Mr & Mrs R Hill

The Old Rectory

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Requires Improvement
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

This inspection took place on 14 and 15 April 2015 and was unannounced. At our last inspection in May 2014 we found areas for improvement in relation to risk assessments and safeguarding. We looked at these areas as part of this inspection.

The Old Rectory provides care and accommodation for up to 23 people. At the time of our inspection there were 18 people using the service.

There is a registered manager in post. 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.

At our last inspection on 15 May 2014 we asked the provider to take action in completing comprehensive risk assessments. The provider sent us an action plan which said they would make these improvements by October 2014. We found on this inspection improvements had been made and detailed risk assessments were in place as part of people's care planning arrangements.

The registered manager failed to demonstrate an understanding of where it was their responsibility to take action to protect people's rights in relation to the Mental

Summary of findings

Capacity Act 2005 (MCA). We identified potentially three people where action was needed to protect their rights. We identified where staff had undertaken specific core skills training. However with regard to the MCA they failed to demonstrate knowledge and understanding of this act. We were told by staff and the registered manager this training had been completed by staff. The registered manager was unable to provide evidence of staff who had undertaken this training.

People told us they felt safe in the home. One person said this was because they felt "comfortable about the place and feel I can ask if I need something and staff will do something." Staff demonstrated an understanding of the nature of abuse and their role in protecting people from possible abuse. They were aware of their rights to report concerns under the service's whistleblowing policy.

The service had responded in a professional and thorough manner in investigating an allegation of abuse. The allegation had not been substantiated.

There were appropriate and safe arrangements for the management and administering of medicines. Staff had undertaken the necessary training to ensure the safety of people when dealing with medicines. However there had been an incident where medicines had been administered incorrectly. The registered manager had taken robust action in dealing with this failure and improved systems to alleviate the risk of further incidents and addressed the poor practice.

People had differing views about the availability of staff. This specifically related to the number of care staff on duty during the night. Additional staff had been placed on the morning shift as a result of increasing people living in the home. However there were no formal arrangements to help in making a judgement about the appropriate numbers of staff at night and during the day.

People had access to a range of healthcare services. One person told us they could see their doctor "at any time". A relative had requested a GP visit and this had been arranged "and "the doctor called straight away". Some people were receiving the support of community nursing to support them in their health condition.

People described staff as "caring and kind" and "can't do enough for you they are so caring towards us." Staff were observed supporting people in a sensitive and supportive manner and they respected people's choices in how they lived their lives.

People were involved in reviewing their care arrangements. They were able to say how they felt about the care they received and whether it met their needs.

People's care plans did not provide personal information related to people's lives such as life history, important relationships, lifestyle and interests. There was no information about people's preferences such as dietary and how they wished to spend their days in the home.

There was little opportunity for people to take part in activities and people felt there was not enough opportunity to be taken by staff out of the home. One person told us "There is very much a lack of activities." Staff confirmed there were little activities in the home and they had little time to spend with people other than when providing care or support. From our observations and talking with people and staff the providing of activities or being able to spend time with people was not part of the culture of the home.

Care plans provided specific information and care task associated with people's personal needs. For example where people had needs about maintaining their skin integrity or maintaining healthy weight this was identified.

Relatives spoke positively about how they were always made to feel welcomed when visiting the home. They told us how they were informed about their relatives where there were any concerns. One relative spoke of how they were really happy their relative was in the home.

People told us how accessible the registered manager was and how they were always asked about how they were and "if we were happy with everything". The registered manager undertook regular care shifts so they were able to keep in touch with people and have a good understanding of people's care needs. Other than people's care reviews there were no other formal opportunities such as resident's meetings for people to express their views about the service.

Summary of findings

People were aware they could make a complaint if they wished however people told us they felt comfortable in talking with the registered manager or provider about any worries or concerns. They felt they would be listened to and action taken.

The registered manager told us of improvements they planned to make which included the greater involvement of people in the service and how it was provided. One of the improvements was to improve participation in the recruitment of staff and improve communication in the home. However whilst staff were positive about the approach of the registered manager and provider particularly their availability and accessibility they were not aware of these proposed changes.

Staff spoke of the registered manager listening and how they had acted on their view about the need for increased staffing. They said how they were approachable and in touch with the people's care needs. There were inconsistencies about there being staff meetings in the service.

The registered manager did not have a robust system or processes in place to help in identifying and making improvements in the quality of the service.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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?

Requires Improvement 

The service was not always safe.

People had differing views about the availability of staff particularly at night. There was no evidence about how the appropriate arrangements for staffing had been decided.

People were confident staff had the skills to meet their needs safely.

The registered manager had acted appropriately in investigating a concern about possible abuse to a person in the home.

The service had the appropriate recruitment procedures and practice in place so as to ensure potential staff were suitable to work in the home.

Improvements had been made in the undertaking of risk assessments to alleviate potential risks to people's health and welfare.

Is the service effective?

Requires Improvement 

The service was not fully effective

There was a failure to ensure people's rights were protected through the use of the Mental Capacity Act 2005 legislation.

There were shortfalls in ensuring staff undertook the necessary training.

People had good access to healthcare services to meet their health needs effectively.

Is the service caring?

Requires Improvement 

Staff supported people in a caring and respectful manner.

There was a lack of information in people's care plans about people's life history, preferences and important relationships to enable staff to have a better understanding of people and their lives.

People were able to be involved in the reviewing of their care arrangements.

Is the service responsive?

Requires Improvement 

The service was not always responsive.

There was a lack of activities and opportunities for people to interact in a social way with others living in the home or with staff.

People had limited opportunity to voice their views about the quality of care they received and make suggestions about improvements in how care was delivered in the service.

There were arrangements to ensure people's personal care needs were met.

Summary of findings

People were able to maintain contact with people important in their lives.

Is the service well-led?

Requires Improvement

The service was not always well led.

There was a lack of an effective system to assess, monitor and identify and drive improvement in the quality of the service.

Staff were not fully informed about proposed changes in the service.

Staff spoke of the registered manager as being approachable and accessible, in touch with people who used the service and their care needs.

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 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 14 and 15 April 2015 and was unannounced. It was carried out by one adult social care inspector.

Before the inspection visit we looked at information we held about the home. This included information regarding significant events that the home had informed us about. At the last inspection we had identified some areas for improvement. We looked at these areas as part of this inspection.

During this inspection we spoke with ten people who lived at the home, two visitors, three relatives and a healthcare professional. We also spoke with six members of staff and the registered manager. Throughout the day we observed care practices in communal areas and saw lunch being served in the dining room.

We looked at a number of records relating to individual care and the running of the home. These included eight care plans, risk assessments for five people, quality assurance records and medicines records.

Requires Improvement

Is the service safe?

Our findings

People had varied views about the availability of staff. One person told us during the day staff were always available however at night "We have to wait a while". Other people told us staff responded "fairly quickly", "within a reasonable time" "don't have to wait long" when they requested help during the night or after 9pm. One person told us they had to go to their room before nine o'clock at night. They required help from staff to accompany them in the lift. After this time care staff were not able to use the lift because of only one being on duty. A staff member confirmed this was the staffing arrangements at night. We were told an additional staff member was now on duty during the mornings because the number of people living in the home had increased.

People told us they felt safe in the home because staff were responsive to their needs, friendly and "there when we need them". One person when asked why they felt safe said "Because I feel at ease, I am very comfortable about the place and feel I can ask if I need something and staff will do something." A relative told us they felt comfortable leaving the home after visiting their relative because "We know they are being looked after well."

We discussed the night-time staffing arrangements with the registered manager. There were dependency assessments for people based on people's care needs but they did not take account of people's care needs at night. The registered manager told us they did not use the dependency assessments or have a system to help in making a judgement about the appropriate staffing levels in the service.

Staff were able to demonstrate a good understanding of their responsibilities in protecting people from abuse and the risk of abuse. They told us if they had any concerns about possible abuse they would report their concerns to the manager. Staff were aware of how they could go outside the organisation under whistle blowing arrangements for reporting concerns. Records confirmed all staff had completed safeguarding training as part of their core skills training.

There had been a safeguarding concern which the registered manager had been asked by Somerset safeguarding to investigate. There was a thorough report and the registered manager had spoken to all parties including the person who was the subject of the investigation. The allegation had not been upheld. We spoke with the person concerned and they were very satisfied with the actions taken by the registered manager and spoke positively of the care being provided by all staff in the home.

There were good arrangements for the management and administration of medicines. Records for giving of medicines had been completed accurately and as required. Where people had "as required" (PRN) medicines there were protocols in place. Those staff who had responsibilities in administering medicines had received medicines training.

One person was receiving PRN pain relief. Their PRN protocol said they would ask when they required this medicine but to remind the person it was prescribed for them. The person confirmed staff asked if they required this medicine and it was given when requested.

We looked at administration records and other records of medicines that required additional security and recording. These medicines were appropriately stored and additional records for these medicines and daily stock control was in place. We checked records against stocks held and found them to be correct.

A staff member was able to tell us about how certain medicines should be taken at definite times this demonstrated their understanding and knowledge of this specific medicine and its effect.

There had been a medicines incident where a person had received incorrect medicine. The registered manager had completed a report identifying failures and actions to address these failures in staff practice. There were notes of a meeting where staff were reminded of good practice when administering medicines and new prompts had been put in place to re-enforce correct practice.

At our last inspection we identified there were improvements needed in completing comprehensive risk assessments. There were now detailed risk assessments in place as part of people's care planning arrangements. These included supporting people with skin integrity, nutritional assessments and risk of dehydration.

We looked at two staff files to ensure the appropriate checks had been carried out before staff worked with people. This included completing Disclosure and Barring

Requires Improvement

Is the service safe?

Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions that may prevent them working with vulnerable people.

Requires Improvement

Is the service effective?

Our findings

We discussed with the registered manger their understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). They did not have a full understanding of when DoLS authorisation may need to be put in place. We identified two people who may require DoLS.

The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely.

There was also one person who required an assessment as to a mental capacity assessment and possible best interest decision in relation to their receiving personal care. We asked care staff about their understanding of the MCA and DoLS. They said they had received training in this area but they were not able to tell us the principles of the act or what DoLs related to in terms of protecting people. However they demonstrated how they ensured people were able to make choices about their daily lives and routines. This meant people potentially did not have their rights protected under MCA legislation.

This is a breach of Regulation 11 Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they had undertaken core skills training in areas such as moving and handling, health and safety and infection control. However we were told by the domestic member of staff they had not completed infection control training. In discussion with this member of staff we identified an area of their practice which did not reflect good practice in infection control. The registered manager told us this person had been employed for one year. Records confirmed the core skills training undertaken by staff. However the registered manager was unable to provide us with evidence of staff having undertaken MCA training. Staff had received training from a community nurse about supporting a person with a PEG. This is a tube placed into a person's stomach to assist with nutritional intake.

We asked staff about individual supervision and appraisals. Some told us they had received regular supervision but were unable to tell us when they last had a session. Others told us they did not receive regular individual supervision. They told us they could always approach the registered manager "at any time" and "if we have a problem we just ask about it." Staff told us they did not receive appraisals and this was confirmed by the registered manager. We looked at records of individual supervision for five staff which showed inconsistencies in frequency. There were gaps of up to six months when they had not received any individual supervision. On other occasions the records showed supervision had been provided every two months. There was no system in place for the registered manager to monitor the frequency of individual supervision. This meant there was inconsistent practice when ensuring staff received regular individual supervision.

Care plans and records showed people were seen by doctors, nurses, chiropodists, opticians and were supported to attend hospital appointments where needed. One person told us they had been taken to the dentist for treatment. Another person said they could see a doctor at any time and "If I have been unwell they have always looked after me and called in my doctor." A relative told us how they had requested the home call a doctor about their concern and "the doctor was called straight away."

A number of people were receiving visits and treatment from the community nurse service. This was to treat and monitor any skin conditions and review some people who had previously had or were at risk of pressure wounds. A healthcare professional told us staff were very responsive to their suggestions about supporting people who were at risk of pressure wounds. They told us staff were approachable and knew people well.

People told us they enjoyed the meals provided in the home. Since our last inspection the provider had introduced a daily choice whereas previous there was no choice of main meal. This was confirmed by people we spoke with. One person told us "If I don't like one choice

Requires Improvement

Is the service effective?

there is always another now which is good." Another person said "I always get a choice and they know what I like and don't like especially vegetable. The cook was able to tell us the particular likes and dislikes of people.

There were assessments in place to identify nutritional needs. Where there were concerns action had been taken to improve people's nutrition such as use of food supplements and monitoring of weight. We observed how people were supported during mealtimes. This was variable in that for one person who had not eaten their meal they were not offered an alternative. When we asked about this we were told the person did not always eat their meals and this changed from day to day. Another person was supported to have their meal. However generally we observed a lack of staff availability during the mealtime period. We asked about and this and was told by a member of staff how staffing was reduced by one from 12am. They told us there was a majority of people who chose to have their meal in the lounge or in their rooms and this effected how available they were. This meant there was a potential risk people would not have their nutritional needs met effectively.

Requires Improvement

Is the service caring?

Our findings

There was a lack of personal information in people's care plans. There was little about people's routine, lifestyle, interests and other information about their personal lives and history. There was no information about preferences whether this was dietary or how they wished to spend their day. Whilst some staff were able to tell us some of these things about people they also said how they felt they had little personal information about the people who lived in the home. One staff member said "It would be nice to know a little more about people so we could use that to chat with them." Another said "I know some people well others I don't know as well." This meant staff did not have the information available to them to help them in knowing the people they were caring for.

People told us they found the staff "caring and kind". One person said how "Staff can't do enough for you they are so caring towards us." Another person said how staff "Treat me with respect definitely." and a third person "They respect my choices".

We observed staff supporting people in a quiet, sensitive way especially on one occasion when they were encouraging a person to go to the toilet. On other occasions staff interacted with people in a respectful manner.

People's choices about where they spent their time were respected. One person told us they never felt they could not go where they wished: "If I want to stay in my room it is up to me." We observed staff asking people what they wanted to do i.e. stay in their room or sit in the lounge.

People told us their privacy was respected. One person told us "I always feel staff respect me and my privacy. They don't just come into my room without asking or checking it is ok."

People were free to move around the home one person spent a lot of their time with another person in their room. In this way relationships between people were recognised as being important in people's lives.

People were able to have visitors at any time. One visitor told us they were always made to feel welcome. Another said "It is a pleasant place to visit so homely and a happy atmosphere." One relative said it was "A friendly and warm place, always welcoming."

People were involved in care reviews. They were able to talk about their care needs and if they felt any improvements or changes could be made. Records confirmed these reviews regularly took place. One person confirmed how they had met with the registered manager and "we talked about what I wanted and if I was happy with the care here."

Requires Improvement

Is the service responsive?

Our findings

People told us there were little activities other than singers who visited the home. One person told us "There is very much a lack of any activity. There should be more things to do. I like quizzes. Staff don't take us out which I would like to do." Another person said how they would like someone to "sit with me and chat". A relative told us "There is very little stimulation." Another said when they regularly visited they had never seen staff sitting with people chatting or doing an activity.

When we asked staff about activities they were unable to tell us what went on in the home other than singers who visited the home and communion. Staff told us "We try and take people out when we can." and "There should be more entertainment. We don't get the time, haven't time to talk with people." There had been a member of staff who provided activities once a week but they had left. The registered manager told us they had been looking at improving activities and this had been an improvement identified through their quality assurance questionnaires.

During our inspection we did not see any staff undertaking any form of activity with a person. There was no sense from our observation and talking with people and staff that engaging with people on a social level and undertaking activities was seen by staff as part of their role. Staff were very focussed on care tasks and not how activities of any description were and should be a part of the culture of the home. The level of staff particularly in the afternoons when two staff were on duty could be a factor. In addition care staff undertook a range of duties such as laundry and cleaning which also impacted on time they were available for people.

This is a breach of Regulation 9 Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

The service made efforts to have contact with the local community through the local school and church. The local chaplain undertook a regular holy communion in the home. People told us they had gone to the street fair held in the village. People told us they would have liked to go out into the village more. One person said they would have liked to go out and use the local shop but "staff don't have the time to take us".

People received care that was responsive to their needs and care plans reflected the specific needs of people. For one person there were clear details about how to respond to their risk of developing pressure wounds. Staff were able to tell us how they responded to these risks and what actions they took to alleviate the risk of this person developing a pressure wound. We spoke with the person and they confirmed care staff carried out the tasks identified in their care plan. For another person where there were concerns about their weight staff were able to tell us how they encouraged the person to have additional snacks and fortified food supplements. This was identified in their care plan. We spoke with the person and they told us how staff gave them additional snacks and food supplements drinks.

A community nurse told us how the service had responded to people who were at risk of pressure wounds. They told us the care staff were "very good" at providing the appropriate care to people and "They have a good record of supporting people who have or had pressure wounds".

A relative told us how they were always made to feel welcomed when they visited the home. They told us they were "always informed if anything was wrong or concerns about my relative". Another said how they were in the process of arranging to have a phone installed in their relative's room so they could keep in touch. One relative told us "We are really happy our relatives are there".

It was part of the registered manager's daily routine to talk with people and they also undertook regular care shifts. They told us this helped them keep in touch with people and have a better understanding of people's care needs. People told us how accessible the registered manager was and how "she is always around to talk to" and "she is always about which is nice as is the owner". One person said "I would talk about anything with her". This gave the registered manager and provider opportunity to talk with people about the care they received. There was not any other formalised way of meeting with people other than at their regular reviews. There were no residents meetings. One person told us "If there was a meeting I would go". Another person said "It would be good to have meetings to talk about things."

People were confident of voicing any concerns and if they wished make a formal complaint. One person told us "I would always talk to the manager if I had a worry or something was wrong". Another person said "I would talk to Ron (the provider) he is very good and would do something if I asked." People told us they knew they could make a

Requires Improvement

Is the service responsive?

complaint if they wanted. One person said "I would make a complaint but the manager is very good and will listen to what we say". The home had not received any formal complaints since our last inspection.

Requires Improvement

Is the service well-led?

Our findings

There were shortfalls in the arrangements to audit the quality of care provided in the home. Some audits to monitor the quality of care were in place. These included care planning, managing medicines and health and safety. However there was no training audit so the registered manager could identify training needs. There was no specific audit for monitoring infection control arrangements and ensuring good practice in infection control. In discussion with one staff member we had identified practice which did not reflect good practice in infection control.

The quality auditing systems had also not identified the failure in relation to care planning and delivering person centred care specifically in providing of adequate and meaningful activities. Care plans did not provide information to enable staff to have a real knowledge of people who lived in the home. We have also identified some concerns about the staffing arrangements and how decisions are made to ensure appropriate and safe and effective staffing arrangements.

The registered manager had identified through the quality questionnaires given to people how there was a need for improvements in relation to having opportunities for people to take part in activities. They told us they wanted to try and improve the service through having better information about people and planned to introduce a formal part of people's care plan which was centred on the person's life and history. They did not provide any action plan or timescales in relation to implementing these improvements. The registered manager whilst acknowledging these shortfalls had not identified these areas for improvement by effective monitoring and auditing of the service.

This is a breach of Regulation 17 Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

There were inconsistencies about how staff were informed about changes and staffing matters. The registered manager told us about handover meetings and how these were used to communicate about changes and people's care needs. They told us there were regular staff meeting and we were shown some minutes of meeting. Matters raised had included introduction of fluid records, risk assessments and the medicines error which had occurred. However more than one staff member told us there were no staff meetings. One staff member said "We should have them would be useful to air our views."

The registered manager had told us how they viewed the quality of care and improvements they wanted to see. These had included greater involvement of people including in the recruitment of staff, better communication and more homely environment. However staff whilst they described the registered manager as caring, approachable and someone "who cares about the residents" when asked were not aware of their plans and views about the changes needed in the service.

The registered manager told us they had attended regular provider forums where they met to discuss issues with other providers from outside their organisation. This provided them with an opportunity to discuss any changes related to social care and share knowledge. They had also contacted a social care organisation for advice and training support.

Staff told us they found the registered manager very accessible. One member of staff described her as "understanding and approachable" and "If I have a problem can talk it through". Staff told how they felt the registered manager and provider had listened when they spoke about the need for more staff on duty. Some staff spoke of the registered manager having a good sense of people living in the home and being "caring and someone who listens and knows the home well and the people living here".

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse **The registered manager failed to act in ensuring people's rights are protected and in line with the requirements of the Mental Capacity Act 2005.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services **The registered manager failed to ensure the care and treatment must meet people's needs. This to include emotional and social needs.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 CQC (Registration) Regulations 2009 Notification of death or unauthorised absence of a person who is detained or liable to be detained under the Mental Health Act 1983 **The registered manager failed to have auditing systems or processes in place to assess, monitor and drive improvement in the quality and safety of the service.**