The Old Rectory Nursing Home (Doncaster) Limited

The Old Rectory Nursing 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 took place on 21 March 2017 and was unannounced. At our last inspection in September 2016 the service was rated as requiring improvement. We found people's risk assessments were not effectively reviewed to ensure they were reflective of people's needs and provided guidance and direction to staff to follow. We also found people's care plans did not always provide direction and guidance for staff about how to meet people's individual needs; and that people's care plans were not effectively reviewed. At this inspection, we found improvements had been made. New systems ensured that risk assessments were in place to help reduce any risks related to people's care and support needs. These were reflective of people's needs and were regularly reviewed. Detailed care plans were in place which guided staff how people wanted their needs met. These were reviewed regularly with people and those important to them.

The Old Rectory Nursing Home provides personal and nursing care and is registered for 36 older people including those living with dementia. On the day of the inspection 27 people were receiving care at the service.

There was a registered manager in post. A registered manager is a person who has registered with CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People were positive about the service and the staff who supported them. People told us they liked the staff and that they were treated with dignity and kindness.

There were safe practices in place to ensure people received their medications safely and on time. Medications were stored in a designated area of the home and were only given out to people by staff who were trained to do so.

There were recruitment checks in place to ensure that staff were safe to work with vulnerable people.

Staff were able to describe the course of action they would take if they felt someone was being harmed or abused in any way. This included raising and reporting safeguarding concerns. Staff also said the home's whistle blowing procedure was discussed regularly with them, and they would not hesitate to use this procedure if required.

Staff were well supported in their role and had access to training to enhance the skills they required for their role. There were opportunities for staff support and we saw effective teams at work. Staff were happy and motivated with good communication between shifts.

Staff had a good understanding of legislation relating to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty safeguards. (DoLS) The MCA ensures that where people have been assessed as lacking

capacity to make decisions for themselves, decisions are made in their best interest according to a structured process. DoLs ensure that people are not unlawfully deprived of their liberty and where restrictions are required to protect people and keep them safe, this is done in line with legislation.

People told us they enjoyed the food. Mealtimes were a positive experience, which people told us they looked forward to. People told us meals were of sufficient quality and quantity and there were always alternatives on offer for them to choose from. People were involved in planning the menus and their feedback on the food was sought.

Care plans, with regard to people's preferred routines and personal preferences were well documented and plainly written to enable staff to gain a good understanding of the person they were supporting. Care plans contained a high level of person centred information. By 'person centred' we mean the service was tailored to meet the needs of the person, and not the service.

Complaints had been responded to by the registered manager and appropriately dealt with including any changes which needed to be implemented because of the complaint. There were no new complaints since our last inspection.

The registered manager had systems in place to monitor the quality of the care provided and to monitor events which took place in the home to assist keeping people safe. Risks to people's care and support were assessed and reviewed as needed. Quality assurance procedures were robust and identified when actions needed to be implemented to drive improvements. We saw that quality assurance procedures were organised and adopted an honest approach in identifying shortfalls in service provision.

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 safe practices in place to ensure people received their medications safely and on time.

Staff were recruited safely and only offered employment subject to satisfactory checks being carried out.

There were processes in place which ensured staff were aware of how to protect people against the risk of abuse, and the practicalities of raising a safeguarding concern.

Is the service effective?

Good

The service was effective.

The service was working in accordance with the MCA and associated principles and staff were aware of their roles and responsibilities in relation to this.

Staff had the training, skills and knowledge to support people in the home.

Staff were well supported and engaged in regular supervision and yearly appraisals.

People were supported to access the healthcare they required and which met their needs.

Is the service caring?

Good

The service was caring.

People were looked after by staff who treated them with kindness and respect.

People told us they were supported to express their views and opinions, and were involved in decisions regarding their care and support.

Staff were able to describe how they ensured they protected

people's privacy and dignity when providing personal care and support .

Is the service responsive?

Good

The service was responsive.

People received care and support that was person centred and individual to their needs.

There was a wide range of varied and meaningful activities for people to take part in.

Assessments were completed prior to admission, to ensure people's needs could be met.

People and their families were able to voice their concerns or make a complaint if needed.

Is the service well-led?

Good

The service was well led.

There was a positive culture in the service. The management team provided strong leadership and led by example.

People's feedback about the service was sought and their views were valued and acted upon.

Quality assurance systems drove improvement and raised standards of care.

The Old Rectory Nursing 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 checked 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.

The membership of the inspection team comprised two adult social care inspectors. Prior to the inspection we reviewed the information we had about the service including notifications of significant incidents affecting people using the service and monitoring reports from the local authority.

During the inspection we spoke with seven people who lived at the Old Rectory. We reviewed people's records in detail. We also spoke with four members of care staff, the registered manager, quality manager and the provider.

We also looked at seven people's care records, staff duty rosters, five staff files, medicines administration records (MARs), a range of audits, the complaints log, minutes for residents meetings, staff supervision and training records, the staff training matrix and a number of policies and procedures for the service.

Some people could not let us know what they thought about the home because they could not always communicate with us verbally. Because of this we spent time observing interactions between people and the staff who were supporting them. We used the Short Observational Framework for Inspection (SOFI), which is a specific way of observing care to help to understand the experience of people who could not talk with us. We wanted to check that the way staff spoke and interacted with people had a positive effect on their well-being.

Good

Is the service safe?

Our findings

At the last inspection in September 2016, we found there were gaps in the records of people's medicines. The provider had since introduced an electronic medication system. Two nurses and the registered manager said it worked well. One told us, "It helps you to know who has and hasn't had their medication." They went on to show us the advantages of the system, including that it's records helped the registered manager to spot any themes and patterns in people refusing their medication. It also indicated the time taken with each medication round, to help plan and deploy staffing to meet people's needs.

Medicines were stored in two designated rooms where room temperatures were monitored and noted to be within accepted parameters. Controlled drugs were stored, recorded and destroyed in line with guidance, and audited on a regular basis. We checked the balance of one person's medication and this corresponded with the records kept. Medication trolleys and the medication fridge were kept in room without lock on the door. The provider had recognised this and had made arrangements to have this issue remedied.

One person, whose records we saw was prescribed Paracetamol as a PRN (as and when) medication for pain. There was a PRN protocol in place for staff about the use of this medication. Staff used a hand held computer when administering medication. This showed a photograph of the person, the details of their medication and included any allergies and brief information about how they took their medication. Medication was booked in when delivered. There were clear, effective processes for ordering, disposal, return, and for auditing medication.

People told us they felt safe living at The Old Rectory. One person told us, "Staff are always around if you need them." Another said, "I definitely feel safe here."
People were protected by staff who had an awareness and understanding of signs of possible abuse. Staff felt reported signs of suspected abuse would be taken seriously and investigated thoroughly. One staff member said, "I know when and how to report concerns and who to." Staff were up to date with their safeguarding training and knew who to contact externally should they feel that their concerns had not been dealt with appropriately. For example, the local authority or the police. The contact number for the local authority safeguarding team was displayed within the home along with the whistleblowing procedure.

People were supported by suitable staff. Robust recruitment practices were in place and records showed checks were undertaken to help ensure the right staff were employed to keep people safe. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service. Nobody raised any concerns about staffing levels at The Old Rectory. On the day of the inspection we saw that people's needs and requests were responded to promptly and staff had time to spend chatting with people and visiting family members, without seeming rushed.

There were 27 people living in the home. We were told, and rotas confirmed, that there were seven care staff and two nurses on duty each morning. There were also a number of ancillary staff, such as domestic, laundry and kitchen staff to support the running of the home. The registered manager told us that the staffing levels were determined by the numbers of people living in the home, and an assessment of people's

needs. There was also a regular discussion between the general manager and the registered manager regarding staffing levels.

Thought had been put into effective deployment of staff at key times. For instance, a breakfast shift had been introduced to make sure there were enough staff, as this was a busy time. We also saw that the rota was planned to provide one person with periods of planned support from a dedicated staff member, to meet their particular needs.

The service had responded appropriately and had learnt lessons from adverse events. We reviewed a recent safeguarding concern. The provider and appropriate staff had cooperated with the safeguarding and contracts teams and completed an investigation as required. This was comprehensive and considered the areas on which they could improve, including renewal of equipment and training with the local authority for staff to help ensure similar instances did not occur.

Risks to people's safety were well managed with effective risk assessments which identified any equipment needed or follow up by another health care professionals. We observed people receiving care in a safe environment, there were no hazards observed and items such as cleaning materials were stored securely. The building was light and airy and clean. People told us that they felt safe in the home, and relatives that we spoke to agreed that they were content that the service provided a safe and secure home for their loved ones. We noted there appeared to be more than enough staff on duty and call bell alarms when sounded appeared to be answered and silenced within a short period of time.

Good

Is the service effective?

Our findings

People were supported effectively by staff who were skilled and knowledgeable in their work. One person told us, "I have every confidence in the staff here."

Staff felt supported in their roles by the registered manager and each other. Comments included, "We're a good and close knit staff team" and "The managers are always available for advice and support." One staff member said, "The registered manager and owners are approachable and always prepared to listen." The registered manager also confirmed they received good support from the provider.

Discussions with the registered manager and staff confirmed that all new members of staff completed a full induction process. In addition, new staff who weren't already appropriately qualified, completed the 'Care Certificate'. We checked staff training. We saw that staff had undergone training in range of subjects such as end of life, mental capacity, safeguarding, medication, and moving and handling. Training was a mixture of e-learning and practical based sessions. Staff told us they felt well equipped to do their jobs. One staff member said, "I know there is always lots of training available." Staff told us they were supervised at least every eight weeks by the registered manager or senior staff and had had an annual appraisal. Records we looked at confirmed the dates the supervisions had taken place.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We saw that all the staff team had received training in the principles associated with the MCA 2005 and DoLS. We found staff understood the relevant requirements of the MCA and put what they had learned into practice. In most cases, where people lacked the capacity to decide this for themselves, people's relatives had been involved in making best interests decisions about using the bedrails on their behalf. However, one person had no relatives involved with their care, and the records indicated that a best interests decision to use bedrails had been made by one nurse in the home. Best practice would be for contributions to be sought from an advocate or other social care or health care professionals, who were involved in the person's life, rather than a unilateral decision made by one staff member.

One person's records we saw showed that they were subject to DoLS, which had expired the week before the inspection, and a renewal application had been submitted by the provider. There were conditions attached to the DoLS authorisation which included that opportunities should be explored for the person to get out in the community. The registered manager told us the person had needed a bespoke wheelchair to be made. They showed us the person's new wheel chair, which had been delivered on the day of our inspection and said that this would allow the person to get out and about.

People told us they liked the food at The Old Rectory and were able to make choices about what they had to eat. Comments included, "The food is very good", "There is no issue with the food here, it's lovely", "I have what I want, even when it's not on the menu." There was a friendly and calm atmosphere at mealtimes with staff talking with residents.

People were encouraged to say what foods they wished to have made available to them and when and where they would like to eat and drink. We saw the cook going to each person, explaining what was on the menu, and asking each person what they would prefer. Staff asked people if they wanted drinks and how they wanted them prepared. For example, when one person asked for a cup of tea, the staff member asked if they would like sugar. Residents meetings were used to discuss people's meal preferences so they could be incorporated within the menu. The food people disliked or enjoyed and what the service could do to help each person maintain a healthy balanced diet were also clearly recorded in their care plans. People confirmed their food choices were respected and staff were aware of people's dietary needs and preferences.

Action was taken by staff to help ensure people were having enough to eat and drink. We observed staff offering hot and cold drinks throughout the day to prevent dehydration. One person confirmed, "There is always a cup of tea on offer." When people needed support to eat, this was done in a dignified way, one staff member told us, "We always explain what it is we are giving them and if they are enjoying it. We also record how much people have eaten." This helped ensure people were eating enough to keep them healthy.

We saw that people's general health and wellbeing was reviewed by staff on a daily basis and care records were kept up to date regarding people's healthcare needs. People living in the home told us that they were supported to maintain good health and had access to on-going healthcare support. One person using the service told us, "I can see the doctor whenever I want to."

Good

Is the service caring?

Our findings

People living in the home described the staff as being caring and respectful. We saw that staff interacted well with people in a warm and friendly manner and observed that people were comfortable in the presence of all the staff who were supporting them. We saw that staff gave their full attention when people spoke to them and noted that people were listened to.

One person told us, "The staff here are wonderful." Another person said, "It's a lovely place to be with lovely people and staff." A third person stated, "The staff are very kind indeed."

Staff were motivated and caring. Staff were observed interacting with people in a caring and friendly manner. They were also emotionally supportive and respectful of people's dignity. For example, we observed one staff member asking if a person was comfortable and warm, offering them additional pillows and blankets whilst they were relaxing in the lounge. People told us that staff were caring and respected their privacy and dignity. Our observation during the inspection confirmed this; staff were respectful when talking with people, calling them by their preferred names. We observed staff knocking on people's doors and waiting before entering. Staff were also observed speaking with people discreetly about their personal care needs.

Staff spoke positively about their role. One staff member told us about the training they had in dementia care which had taught them how they should approach people, encourage them with personal care and how they could try different strategies to engage people. They told us they had time to spend with people and if people did not want to cooperate they would go away and come back and try again.

We saw that staff were not task orientated and they were not rushing, but attended to people's needs in a gentle and compassionate manner. Staff were interactive, polite and communicated with people in a respectful way. We saw that staff were communicating well with one another passing on relevant information to each other regarding the care they were providing. We observed that people appeared very clean and neatly dressed.

We saw staff being gentle to people while supporting them with tasks such as eating, taking medicines, and personal care. Staff were patient, spoke quietly and did not rush people. We saw that if somebody refused a request to help them with their person care, staff left them and tried again later. One staff member told us, "Knowing people's likes, dislikes and preferences is great but we don't take things for granted. Asking people what they want should happen every time."

We saw that visitors were welcome without restrictions and, where possible, people had regular contact with family members or friends. If people did not have any family, we noted that they would be supported to access an independent advocate if they so wished. We also noted that people's individual religion or faith was fully respected and saw that members of the clergy made regular visits to the home.

Good

Is the service responsive?

Our findings

At the last inspection in September 2016, we found people's care plans were not reviewed and updated on a regular basis, to ensure the information in them was up-to-date.

At this inspection we found people had care plans that clearly explained how they would like to receive their care, treatment and support. The provider had recently introduced an electronic care planning system. Staff told us support plans were kept up to date and contained all the information they needed to provide the right care and support for people. Support plans were reviewed and updated regularly to help ensure people's needs and wishes were being met. Where necessary health and social care professionals were involved.

People's care plans confirmed that a detailed assessment of their needs had been undertaken by the manager or a senior member of staff before their admission to the service. People and their relatives confirmed that they had been involved in this initial assessment, and had been able to give their opinion on how their care and support was provided. Following this initial assessment, care plans were developed detailing the care, treatment and support needed to ensure personalised care was provided to people.

The care plans contained detailed information about how to provide support, what the person liked, disliked and their preferences. People who used the service along with their families and friends had completed a life history with information about what was important to people. The staff we spoke with told us this information helped them to understand the person.

People's nutrition was assessed and monitored and appropriate interventions put in place to address any risks. Records included a malnutrition screening tool, risk assessments, care plans and records of people's weights. One person's records showed they were at risk of malnutrition, support had been sought from a dietician, appropriate action had been taken and the person had gained weight steadily over a period of several months.

Some people had bedrails to reduce the risk of them from falling out of bed. People's files included a number of risk assessments about this, to ensure the use of bed rails was safe and appropriate for that particular person. These were reviewed regularly.

Handover between staff enabled staff to share information on a daily basis about people's current needs. One staff member told us, "We have a handover at the start of the shift, it ensures we have all the relevant information required to meet the needs of each person here." Staff confirmed each individual was discussed to help ensure no information was missed. One staff member added, "Things can change quickly, it's important that we are up to date with any changes to people's care."

The environment was conducive to people's wellbeing. We found it to be clean, stimulating and spacious. A number of people were looking through magazines or newspapers, pursuing their own interests and listening to music. The music played on the radio in the lounge again was appropriate to the age group.

People told us they enjoyed the activities on offer. One person told us, "I really like the activities, it's not all bingo." We saw activities were advertised and included, traditional Irish dancers for St. Patrick's Day, ten pin bowling and a cheese and wine evening. One person told us, "The bowling was wonderful." We also saw photographs on display of previous activities such as holding exotic reptiles. We also saw that a person had come in to give hand massages. One person told us after they had a hand massage, "It was wonderful and very relaxing, the lady is great."

The provider took account of complaints and comments to improve the service. A complaints book, policy and procedure were in place. We saw that a copy of the complaints procedure and a feedback form were available in communal areas. People told us they were aware of how to make a complaint and were confident they could express any concerns.

Good

Is the service well-led?

Our findings

At the last inspection we found that the service was not consistently well led however at this inspection we found that improvements had been made. We saw that the registered manager, management team, provider and staff had worked very hard to improve the service people receive. We found the areas of care planning and medication in particular had seen some significant changes and these were very positive. The staff were a stable workforce and cared for people using the service and each other. The manager have been responsive to feedback about their service and developed robust action plans which were audited regularly to ensure improvements were not only made but sustained over a period of time. The team had grown in confidence and this was reflected in the care people received. Since the last inspection the local authority and the registered manager had continued to keep us updated on the changes that had been implemented.

Information about the Care Quality Commission (CQC) and how people could contact the regulator was on display. Also displayed was the rating from the last inspection, both in the home and on the provider's website.

The registered manager told us, "We want to make this a place for people to be happy." Observations and feedback from staff showed us that there was an open leadership style and that the home had a positive and open culture. One nurse said, "This is the best place I have ever worked. The manager is exceptionally good. There are some very good nurses and very good care staff. This is a lovely team." Staff told us, "The manager is friendly and approachable and sets high standards." Staff confirmed they were able to raise issues and make suggestions about the way the service was provided in individual supervision and staff meetings and these were taken seriously and discussed. A senior member of staff told us, "We can always have a say in any aspect of the home."

The manager knew the staff and the people who lived at The Old Rectory well. They walked round the service each day, attended daily meetings and handovers. Their office looked out onto the main lounge of the home. This enabled them to keep abreast of what was happening in the service. It also enabled them to observe staff practice and address any shortfalls. They told us they had an open door policy and everyone we spoke with felt the manager was accessible.

The provider sought the views of people using the service, relatives and staff in different ways. People told us that regular service user and relatives meetings were held. Annual surveys were undertaken of people living in the home and their relatives. Results of the annual relatives surveys carried out in 2016 were very positive in relation to satisfaction levels. We also saw that people provided feedback regarding re-decoration to the home, including choosing a colour scheme.

The home had policies and guidance for staff regarding safeguarding, whistle blowing, involvement, compassion, dignity, independence, respect, equality and safety. There was also a grievance and disciplinary procedure and sickness policy. Staff were aware of these policies and their roles within them. This ensured there were clear processes for staff to account for their decisions, actions, behaviours and performance. We saw that polices were regularly reviewed.

There was a quality assurance system in place to drive continuous improvement within the service. An incident in 2016 had resulted in The Old Rectory reassessing and improving its governance. This was done with oversight of the local authority and had resulted in the introduction of new systems, equipment and staff training. The provider had a range of audits completed by the registered manager and management team to monitor the level and standard of care provided for people. Any actions required following the audits were recorded and actioned. Audits undertaken by the registered manager included medication, nutrition, care plans and equipment. External bodies were employed to carry out other checks such as hoisting equipment. Accident and incidents were evaluated to establish any patterns and as a means of reducing further similar incidents.