings

People told us they knew the staff well and that they cared for them well. One person said, "The staff care about what they do and they are sensitive to our needs and wishes. I like the way they understand us." We saw staff knew people's individual names, how they liked to communicate and how and where they liked to spend their time. Staff used this knowledge to ensure people received the care people wanted and needed. The registered manager showed us they had a board containing photographs of all the staff team and their names. People told us they looked at this and one person said, "It's a good thing to know who all the staff are. I am not too good with names but I do know them. The pictures help."

Staff told us and training records confirmed they had received training in responding sensitively to the needs of people who may become distressed. Throughout our inspection visit we observed staff caring for people in this way. For example, when people who lived with dementia became upset staff were gentle in their approach, demonstrating they understood each person's behaviour well. They took additional time to let people be themselves and do what they wanted to do. Staff walked with and sat with one person so they had company and staff took their time when they did this. The person responded well to having someone with them. Another person had chosen to move some communal furniture around. Staff assisted the person to do this and together they made an activity out of the task the person had chosen to undertake.

We observed staff assumed that people had the ability to make their own decisions about their daily lives and when staff gave people choices they listened for the response people gave before carrying out individual requests and wishes. Staff asked people where they would like to be and if they required assistance to move from one room to another.

All of the people we spoke with said they liked their private rooms and had been given the choice to bring their own furniture in to the home if they chose to. A relative told us, "We have been speaking with the manager and staff about us bringing [My relative's] furniture in from home. We know it will help them to settle better and the manager is supporting us to do this."

When people had chosen to be in their rooms staff knocked on the doors to the rooms and waited for a response before going in. We saw staff always ensured the doors to rooms and communal toilets were closed when people needed any additional help with their personal care. Staff also used signage which they placed on the doors outside peoples rooms when they gave care. The sign said, "I'm receiving personal care. Please knock and wait."

For people who might need additional support in communicating their wishes the registered manager was aware that local advocacy services were available and knew how to make contact with them. The information about how to contact advocacy services was also on display in the home and readily available for people and their families to access if they chose to. Advocates are people who are independent of the service and who support people to make their own decisions and communicate their wishes.

During lunch time we saw people were able to be as independent as possible with eating and drinking. They had access to adapted drinking mugs, utensils and plate guards in order to help them eat their food in the way they wished and at their own pace. When people needed help eat their meals this was given at the pace each person needed without them being hurried.

The provider had a clear policy statement in place regarding confidentiality and the expectations of staff in managing confidential information. This was linked to more detailed guidance for staff to follow regarding areas such as sharing information with other professionals and communication. We saw peoples' care records and other personal information relating to people and staff were stored securely so only the registered manager and staff could access them. This meant people could be assured that their personal information remained confidential.

Good

Is the service responsive?

Our findings

People told us staff were responsive to their needs and that when they needed assistance staff were always on hand to provide it. One person said, "I feel I am home in the home. I have good relationships with the staff because they include me in things. The staff work well with me. We are a team."

Assessments had been completed together with people before they had moved into the home so they could they could be assured their care and support needs could be met in advance of any move taking place. We saw these assessments had been developed into individual care plan records which provided staff with information on how to meet people's care and support needs. The information contained in the records we looked at was clear and informative. Care reviews had been completed regularly with people and updated by staff to show any changes made. When it was needed, relatives had been involved in the reviews.

During our inspection we joined a handover meeting between the morning and the afternoon staff team. The meeting was used to share information about any additional changes in needs, any issues communicated to the community health services and any other information which might be helpful to the staff who had started their shift. The information also included any updates on activities people had undertaken including if they had been out into the community. The registered manager and staff told us the daily records used in the handover provided a clear guide which they followed closely when giving care.

A range of information was available in the home showing activities arranged for each day. We spoke with a staff member who had responsibility for supporting people with activities who showed us they maintained a record of activities undertaken by each person. A range of flexible and planned individual and group activities were available for people. Group activities were well advertised and included; crosswords, quizzes, visiting entertainers, and music mornings or afternoons. One person told us they enjoyed reading and said, "There are books here but I get to go to the village library as well. It helps me make my own book choices."

As part of a group activity we joined a group of four people who were planning to make a cake together. People had shared their designs with the staff member who supported them and had a stimulating discussion about how they would build the cake. One person said, "It will have several tiers" and another person said, "We are always thinking of different things to do and while we do things we have some great discussions."

Staff made sure they also included more focussed one to one time with people and staff we spoke with said this was important in supporting people living with dementia. We observed staff took their time to sit with people and to listen to and talk with them about any subject they chose to speak about. One person responded very positively to having a doll which they looked after. Staff told us the doll was therapeutic for the person and they understood the person's need to always have access to it. Staff supported the person to care for the doll and the interactions between the person and staff showed how staff understood and respected the persons need to undertake the routines they had in place.

People and their relatives told us they felt any concerns or issues they had would be addressed quickly by the provider, the registered manager and staff. One person said, "I don't have any complaints at all but if I did I know they would deal with anything straight away." There was a complaints procedure in place which was displayed in the home for people who lived there, and visitors, to see. People who lived in the home told us they knew how to raise concerns and issues and that they felt they could approach any member of staff at any time with an issue, and they felt comfortable to do that. Records showed there had been two complaints raised with the registered manager since our last inspection. The information retained by the registered manager regarding the actions taken in response to the issues raised and that they had kept people and their relatives at the centre of their investigation process.

Good

Is the service well-led?

Our findings

People and their relatives said that the registered manager was consistently available and that the home was well led. One person told us, "The manager is easy to get to. They are in their office and if they are not there they are with us." Another person said, "I like the manager and staff, they get on well but I think the way the home is run shows this." A relative told us, "Yes I think access to the manager and senior staff is good. We have been lucky in our choice of home here [My relative] moved from another area so we visited several homes before making the choice to come here. It was the right choice."

Throughout our inspection we observed that staff were provided with the leadership they needed from the registered manager and senior staff to develop good team working practices. Staff said that they were happy working at the home and felt supported by the provider and registered manager. The provider had a range of good practice guidance for staff to refer to, for example in relation to equality and diversity and infection control and staff said information was easy to access. In addition to written guidance, we observed staff openly speaking with and seeking guidance from the registered manager regarding peoples care needs and any day to day issues related to the running of the home.

The provider and registered manager had a policy, information and guidance about whistle-blowing which was available for staff. Staff said they were well supported by the registered manager but that if they had any concerns they knew the actions they could take to escalate any issues to external agencies, including the Care Quality Commission, and would not hesitate to use them if they needed to in the future.

Records showed staff meetings were held regularly and staff said they found them useful. We looked at the records from the last two team meetings and saw that topics discussed included staff deployment and care tasks. Information also showed the registered manager had discussed the further development of the care plan processes and that staff had contributed their views to the discussion about these processes and the overall running of the home.

In addition to people and visitors having daily access to the registered manager and senior staff there was a range of processes in place which enabled the provider and registered manager to receive feedback on the quality of care provided at the home. For example, there was a suggestion box with comment cards available in the reception area of the home. The registered manager said the box had recently been introduced as a way of capturing any day to day suggestions people may wish to give. The provider visited the home weekly and people we spoke with and staff said they knew them well. One person said, "They are very friendly and they always want to know how we are."

In order to ensure good communication about information, developments and activities at the home the registered manager told us they also produced a regular newsletter for people and visitors. The information included items such as any staff changes and general news about developments being undertaken at the home. The latest newsletter for February 2016 also highlighted relatives social evenings which took place every three months. People told us the events were an opportunity to spend social time with their families and that they really enjoyed them. Information showed the last meeting had included a visit from the Alzheimer's society. The newsletter also highlighted that the next event would involve an Italian themed evening.

The provider had developed annual satisfaction surveys for people who lived at the home, their relatives, staff and visiting health and social care professionals. The last survey was completed in January 2016 and we saw the provider had completed a detailed analysis of the questionnaires returned. Most of the feedback was very positive. The information we looked at also showed how the provider had considered suggestions about how they could keep improving the home. For example we saw they had reviewed the arrangements in place for the management of laundry and access to drinks and snacks between meals. The information showed us the registered manager and provider had improved these areas and that feedback they had received after the survey had been completed confirmed people were happy with the improvements made.

The provider visited the home regularly to undertake audit checks together with the registered manager. These checks included areas such as the arrangements in place to

Good

Is the service well-led?

support people and staff and those related to the environment. As part of the visits the provider produced a rolling action plan, which they kept updated and added to when any new areas for improvement had been identified.

For example, we saw that new activity sheets had recently been implemented alongside new likes and dislikes sheets that were in the process of being introduced. The registered manager said the sheets were focussed on key information about the person's individual preferences and this development would soon be completed for all people as part of the care ongoing review process. We saw some of the sheets were already in place and they contained additional easy to access information about things like what time people wanted to get up or go to bed, when they wanted their hair done and how they liked their food or drinks to be served. One person's activity sheet stated, "I love a tray with either a coffee or tea pot, my own milk jug." This further demonstrated the registered manager and the provider had an approach which was based on a culture of continuous improvement.