

The Rectory Care Home Limited

The Rectory Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection was unannounced and took place on 23 January 2018. It was the first inspection of the home since it was registered to the current provider.

The Rectory Care 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 Rectory Care Home does not provide nursing care.

The home provides care to up to 25 people who are living with dementia. It is part of Somerset's 'Specialist Residential Care' (SRC) provision and is supported by a specialist care development nurse from the local healthcare trust. At the time of the inspection there were 20 people living at the home.

There was a registered manager in post who was passionate about providing person centred care for people living with dementia. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The staff placed high importance on ensuring people had opportunities for occupation that enhanced their enjoyment of life. People were animated and engaged throughout the day. There were opportunities for people to take part in activities and to access the local community.

People had access to a range of healthcare professionals to meet their needs. Staff worked in partnership with other organisation to make sure people received effective care and treatment when needed.

People's nutritional needs were assessed and monitored and people received meals in accordance with their needs and preferences. One person said, "The food is very nice, if I ask for something I get it." Another person said, "I always enjoy my food."

Risks of abuse to people were minimised because the provider followed a safe recruitment procedure and made sure all staff knew how to recognise and report any concerns. People felt safe at the home and with the staff who supported them. One person told us, "They [staff] are always very good to you."

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

People had care plans that made sure staff had good information about their needs and individual personalities and preferences. This enabled them to provide care that was tailored to each individual. Care plans were up dated when people's needs or wishes changed. One person said, "I've needed more care

recently, so they've been helping me more. They don't make a fuss."

The provider and registered manager were committed to on-going improvements to enhance people's quality of life. There were ways for people to share their views and make suggestions about the running of the home. One person said, "You can talk to anyone here." Suggestions were put into practice where practicable.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

There were sufficient numbers of staff to maintain people's safety and meet their needs.

Risk assessments were carried out to ensure people were able to receive care and take part in activities with minimum risk to themselves and others.

The provider had policies and processes in place which helped to minimised risks of abuse to people.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the skills and knowledge to meet their needs.

People's healthcare needs were monitored by staff and advice was sought from other professionals when required.

People received meals which met their dietary needs and took account of their preferences.

Is the service caring?

Good ●

The service was caring.

People's privacy and dignity was respected

People were supported by kind and caring staff who showed patience and understanding towards them.

There were ways for people and their representatives to express their views about the care they received.

Is the service responsive?

Good ●

The service was responsive.

There was a high emphasis placed on ensuring people had access to activities and social stimulation which enhanced their happiness and well-being.

People's care was tailored to their individual needs and preferences.

People felt comfortable to talk to staff if they were unhappy.

Is the service well-led?

Good ●

The service was well led.

People benefitted from a registered manager and staff team were extremely committed to providing person centred care.

Staff were well supported and motivated which led to a happy environment for people.

There were systems in place to monitor the quality of care and plan on-going improvements.

The Rectory Care Home

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 comprehensive inspection took place on 23 January 2018 and was unannounced. It was carried out by an adult social care inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit.

During the inspection we spoke with six people who lived at the home, four visitors and four members of staff. Before the inspection we received positive feedback from one health and social care professional. A number of people were unable to fully share their experiences with us due to their dementia. We therefore spent time observing how people were being cared for and their interactions with staff.

The registered manager was available throughout the day of the inspection.

During the day we were able to view the premises and observe care practices and interactions in communal areas. We observed lunch being served. We looked at a selection of records which related to individual care and the running of the home. These included three care and support plans, two staff files, medication administration records and records relating to health and safety checks and quality monitoring.

Is the service safe?

Our findings

People and their visitors thought The Rectory Care Home was a safe place to live. One person told us, "They [staff] are always very good to you." A visitor said, "I feel they are totally safe here. I have complete peace of mind." Throughout the day we observed people looked very comfortable and relaxed with the staff who supported them. People smiled happily when staff approached them and many used touch to communicate with staff.

The provider had systems and processes which helped to minimise risks of abuse to people. These included a robust recruitment process and ensuring staff understood how to recognise and report concerns. Staff files showed all new staff were thoroughly checked before they began work to make sure they were safe to work with vulnerable people. Staff we spoke with had received training in recognising and reporting abuse and all felt confident that any concerns reported would be dealt with appropriately. One member of staff took a lead role for safeguarding within the home. When we spoke with them they had a good knowledge of the steps to take if any concerns were raised.

There were enough staff to maintain people's safety and to meet their needs. All staff we spoke with thought staffing levels were adequate. During the day we saw staff responded to requests for help promptly and had time to socialise with people. One person told us they liked to be independent but staff were always available when they needed help. They said, "There is always someone around to help you."

Risks to people were minimised because assessments of risk had been carried out and control measures implemented where practicable. For example; one person had a number of falls out of bed and this had been significantly reduced by providing the person with a double bed. When people went out of the home for social activities one to one staffing was provided to maintain everyone's safety.

All accidents and incident which occurred in the home were recorded. These records were regularly analysed to identify patterns and see where lessons could be learnt to minimise re-occurrence and future risks to people.

The home was fitted with a call bell system to enable people to summon help when they were in their bedrooms. A number of people were unable to use the call bells and therefore infra-red detectors had recently been fitted in rooms and linked to the call bell system. These detectors were unobtrusive but meant staff were alerted when people moved around their rooms and could quickly go to offer support. The registered manager told us they thought the number of falls people experienced had reduced since the introduction of these detectors but did not yet have figures to evidence this.

People received their medicines safely from staff who had received specific training to carry out this task. Some people were prescribed medicines on an 'as required' basis for pain relief or to relieve agitation. People at the home were living with dementia and a number of people were unable to verbally express their need for these medicines. To make sure people received these medicines in a consistent way there were individual protocols in place which gave staff information about when to administer these. This helped to

make sure people received appropriate medicines to maintain their comfort.

The home used a monitored dosage system with printed medication administration records. These records were generally well completed but we found when handwritten entries had been added to the medication administration records these had not always been signed and witnessed by a second member of staff in line with good practice guidelines. The use of a second person to check and sign when handwritten entries are made helps to minimise the risks of errors.

The home was kept clean by a team of domestic staff which helped to minimise the risk of the spread of infection. Where outbreaks of infection had occurred the registered manager had followed advice from appropriate authorities to minimise the impact on people. The registered manager had recently introduced domestic staff at night in addition to the day to make sure communal areas could be thoroughly cleaned with minimum disturbance to people. There were hand-washing facilities and alcohol gel throughout the home. Staff had access to personal protective equipment such as disposable gloves and aprons which also helped to minimise risks to people.

Is the service effective?

Our findings

People received effective care because staff had the skills and knowledge required to support people and meet their specialist needs. Throughout the day we saw staff were observant and interacted with people in a way that respected them as individuals and showed an understanding of their particular needs. This created a calm and happy atmosphere. One person told us, "Staff are marvellous they just cope with whatever – we are not always an easy crowd to help." A visitor said, "Staff manage things very well."

People were supported by staff who had good access to support and training which made sure they had the up to date knowledge and skills to care for people effectively. The registered manager kept their skills up to date and was part of a local network which enabled them to discuss issues and then share good practice ideas and innovations with the staff team. One member of staff said, "The manager is brilliant at supporting you and coming up with ideas about how to do things better for people."

People's needs were assessed and care plans contained very individual information about people which included personal histories, needs and lifestyle choices. This made sure staff had the information they required to support people. Staff we spoke with had an excellent knowledge of each person and understood the importance of knowing about people's background to enable them to interpret present behaviours. For example, staff told us that one person often sat on the floor and they thought this was linked to their previous occupation.

The staff worked with other professionals to make sure people's needs were met. The home was part of Somerset's 'Specialist Residential Care' (SRC) provision and was supported by a specialist care development nurse from the local healthcare trust. This helped to make sure people's mental health needs were constantly monitored. The specialist nurse also offered advice and training to staff to promote good outcomes for people.

Staff monitored people's healthcare needs and made sure people had access to professionals to meet on-going health conditions and to respond to acute illnesses. Some people were seen regularly by community nurses to meet their physical health needs. One person said, "They make sure you see the doctor, or the nurse. And you can have your eyes and feet looked at." Individual records showed people had access to professionals including: occupational therapists, doctors, chiropodists and speech and language therapists.

Care plans contained copies of personal histories and routines which were given to other care providers, such as hospitals, if the person needed to be cared for in a different environment. This helped to make sure other professionals had good information to enable them to meet people's specialist needs even if they were unable to communicate verbally. We heard from the registered manager how staff had supported one person, who had no family, during a hospital stay. We were told staff visited and stayed with the person each day to relieve their anxiety and make sure hospital staff were fully aware of their needs. At the last staff meeting the registered manager passed on comments from hospital staff which praised the 'care and devotion' shown by staff.

People had their nutritional needs assessed to make sure they received meals in accordance with their needs and wishes. Where concerns about a person's weight or nutritional intake were raised the staff sought advice from professionals to ensure their needs were met. Some people required physical assistance to eat and at lunch time we saw staff sat with people to help them. Staff chatted to people whilst supporting them which made it a social experience. Where people needed encouragement or prompting to eat staff provided this in a discreet manner.

At lunch time people were offered a range of meals in a way that was appropriate to them. Some people chose from a menu with pictures, some made verbal requests and other people were shown plated meals to enable them to point to the meal they wanted. People were complimentary about the food at the home. One person said, "The food is very nice, if I ask for something I get it." Another person said, "I always enjoy my food."

People lived in an older style house that was in need of some refurbishment and redecoration. There was some signage around the home to help people to independently find their way around. The new provider and registered manager had an action plan in place to up-grade the environment to make sure it provided a pleasant home for people. Some areas, such as the garden and dining room had already been completed and further works were on-going.

The Mental Capacity Act 2005 (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. During the day we saw people were given choices about what they wanted to do and where they wanted to spend their time. A number of people were unable to make some choices and staff gave evidence that they worked in accordance with the principles of the MCA to make sure people's rights were protected. Staff told us if people were not able to make a decision they would speak to relatives or other professionals to help them make a decision that they felt was in the person's best interests. They said they also used their knowledge of a person to help to make day to day decisions. For example offering food and drink which they knew the person enjoyed.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had made appropriate referrals for people to be deprived of their liberty where they needed this level of protection to keep them safe and lacked the mental capacity to fully agree to aspects of their care.

Is the service caring?

Our findings

People were cared for by staff who were kind and caring. Staff showed patience and understanding when they supported people and many offered physical reassurance and support to people. One person said, "They are kind to you. We have a laugh." Another person told us, "They just couldn't do more."

Throughout the day we observed staff interacted with people in a happy and cheerful way that encouraged people to smile and relax. When a person became upset staff took their arm and walked with them quietly chatting until the person became calm. When people showed signs of frustration with other people who lived at the home staff used distraction techniques, such as looking through a book, to defuse the situation so people became calm and relaxed again.

Staff made sure anyone who was feeling unwell received the attention they required. One person said they didn't feel themselves and asked staff to help them to go for a lie down which staff did. Another person had spent most of the day in their room and staff had made sure they had everything they needed. We saw a note this person had written to the care staff which said, "Thank you a lot for all the kindness and care you gave me today it has helped me lots. Hopefully I will be back to normal tomorrow. Big thank you."

There was a stable staff team at the home and staff knew people well and what was important to them. Staff were able to talk to people about family and people who were special to them. Staff were patient and understanding when people became repetitive and in one case the person was able to laugh with staff about having already asked the same question. This person said to us, "I have a dreadful memory it's a good job I have these girls [staff]."

People had built trusting relationships with staff and were very comfortable to walk arm in arm, dance together or hold hands with them. This all helped to create a warm and homely atmosphere. One person said, "Staff are lovely. It's not like home but I'm very comfy and they give you a cuddle when you need one."

People's privacy was respected and people were able to spend time alone in their rooms whenever they wanted. Some people had personalised their rooms with small items of furniture and pictures which helped them to feel at home. The provider was in the process of refurbishing some rooms to make them more comfortable and homely.

Staff supported people to maintain their dignity by supporting them in a discreet way. When people required help with personal care, staff quietly assisted them to their room or a bathroom. When a person needed help to eat and drink a member of staff sat at their level to assist them and chatted to make it a social occasion.

People, or their representatives, were involved in decisions about the care and support they received. Visiting relatives told us they were involved in discussions and reviews of people's care plans which helped to make sure people received care and attention in accordance with their known wishes and preferences. One visitor told us, "I've been totally involved in the care plan and everything else." Another visitor said,

"They keep me up to date with everything. Communication between us is very good." Where people lacked mental capacity and did not have representatives to consult about day to day care, staff acted in the person's best interests in accordance with their knowledge of the individual. In some instances the staff worked with independent advocates to make sure people's views were represented.

Is the service responsive?

Our findings

The staff were responsive to people's needs and worked in a way that respected people as individuals. This was achieved by making sure all staff had good information about people including their likes, dislikes and daily routines. People told us they could make choices about what time they got up, when they went to bed and how they spent their day. One person said, "You more or less do what you like." One visitor commented, "They are extremely flexible about everything. Because of how [person's name] is, they don't always want to do things but they have such patience they just wait until they're ready."

Each person had a care plan which contained a document entitled 'Hello my name is.' This document gave detailed information about the person and their life history. As many people were unable to fully express themselves, the staff had worked with relatives and close friends to build a picture of people, their personalities and the things that were important to them. The information enabled staff to understand what may influence the way people acted or the things that might upset them. For example, one person had a very specific way of speaking to staff. We noticed that staff did not challenge this and when we looked at their care plan we saw the reasons behind the person's attitude. One member of staff said, "Sometimes the things people do seem strange but when you look at their history you understand that it is connected to their occupation or hobbies." The quality of information about people ensured everyone was treated as an individual and their values and beliefs were respected by staff.

Care plans also gave information about people's needs and the best approaches for staff to use to promote independence and well-being. This included any equipment or prompting people may need to support them to do things for themselves. Care plans were reviewed monthly to make sure they continued to be reflective of people's needs and wishes. One person said, "I've needed more care recently, so they've been helping me more. They don't make a fuss." Where appropriate, people had care plans setting out the care they would like at the end of their life. This included people's wishes about where they would like to be cared for and under what circumstances they would not want to be resuscitated.

People and relatives told us they had lots of opportunities to talk to the registered manager and staff. All said if there was anything they were not happy with they would be comfortable to raise it. One person said, "You can talk to anyone here." One visitor said, "If I needed to I would complain. Anything you need or want they sort it out."

There was a high emphasis on supporting people to occupy their time and enjoy life. There were dedicated activities workers employed but all staff supported people with occupation. There were numerous items around the home for people to interact with and throughout the day people spent time looking through magazines, cuddling soft toys or dolls, drawing or completing puzzles. People appeared engaged and animated throughout the day. One person told us, "I like to read the books."

People received on-going social stimulation from staff who encouraged them with activities or sat and chatted with them depending on their abilities and interests. We saw one person liked to sit on their own in a quiet area and throughout the day staff went to sit beside them to offer company which made them smile.

A number of people enjoyed listening to music and one communal room had a voice activated smart speaker that people could ask to play any type of music. There were signs on the walls that people could read to ask the smart speaker to play particular music or ask questions such as what day is it? This gave people some independence and made sure all musical tastes could be catered for. On the day of the inspection some people were sat in this lounge singing along to their chosen music.

The staff used their knowledge of people's hobbies and interests to provide social stimulation and occupation for people. For example; one person had been a farmer and the home had purchased a model of a tractor engine which could be taken apart and put back together. During the inspection we saw this person and a member of staff giving the tractor 'a bit of a service.' A potting shed had been created in the garden where people could spend time. One person had a small bike which they liked to fix and other people had made hanging baskets for the garden. One visitor said, "They are very good at tapping into what makes people happy."

The registered manager had made good links with local groups which helped people to continue to follow their interests and mix with different people. Children from local schools and activity groups visited the home regularly and we saw numerous pictures of people and children sharing activities and social occasions. Because of the enjoyment many people gained from mixing with the children the staff had set up a weekly toddler and baby group at the home. This meant that on one morning a week staff brought in their children to share activities with people. One person said, "I like the little ones and the animals."

People had access to community facilities. They had formed some groups where they had invited other people to join them. This included a walking group and a dementia breakfast club at a local bed and breakfast. A fortnightly dementia walking group had been set up and it was hoped that this would become more popular when the weather improved. This gave people a chance to get out and about and meet people. One person said, "We go different places. I like to go for a walk." The registered manager told us that staff wore high visibility jackets with their details on and several people had approached them during their walks and interacted with the people from the home. On one walk people had been joined by local police community support workers and photo's showed this had been very much enjoyed by people. This all helped to make sure people had safe access to community facilities and also helped to promote an understanding of dementia and make the community more dementia friendly and therefore more accessible to everyone. It also helped to keep people active and promote physical health. On the day of the inspection two other care homes in the area had contacted the registered manager with a view to joining the dementia walks.

Various entertainers visited the home on a regular basis and a singer held a karaoke morning each week which we were told was very popular. There was a church service each month and other religious representatives also visited and spent time with people. The staff made sure that everyone had opportunities to go out and additional staff were made available one morning a week to facilitate this. On the day of the inspection some people went to a reminiscence activity day. We asked one person who went out if they had enjoyed themselves and they told us, "It was very interesting."

Is the service well-led?

Our findings

The home was well led by a registered manager who was passionate about providing a homely environment and good person centred care. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager kept their skills and knowledge up to date by networking with other providers and attending training courses and conferences. This ensured people received care in accordance with up to date research and legislation. It also helped them to gain ideas about what worked well in other settings and share their experiences to promote good quality care. The registered manager passed their knowledge to staff informally and through meetings, one to one discussions and appraisals. They were a 'care ambassador' which meant they regularly talked to young people to promote careers in social care.

People lived in a home where the registered manager was very visible and involved in the day to day experiences of people. They led by example and were able to constantly monitor standards of care provided. They told us they were open to suggestions and were always willing to give things a go if they felt it would benefit people. Staff said they felt very supported and said they could always make suggestions. One member of staff said, "We all work together. The support is brilliant and we have fun." Another member of staff said, "It's very forward thinking place. We are encouraged to learn and try new things."

Observations throughout the day of the inspection showed staff worked in a way that put people at the centre of everything that went on. This involved all staff not just care staff. For example, when the cook came into the dining room they interacted with everyone and shared some good humoured banter which made people smile and laugh.

The registered manager and new provider had systems to monitor quality and ensure on-going improvements for the people who lived at the home. There were regular audits which included the environment and care. One member of staff was responsible for auditing care plans on a monthly basis and those we read were all up to date. This showed the audits helped to make sure people's care plans accurately reflected their needs and wishes.

There were action plans in place to enhance the environment and support people received. They had already made improvements to the garden area to make sure people had access to safe outside space. This had included the addition of a potting shed and a café which they planned to open in the summer. The registered manager told us the café would enable people to purchase drinks and snacks independently whenever they wanted and give them a sense of 'going out' but within the safety of the home.

People and their relatives had opportunities to give feedback on the home and make suggestions. Some people had said they would like to have fish and chips from the chip shop and now this was available every Friday. Results of the most recent relative's survey had shown a high level of satisfaction but some said they

would like to see people going out more. In response to this additional staff had been made available one morning a week so people had enhanced opportunities to go out if they wished to.

People could be confident that the building and equipment was safe because the provider had contracts in place to make sure equipment was well maintained and regularly serviced. This included the fire detecting system and all lifting equipment.