Hantona Ltd

The Old Rectory Nursing and Residential Home

Inspection report

56 High Street
Langton Matravers
Swanage
Dorset
BH19 3HB

Tel: 01929425383

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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

About the service
The Old Rectory Nursing and Residential Home provides personal and nursing care for up to 34 people aged 65 and over, some of whom live with dementia. At the time of the inspection the service was supporting 34 people.

People's experience of using this service and what we found
People told us they felt safe and happy living at The Old Rectory Nursing and Residential Home. Staff understood how to keep people safe and felt confident that they would be listened to, and action taken, if they had any concerns that people were at risk of harm or abuse.

People were supported by well trained staff who were competent in helping people achieve their desired outcomes and live their lives with as much independence as possible. Staff understood the importance of helping people to stay healthy by supporting them to access relevant healthcare services in a timely way. Risks people faced were minimised and regularly reviewed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by staff who were kind, caring and patient. Staff had got to know people well which enabled mutually beneficial and warm interactions. People told us they were listened to and were encouraged to make decisions about the care and support they received. Staff promoted meaningful choice and gained people's consent before providing them with care.

People were encouraged to participate in a range of group and individual activities that reflected their interests and abilities. People could choose to spend their day how they wished. When people wanted to spend time alone or with visitors this was respected and supported. Relatives told us they felt welcomed and involved.

People, relatives and staff had the opportunity to feedback and influence what happened at the home via annual surveys. The management were well respected and promoted an open, friendly and supportive culture. Staff felt valued. Their professional development and continuous learning was encouraged.

Quality and safety checks helped ensure people were safe and protected from harm. Audits helped identify areas for improvement with this learning shared with staff. This also ensured that practice standards were maintained and improved.

The home had developed and maintained good working relationships with other agencies including a community mental health team, speech and language therapy and a local university to support student

nurse placements.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was Good (published 21 January 2017).

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

The Old Rectory Nursing and Residential Home

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection team included a lead inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience's area of expertise was dementia and elderly people.

Service and service type
The Old Rectory Nursing and Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key

information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with 12 people who used the service and six relatives about their experience of the care provided. We spoke with 14 members of staff including the provider, registered manager, deputy manager, administrator, senior care worker, health care assistants, domestic staff, kitchen staff and a student nurse. We also spoke with a regular agency worker.

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

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection
We spoke with three professionals who visit the service. One professional provided feedback via email.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I feel very lucky to be in this home, I feel very safe here, no problems." One person's friend said, "My friend has many ailments and needs lots of support, this home is a very safe place for [friend] to be." A relative commented, "We feel [name] is very safe."
- Staff had received training in how to safeguard adults and demonstrated a good understanding of what signs and symptoms could indicate that people were experiencing harm or abuse. Staff knew how to raise concerns both internally and externally. A staff member said, "I would look for things like bruises and a change in people's body language. I feel all is done to keep people safe here."
- There were effective systems and processes in place for reviewing, investigating and sharing learning from safeguarding incidents. The home had notified the local authority safeguarding team on all occasions requiring their input.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People had personalised risk assessments to help reduce risks associated with things such as vulnerable skin, poor dietary intake and mobility.
- Care plans had been developed to help reduce risks and this information was up to date, known and available to staff. For example, people experiencing falls had a falls diary completed to identify trends. People with a reduced dietary intake had their weight taken weekly and were offered food supplements.
- People had equipment they needed to reduce risks linked to their health. This included pressure relieving mattresses, walking frames and sensor mats. Regular checks helped ensure these were in good working order.
- General risk assessments had been completed to help ensure the safety of the home and equipment. These assessments included: water system tests for legionella, home security and safety of repositioning equipment.
- Risks to people from fire had been minimised. Fire systems and equipment were regularly checked and serviced. People had Personal Emergency Evacuation Plans (PEEP) which guided staff on how to support people to safety in an emergency.
- Accidents and incidents were recorded and escalated appropriately. Body maps were completed and crossed referenced with accident and care plan records.
- The registered manager reviewed all incidents and accidents to investigate what had happened, determine the cause, identify themes and develop an action plan to help reduce the risk of a re-occurrence. Learning was shared at team meetings, staff handovers and supervision.

Staffing and recruitment

● There were enough staff on shift to meet people's needs and respond flexibly. The home used a dependency tool to help ensure that staffing levels matched people's support needs. Two people said, "They [staff] do get busy but they are there when I need them" and "I'm quite happy with the staffing arrangements."

● The home rarely used agency workers as it was committed to people having continuity of care from familiar staff.

● The home had safe recruitment practices. Checks had taken place to reduce the risk that staff were unsuitable to support people. This included pre-employment and criminal records checks.

Using medicines safely

● Medicines were managed safely. People told us they received these on time and as prescribed. Records confirmed this. One person said, "I do get my medicines every day when I should get them."

● Medicines were only administered by staff with the relevant training and competency checks.

● Medicine Administration Records (MAR) were completed and legible.

● Where people were prescribed medicines that they only needed to take occasionally (referred to as PRN), guidance was in place for staff to follow to ensure those medicines were administered in a consistent way.

Preventing and controlling infection

● The home was visibly clean and free from malodours. Communal bathrooms and toilets displayed information about good hand washing techniques and hand sanitisers were available throughout the home. A relative said, "The home is always clean and tidy."

● There was an infection control policy and staff understood their responsibilities in this area. A cleaning schedule helped ensure that risks to people and staff from infection were minimised.

● Staff had a good supply of Personal Protective Equipment (PPE) such as gloves and aprons and were observed using these appropriately.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

● People had pre-admission assessments that supported their move to the home. On moving in, staff worked with the person, their family and relevant professionals to help them settle in and develop a personalised care plan that identified achievable outcomes.

● Two staff members commented, "People's care plans are easy to follow" and "Care plans give us the information we need." Our review of records confirmed this.

● The service understood the importance and benefits to people of timely referral to health and social care professionals to help maintain people's health and well-being. For example, one person who was observed as having excessive fluid intake was referred for diabetes screening. ● People had been supported with visits to or from healthcare professionals including district nurses, community mental health nurses and speech and language therapists. A healthcare professional advised us via email, 'They have always carried out swallow recommendations accurately. I've never had any concerns re their [staff] competence.'

● People were supported or reminded to attend appointments with healthcare services such as dentists and the visiting chiropodist.

● The home liaised with relatives where they wished to accompany their family member for reassurance. Staff completed a monthly oral assessment tool to help ensure people's oral hygiene was maintained.

Staff support: induction, training, skills and experience

● People were supported by staff that had received an induction and shadowing opportunities with more experienced staff.

● Staff had received mandatory training such as safeguarding adults, fire safety and equality and diversity. They had also undertaken role specific training to help them people's needs diverse needs. This included: fluids and nutrition, MCA and DoLS and dementia. One staff member had recently had moving and repositioning training. They said this had helped improve their knowledge of using slide sheets. These are used to help reduce risks to people's skin when supporting them to move.

● People had confidence in the skills and knowledge of the staff supporting them. One person told us, "The staff here are well trained and do a good job for me" while another person said, "The staff are well trained, very professional."

● Staff received one to one and group supervision that provided them with an opportunity to discuss concerns, reflect on their practice and discuss their professional development. One staff member said, "I feel

100% supported with my professional development. Because of the support from [name of registered manager] I have felt confident enough to do my nursing degree at university."
● Nursing staff were supported by the registered manager to re-validate with their professional body, the Nursing and Midwifery Council (NMC). Nurse re-validation is a requirement of qualified nurses. This process ensures they provide evidence of how they meet their professional responsibilities to practice safely and remain up to date.

Supporting people to eat and drink enough to maintain a balanced diet
● People were supported to maintain a well-balanced diet and remain as independent as possible with their meals.
● Where people required support from staff to eat and drink this was provided in a kind and patient way that helped maintain the person's dignity. One person said, "The staff do help me at mealtimes, they are very caring towards me."
● Staff understood and met people's dietary needs and followed healthcare professional's advice for example if people were at risk of choking or low intake.
● The cook and staff were aware of a person's dietary needs who had moved to the home during the inspection.
● People told us they enjoyed the food. Their comments included: "The food is nice here, there is a choice and if I ask for it they will make me something special", "The food is good here, I eat quite well." A relative told us, "The food is okay here, [name] eats very well I think."
● The menu was displayed on tables in the lounge/dining room. The registered manager told us they were in the process of developing picture cards to help make it easier for people to choose their meals and drinks.

●Staff took covered meals to people who had chosen to eat in their rooms. This ensured people had food that was warm and enjoyable to eat.

Adapting service, design, decoration to meet people's needs
● People lived in an environment that had been adapted to meet their needs. Signage around the home helped people understand what each room was used for.
● Clocks and calendars around the home, including in people's rooms, were set to the correct time, day and month which helped people who lived there with memory problems. When we noticed one person's room clock had stopped the registered manager immediately rectified this.
● People had access to a secure, level-access outside space which included a patio area and decking where we observed people relaxing, entertaining relatives or having their lunch.
● A working passenger lift gave people access to the first floor. The maintenance worker said, "If I need anything they get it. The staff are pretty good at adding things to the maintenance log and support what I am doing."

Ensuring consent to care and treatment in line with law and guidance
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.

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People had mental capacity assessments for each complex decision affecting their day to day lives. These covered areas including: support with personal care, alarm mats and administration of medicines. Best interest meetings included involvement from relatives, relevant health and social care professionals, solicitors, advocates and staff familiar with the person.
- People's care plans identified if they had a legal representative and the extent of the authority these representatives had, for example for decisions around property and finance and/or health and welfare. People's representatives were consulted appropriately and had signed to give consent within the scope of the legal authority they held.
- The home had applied to the local authority for each person that required DoLS and kept a record of when these were due to expire. Two people had conditions attached to their DoLS and we saw that these were being met.
- Staff were observed consistently asking for people's consent before supporting them and provided them with information that helped them to make meaningful choices.
- Care plans advised staff to ensure they explained clearly what they were doing when supporting people. Our observations confirmed staff followed this guidance.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff who were consistently kind, caring and attentive to their needs. We observed a staff member telling a person, "You look well, you look lovely today." People's comments included: "They are very caring towards me, they know how I like things done", "The Staff are lovely here, very caring towards me and the other residents" and, "I can't fault any of the carers. We have a bit of a laugh." A relative expressed, "[Name] is very well cared for, the staff are good and caring towards [name]." Another relative said, "Staff are first class."
- People were supported and encouraged to spend their days how they wished. For example, if people preferred to get up at a particular time or enjoyed their own company this was respected. One person's plan reminded staff they should be supported to have 'peace and quiet.' One person told us, "I can choose what I do here. If I want to join in with things I can."
- People were supported by staff who had got to know them well. One care worker told us they shared the same nationality as two people at the home. They said this had enabled them to share memories, recipes and talk about an old television show.

Supporting people to express their views and be involved in making decisions about their care

- People who were able to told us they were happy with the care they received and felt involved and listened to by staff. One person told us the registered manager had visited them in hospital the previous week to discuss their needs and wishes when they returned to the home.
- People's cultural and spiritual needs were acknowledged, respected and met. This included people being supported to access faith-based services such as Communion or staff respecting people's need for time alone or to relax.
- People had been able to personalise their rooms and bring in furniture and other items of sentimental value such as photos and objects celebrating their interests and achievements. They told us this made them feel settled and at home. One person said, "My room is very nice."

Respecting and promoting people's privacy, dignity and independence

- Staff helped people to maintain their dignity and give them privacy. We observed staff knocking on people's door before entering and placing do not disturb signs at times they were supporting people with personal care.
- People told us, "The staff are very careful to protect all the residents' dignity" and "I can't walk so I need to

be in bed or in a wheelchair, they always cover me up properly to protect my dignity." A relative said, "The staff are always mindful of looking after [name]'s dignity."

● People told us they were given a choice of whether they preferred to have male or female staff supporting them with personal care.

● Staff were encouraged to support people to live their lives how they wanted to live them with as much independence as possible. One person's plan noted, '[Name] can sometimes wash [name's] own face if prompted so this should be encouraged.' One person said, "They [staff] do encourage me to be a bit independent." A relative commented "They like [name] to still have [name's] independence – like eating independently but providing support on days [name's] not able to."

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

● People had detailed, personalised care plans. Their needs, abilities, life history, and preferences were documented, known and supported by staff. People's care plans were regularly reviewed with support and involvement from their relatives where people experienced difficulties communicating. A relative said, "They always include us in reviews and we've been involved in best interest meetings on three or four occasions."

Supporting people to develop and maintain relationships to avoid social isolation;

● People had the opportunity to participate in a range of group and individual activities. These included: a day at a beach hut owned by a dementia friendly charity, weekly communion, hairdresser, pampering, gardening and music sessions. One person's relative commented on the home no longer having its own minibus – "I wish they would fix there minibus so [name] could be taken somewhere." We spoke to the provider and registered manager about this. They told us they were planning to lease a new minibus from August 2019 to support group trips in the community.

● People were supported and encouraged to maintain contact with family and friends. We observed people's relatives visiting and either spending time with them in the home or taking them out.

● The home updated relatives with updates and photographs of events. One relative said, "It's lovely here. We're always made to feel welcome. I'd love to come and stay. [Name] couldn't be in a better place – it's brilliant!"

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● People's diverse communication support needs were identified, recorded and highlighted in care plans. These were shared appropriately with others, including professionals. People's plans noted where they required hearing aids and glasses and also the tone of voice or approach to take to best support each person's ability to communicate and understand information. For example, one person's plan noted they 'respond well to a cheerful, smiling face.' Another person's plan advised, 'Ensure [name's] room is well-lit to assist with [name's] remaining sight.' On both occasions we observed this guidance was followed.

Improving care quality in response to complaints or concerns

● The home had a complaints procedure that was visible around the home. People and relatives felt if they had to complain they would know who to speak with and would be listened to.
● The complaints log showed that issues were resolved in line with the provider's complaints policy. One resident told us, "If I had a worry I would talk to the manager, all okay though."

End of life care and support
● Staff had been trained to support people with end of life care needs.
● People and, where appropriate, their relatives had been given the opportunity to discuss their end of life wishes and these were documented. These discussions meant a person's final wishes could be respected and followed.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The home had a friendly and welcoming atmosphere. People commented: "The atmosphere is nice here, all okay for me", "This is a happy calm place, everyone gets on well together I find" and "All seems okay here, good staff relations and a nice atmosphere." The registered manager said, "We want people to feel it's a home from home."
- The registered manager was respected and seen as supportive and approachable. People told us, "The manager is very kind to me" and "The manager is very kind, she is a nice person."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and staff were clear about their roles and responsibilities. A student nurse said, "I really enjoy it here. Everyone knows what they're doing. I would like to work here after my studies."
- People, relatives and staff told us they felt the home was well run. Three people commented, "I do think this home is very well run, it runs so smoothly", "I think the manager does a good job" and "It must be well managed it all runs nicely." A healthcare professional fedback to us, 'Staff are well led and motivated.'
- The registered manager said they were most proud of the staff team who they said "work hard and are always respectful" to people.
- Staff felt recognised and valued. One staff member told us, "We get thank yous everyday from management."
- The registered manager had ensured that all required notifications had been sent to external agencies such as the CQC and the local authority safeguarding. This is a legal requirement.
- The registered manager demonstrated a good understanding of the requirements of Duty of Candour. They told us it is their duty to be "open and honest" about any accident or incident that had caused or placed a person at risk of harm.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives, staff and visiting professionals had the opportunity to feedback and influence what happened at the home via annual surveys. Feedback was displayed in the home. One person said, "I am

kept informed of anything going on in the home always." Another person added, "They do ask us what we think, and they do listen I feel." A relative told us, I can ring [name of registered manager] about anything. We feel involved which is important as we live 100 miles away." A staff member had fedback, 'In my 37 years of working this is the best place I have worked.'

● Staff attended regular team meetings where they were encouraged to share their views and develop their knowledge. Agenda items had included: welcoming new staff, upcoming training courses and feedback from a recent residents' meeting. Notes from one meeting showed the registered manager had 'thanked all the staff for their hard work and dedication.'

Continuous learning and improving care; Working in partnership with others

● The registered manager completed regular checks which helped ensure that people were safe and that the service met their needs. Audits included areas such as: monthly weights, pressure area care, supervision, medicines and catering.

● The new registered manager said they kept their skills up to date by attending care industry conferences, quarterly multi-disciplinary meetings and contributing to a countywide NHS study of local dementia services.

● The registered manager told us they had also received their NVQ assessors award. This meant that they were able to support and assess staff to meet occupational standards while studying for this national qualification.

● The home had established and maintained good working relationships with other agencies including the local authority, district nurses and a community mental health team. Health professionals' comments included, "The registered manager is very approachable, knowledgeable and contacts us in a timely manner. I have confidence in the management' and 'Our team go in once or twice a week and have no concerns at all. The management and staff are always lovely there.'

● The home had been accepted by a local university for student nurse placements. Feedback from students was positive with one noting, 'I felt it was a very valuable experience in my nurse training. The whole team are excellent role models for myself and other student nurses.'