

Choice Support

Rectory Lodge

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service: Rectory Lodge offers both personal care and accommodation for up to 12 people who have mental health difficulties. At the time of inspection there were 12 people using the service.

People's experience of using this service:

Staff knew how to keep people safe and received training for safeguarding and how to reduce the risks of harm from occurring. Risks to people's well-being and safety were assessed, recorded and kept up to date. People were supported with their medicines in a safe way.

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 were supported to maintain good diet and access the health services they needed.

Training relevant to people's support needs had been undertaken by staff. The staff team felt involved in the running of the service and were supported by the registered manager. A complaints procedure was in place and people knew what to do if they had a concern of any kind.

Staff had built positive relationships with people living in the service. Care plans included clear guidance to staff on how to support people in the way they wanted.

There was an effective quality assurance system in place to ensure the quality of the service and to drive improvement.

Rating at last inspection: Good (report published 13 August 2016).

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remained rated Good overall.

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

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Rectory Lodge

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection team consisted of one inspector.

Service and service type: Rectory Lodge is a care home. People in care homes receive accommodation and nursing or personal care. 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 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: Prior to the inspection, we reviewed the information we held about the home, including notifications of events the service is required by law to send us. 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. The information provided by the provider was used to plan our inspection and taken into account when we made judgements in this report.

During the inspection we spoke with seven people using the service and one relative. We also spoke with the registered manager, the assistant manager and two support staff. We observed support being provided in the communal areas of the service. We reviewed a range of records about people's care and how the service was managed. This included two people's care records. We also looked at associated documents including risk assessments and a sample of medicine records. We looked at records of meetings, staff training records and the recruitment checks carried out for one support worker.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person told us, "I feel very safe, I weighed up life outside and here, and life is better here."
- Staff had all received training in how to follow the safeguarding process and could describe how they would report suspected abuse. They were confident any concerns would be taken seriously and acted on.

Assessing risk, safety monitoring and management

- The service assessed risks associated with people's care and support when they first moved into the service and these were reviewed regularly.
- The registered manager was concerned people were smoking in their bedrooms even though there were designated smoking areas. To reduce the risk of this happening the registered manager had purchased alarms for these bedrooms that detected cigarette smoke.
- A fire risk assessment was in place, which covered all areas in the home. Each person had a Personal Emergency Evacuation Plan (PEEP) to ensure they received the correct support to evacuate the service safely, for example in the event of a fire.

Staffing and recruitment

- Staffing levels were sufficient on the day of the inspection to meet the needs of the people who used the service.
- People we spoke with told us they felt staffing levels were sufficient to meet their needs. One person said, "There is always staff around when you want them." A relative said, "There seems to be enough staff."
- The provider followed safe recruitment processes.

Using medicines safely

- The service had safe arrangements for the ordering, storage and disposal of medicines. Staff responsible for the administration of medicines had undertaken training and had their competency assessed.

Preventing and controlling infection

- The registered manager had regular checks and audits in place for cleanliness and infection control. The service was clean.
- Staff were provided with Personal Protective Equipment (PPE). One staff member said, "They even ordered

a particular type for me."

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed to look for any patterns or trends to minimise risk of further incidents. The registered manager had discussed incidents of medicine errors with staff and provided additional training to prevent reoccurrence.
- The registered manager had identified one person's behaviour often deteriorated during Christmas. They now involved the mental health team prior to Christmas so they could try to prevent this deterioration.

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

Good: 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

- People's needs were assessed and regularly reviewed. A relative said, "[Family member] was in hospital with a stroke, [registered manager] went to assess, and I was able to have look at the home first."
- Support plans had been developed with people and their relatives which ensured people's preferences and needs were met in all areas of their support.

Staff support: induction, training, skills and experience

- Staff had completed a range of training to meet people's needs. The training was updated regularly. A staff member said, "We do medicine training, food and hygiene. I have an NVQ 3, there are lots opportunities for learning here."
- The registered manager told us they could access training specific to meet people's needs. For example, blood pressure monitoring training and training in Multiple Sclerosis.
- Staff received regular one-to-one sessions of supervision, which they told us they found useful in supporting their everyday practice. One staff member told us, "We have supervision and a meeting every month."

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they had a choice and they liked the food. One person said, "We choose our food it is super. The cook made me a lovely cake yesterday, I had three candles." Another person said, "The food is lovely, [named cook] cooks whatever we want."
- One person used adapted cutlery to help them remain independent when eating.
- The mealtime was very relaxed and staff asked people at the time of the meal what they wanted to eat. People had a choice of drinks and staff chatted to people while they ate.
- People had access to kitchen facilities at all times and could make themselves snacks or drinks throughout the day. Staff also regularly offered people drinks.

Staff working with other agencies to provide consistent, effective, timely care

- Staff attended a handover meeting between each shift. This ensured people received a consistent level of support from staff.
- A written report was completed following any appointment so staff were aware of what had been discussed so any advice, guidance or treatment could be followed.

Adapting service, design, decoration to meet people's needs

- People had access to a quiet lounge, which meant they could choose whether they spent time with others or alone. The registered manager told us a couple of people found the main lounge noisy so they planned to make the quiet lounge more comfortable by redecorating. They said, "A member of staff came up with the idea so we are taking two people who like a quieter space shopping tomorrow so they can choose what they want."
- The provider had a continual decoration programme for the service. Some areas still required work.

Supporting people to live healthier lives, access healthcare services and support

- Staff liaised with other organisations to ensure people received support from specialised healthcare professionals. GPs, social workers and community nurses were contacted when required.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Mental capacity assessments had been completed where people were unable to consent to certain areas of their care. The records showed specific decisions had been made with involvement from relevant parties to ensure people were supported in their best interests.
- The registered manager understood their responsibilities in relation to DoLS and knew when and how to submit the relevant applications to the local authority.

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us they had caring relationships with the staff team. One person told us, "I love it here, I am looked after and cared for. The staff are lovely and do not put a foot wrong." A relative said, "The girls I know are lovely."
- Staff had a good understanding of people's needs and preferences. One staff member said, "We sit down with people to talk and get to know them. I enjoy talking to them. If we have any spare time we chat."

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

- People made choices in how they received their care. One person said, "I go out when I want and go to the café. I come and go as I please."
- People had support plans in place recording how they like to be communicated with. Staff knew how to communicate with people effectively.
- A staff member told us, "I sit with people every Sunday and we talk through their choices for the menu the following week. They all let me know what they want."

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to develop and maintain their independence in all areas of their lives.
- One person told us, "I do my own laundry, staff help me but I do it." Another person said, "I am very independent but staff do my dinner." A staff member said, "We encourage people to make tea, choose their clothes. We try to encourage, rather than do for them."
- People told us staff respected their privacy and dignity. A person said, "They help me with a shower, they always shut the door. I am so relieved to be here."

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Staff demonstrated an awareness of people's needs and knew their preferences. A staff member said, "One person likes particular food, they usually ask for shepherd's pie. So, we will give them that a lot."
- Care plans included people's preferred routines, what support they may need, likes and dislikes, interests and hobbies and communication. For example, one care plan recorded, "Do not check [person] at night as it wakes them up." Care plans had been reviewed regularly or as people's needs changed.
- A relative said, "We discuss everything, if I come to a meeting, I read the care plan. I know what is in it."
- Information about people's religious and cultural needs was included within care plans. A church service was held monthly.
- People told us they had opportunities to be involved in activities. One person said, "I go shopping, I love to shop. I went out with [staff member] yesterday, I brought a purse." Another person told us staff regularly took them out to their favourite place to eat and said, "We buy films to watch."
- A staff member said, "People go out, and I like going out in the community with people. I am in negotiation with [named person] to encourage them to go out and get their own toiletries."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place. At the time of the inspection there had been no complaints received at the service. However, there was a system in place to ensure complaints were investigated and responded to.

End of life care and support

- There were no people assessed to require end of life care or support at the time of our inspection.
- Ageing and death was explored with people within their care plans.

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

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

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People, relatives and staff spoke positively about the registered manager and staff and knew who to speak with if they had any issues. One person said, "It's run like a dream, all the staff work together and do a bit each. It is a joint effort." Another person said, "Staff are kind, the manager is good and helps me out."
- A staff member said, "The service is managed well." Another staff member said, "We can speak to managers and they listen. [Person's] bedroom worried us as we knew they were smoking in there, the registered manager has bought a new alarm to try and prevent this. I also suggested turning a room into a 'man cave' for the quieter men, we are taking them out to choose stuff for it tomorrow."
- The registered manager understood the responsibilities of their registration. Notifications had been submitted to us as required by law, such as deaths and safeguarding.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had auditing systems in place to monitor the quality and safety of the service and used these to check all aspects of the service on a regular basis.
- The senior operations manager undertook quarterly audits. The audit was based on the key lines of enquiry, and enabled any shortfalls within the service to be identified and appropriate action taken.
- Staff understood their roles and responsibilities. The registered manager was accountable for the staff and understood the importance of the role.

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

- The service had recently merged with another organisation and staff told us communication about this had been good. One staff member said, "They have kept us in the loop. The manager puts any news about this on the notice board." Another staff member said, "We have had perfect communication about the merger, they gave us updates and the new company sent us a voucher."
- The registered manager held regular staff meetings to discuss relevant information and policy updates. We saw the minutes of these meetings and how people's needs and care plans were discussed.
- People, relatives, visiting professionals and staff were issued with a survey to ascertain their views. The feedback was used to improve the service. For example, a family member had commented the hand gel was

often empty so this was now checked regularly.

Continuous learning and improving care

- The registered manager had organised an away day for staff so the team could look at best practice and ways to improve the service.
- Staff told us they had opportunities to undertake further qualifications to support their development.
- The provider sent the service a staff briefing every month to keep them informed about any new developments and share good practice.

Working in partnership with others

- We found the service worked in partnership with other agencies and records detailed how medical and health professionals had been involved in people's care