

The Old Rectory Fradswell Limited

The Old Rectory

Inspection report

Fradswell Lane
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection visit took place on 19 August 2016 and was unannounced. At our last inspection on 18 March 2014 the provider was meeting all of the legal requirements.

The Old Rectory is a care home registered to provide accommodation and personal care for up to 27 people including those living with dementia. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Some people did not receive the level of support they needed with their decision making as relatives had been asked to make choices on their behalf.

There were arrangements in place to keep people safe from harm. Staff understood how to recognise potential abuse and the actions they should take in response to their concerns. People's individual risks associated with their care were identified, assessed and managed to reduce the risk. Staff received training and support to gain the skills and knowledge to provide care for people and completed pre-employment checks to ensure they were suitable to work in a caring environment. People received their prescribed medicines correctly and there were arrangements in place to ensure all medicines were stored and recorded correctly.

People were provided with food and drinks in the most appropriate way to meet their needs. People's health and wellbeing was monitored and the support of healthcare professionals was sought whenever specialist advice was required. Staff spoke to people politely and provided kind and compassionate care. People's privacy and dignity was maintained. Relatives and visitors were welcomed by staff and could visit whenever they wished.

People were asked about their likes and dislikes to ensure the care they received met their preferences. People enjoyed a varied programme of entertainment and support with their hobbies to prevent them from becoming socially isolated.

There was a complaints procedure in place and people and their relatives felt that any concerns they raised would be treated appropriately. People, relatives and staff were happy with the management arrangements in the home and felt the managers and the provider were approachable. The quality of the service was monitored to ensure any required improvements were addressed.

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. People were protected from harm and abuse by staff who were suitable to work in a care environment. People's medicines were managed to ensure they received their prescribed treatments. Risks associated with people's care and support needs were assessed and managed appropriately.

Is the service effective?

Requires Improvement ●

The service was not consistently effective. Some people did not receive the level of support they needed to make important decisions. People were provided with a choice of nutritious food and plentiful drinks. Staff received training and support to provide them with the skills to care for people.

Is the service caring?

Good ●

The service was caring. People enjoyed good relationships with staff who provided kind and compassionate care. People's dignity and their right to privacy was recognised and promoted by staff. People were supported to stay in touch with their friends and families.

Is the service responsive?

Good ●

The service was responsive. Staff knew people well and their care plans reflected their preferences for care and support. People had opportunities to socialise together in the home and maintain contact with the local community. People and their relatives felt supported to raise concerns and complaints.

Is the service well-led?

Good ●

The service was well-led. People and staff were happy with the management of the home. There were arrangements in place to monitor the quality of care to drive improvements. The registered manager was meeting the legal requirements of their registration.

The Old Rectory

Detailed findings

Background to this inspection

We carried out this inspection visit under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection visit took place on 19 August 2016 and was unannounced. There were 27 people living in the home at the time of our inspection visit. The inspection was undertaken by one 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 reviewed this information when we planned the inspection. We also looked at the information we held about the service and the provider, including notifications the provider is required to send us by law about significant events at the home.

We spoke with six people who used the service, six relatives and visitors and four members of the care staff. The registered manager was not present when we visited the home but we spoke with the deputy manager and the provider. We did this to gain views about the care and to check that the standards were being met.

We looked at three care plans to see if the records were accurate and up to date. We also looked at three recruitment records and information relating to the management of the service including quality checks.

Is the service safe?

Our findings

There were arrangements in place to keep people safe and protected from abuse. People told us they felt safe living in the home. One person said, "I'd tell the staff if I was worried about anything". A visiting healthcare professional told us, "I have never seen anything going on here that's worried me". Staff understood the importance of protecting people from harm. They told us about the different types of abuse people could be at risk from and the actions they would take to ensure they remained safe. One member of staff told us, "I would report anything I saw that worried me straight away". We reviewed the safeguarding referrals the provider had made when we were planning the inspection and saw that appropriate action had been taken to ensure people were protected.

People's risks associated with their care and support had been identified. There was guidance in place to ensure staff had the information they needed to support people. When people were at increased risk of falling there were plans in place to ensure they received the additional support they required. For example we saw that some people had sensor mats in place to alert staff that they were moving around in their bedroom. This meant staff could check that the person was safe when they heard the alarm activating. The best way to support people to move and mobilise had been identified and we observed people being assisted in line with their risk assessment. One person told us how staff supported them to move and said, "They use the stand aid [equipment] and then move me to my wheelchair. It's fine".

Some people when they were anxious or feeling unsettled, presented with complex behaviours that challenged their safety and that of others. Staff demonstrated to us that they understood the reasons why people living with dementia reacted in this way and the best way to support them to become calm again. We saw staff supporting one person who was becoming challenging and shouting at staff. Staff spoke calmly and kindly to the person until they became more settled. A member of staff told us, "We know that talking about this person's family usually helps". This meant that staff understood how to provide appropriate support to keep people safe.

We saw that staff reacted promptly to meet people's needs. People and relatives told us there were enough staff available to support them. One person said, "They come to you straight away when you buzz". Another person told us, "You only have to call and they're there for you". Relatives told us that there were always staff around whenever they visited. One relative told us, "There's always plenty of staff around". We saw that people's level of dependency for care was reviewed regularly to enable the provider to amend the staffing levels to meet people's needs. Staff told us they completed pre-employment checks before they were able to start working in the home. We looked at three recruitment files and saw that references and police checks were in place before staff could start work. This meant the provider had a recruitment process in place to ensure that staff were suitable to work with people.

People received their prescribed medicines. We saw that staff encouraged people to take their medicines and ensured they had taken them successfully before moving away from them. When people were prescribed medicines on an 'as and when required' basis, such as for pain relief, we heard staff asking them

if they were in any discomfort and offering them medicine if they needed it We saw that medicines were stored according to their requirements and staff recorded the medicines they had given accurately. This demonstrated that there were processes in place to manage people's medicines safely.

Is the service effective?

Our findings

People were offered choices throughout the day, for example where they would like to sit and what they wanted to eat. Some people who used the service needed to be supported with their decision making. 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 the mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We saw that some relatives had been asked to make important decisions, such as approving the use of bedrails for their relations when they were unable to do so for themselves. The rationale behind the decision making process had not been demonstrated as is required by the MCA and it was unclear if the relatives had the legal authority to make decisions for the person. We discussed this with the provider and the deputy manager who confirmed they would ensure this was included into people's support with immediate effect.

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). Some people who lived in the home had a DoLS in place because they were unable to leave the home without the supervision of staff. We saw that the DoLS applications were necessary because they did not have the mental capacity to understand risks and protect themselves from harm. Staff we spoke with had an understanding of the Act. One member of staff told us, "Some people here have been assessed and have a DoLS, it's for their own protection".

People told us the staff knew how to look after them. One person said, "They all know what they're doing". A visiting health care professional told us, "The staff are good, they've got the knowledge to look after people". Staff told us they had access to regular training and updates. One member of staff told us they were one of the moving and handling trainers in the home and observed staff to make sure they were supporting people appropriately. There were arrangements in place to provide support to staff. New staff were provided with an induction. One member of staff told us, "When I first started I shadowed the other staff. I watched them and they explained everything to me. I was nervous because I hadn't done care before but they supported me which gave me confidence". Staff told us they had opportunities to discuss their progress and development. One member of staff said, "We have regular supervision sessions. We can talk about anything and everything, work or personal".

People's nutritional needs and choices were met. People told us they enjoyed the food they were offered. One person told us, "The food here is lovely and they always give us a choice". A relative said, "The food always look nice and my relation has gained weight since moving in". At lunchtime we saw that the food provided to people looked and smelt appetising. Some people had chosen to eat a snack at lunchtime because they preferred to eat their main meal in the evening and this was accommodated. Frequent drinks were offered throughout the day including, for those people who expressed an interest, a glass of wine with their lunch. People were provided with cutlery and crockery which met their needs. For example we saw one

person used adapted cutlery which enabled them to eat independently. When people needed assistance this was provided in a kind and patient manner by staff. We heard one member of staff reassure one person and said, "You've got plenty of time sweetheart, we're in no hurry".

People had access to a range of healthcare professionals to support their health and wellbeing. A visiting healthcare professional told us, "We visit daily. The staff are really good and welcoming. It's a home from home for people". Relatives told us that they were kept updated about their relations health. One relative told us, "They let me know about [name of the person] all the time and if it's necessary for them to go to hospital they go with my relation if I can't".

Is the service caring?

Our findings

People we spoke with told us the staff were kind and caring. One person told us, "I love it here. The staff are very kind and they do everything they can to help us". A relative said, "We're really happy with the care here. It's been a massive benefit to us to know [name of person] is so well looked after". We saw that there were good relationships between people and staff. Staff took time to chat with people and offered non-verbal reassurance for example we saw staff holding people's hands as they spoke.

People's dignity and privacy were maintained. People confirmed to us that staff ensured their care was provided in a discreet manner. One person told us, "The staff always give a little knock on the door to check they can come in". We saw that staff provided personal care behind closed doors. A member of staff told us, "They are very keen on good personal care here". We heard staff asking questions of a personal nature quietly and discreetly to ensure the person's dignity was protected. For example we saw a member of staff whispering to a person when they enquired if they needed a medicine associated with a personal problem. People told us their right to privacy was promoted. One person told us, "Visitors can always go to another room if they want privacy". We saw when relatives visited staff supported their relations to sit with them in a quiet and more private area of the home.

People were supported to maintain contact with their friends and family. Relatives told us they could visit whenever they wanted. One relative said, "The staff are brilliant. I can call or come in whenever I want". Another relative said, "There is an open door policy. The staff are friendly and take time to chat with me when I visit".

Is the service responsive?

Our findings

People were asked about their likes and dislikes to ensure staff provided them with the care they preferred. One person told us, "The staff know what I like but they always check with me. I usually go to bed around the same time each day and they come to me but always ask if I'm ready". Relatives told us they were encouraged to be involved with their relations care planning. A relative said, "When [name of person] came here I was asked for their normal routine and what they liked. I did a story with their background". Another relative told us, "My relation likes a certain type of food and they order it in especially for them".

We saw there were regular reviews of people's care to ensure that what was planned continued to meet their needs. Staff demonstrated a good level of knowledge about people and what was important to them. One member of staff said, "No two people are the same, it's important to know people. It's their home". We saw that staff starting their shift were provided with an update about people which included how they had spent their day, the care they had received and if they had eaten sufficiently. This demonstrated that staff were provided with information to ensure people received continuity of care.

People told us they were happy with the entertainment provided and the support they received to take part in activities inside and outside of the home. One person told us, "There's plenty going on. We play cards and skittles and do some exercises when we're sitting in our chairs to keep us loose". We saw that some people were reading the daily newspaper. One person said, "We always have the papers delivered". Another person said, "The staff know I like reading the paper and doing my word search". We heard people discussing the Olympic games and what they would watch later in the day. Staff told us there was a member of staff who was mainly responsible for providing activities for people but they also spent recreational time with people during the afternoon.

There were links with the local community. People told us that they had been to the opening ceremony of the newly built village hall which was adjacent to the home. One person said, "A group of us went to the opening of the village hall. It was a lovely day. There was a buffet and we could have a glass of wine. They're putting on other things we can go to like afternoon tea". A relative told us, "My relation doesn't like joining in with the activities. The staff tried at first to encourage them but they didn't push them and respected their choice. We have been to a coffee morning at the village hall which my relation really enjoyed". This demonstrated that staff respected people's choices and supported them to spend time doing what they enjoyed to protect them from social isolation.

There were arrangements in place for people and their relatives to raise concerns and complaints. People told us they would speak with staff if they had any worries. One person said, "They're good at sorting things out for you but I'm not unhappy about anything". A relative told us, "You don't have to sit on issues; they always note what you're saying and act. Any small concerns we've had have been sorted out straightaway". We saw that complaints were investigated and responded to in line with the provider's policies.

Is the service well-led?

Our findings

People and visitors we spoke with told us they were happy with the way the home was managed. One person told us, "They're on the ball". A relative told us, "All the staff including the managers and the owner are available and approachable". Staff told us they felt well supported and the management arrangements contributed to an open and transparent work environment. Staff said that the registered manager regularly worked with them and the provider spent part of each week supporting people living in the home. One member of staff told us, "The owner [provider] is very hands on. Just because they're the owner doesn't mean they won't get involved. They'll do anything that needs doing". We saw that people were familiar with both the deputy manager and the provider and chatted to them as they provided support to them.

There were arrangements in place to involve people in making decisions about the way their care was provided and the way the home was run. We saw there were meetings provided for people to discuss ideas for their forthcoming entertainment and outings. People, relatives and healthcare professionals were provided with satisfaction surveys to enable them to comment on all aspects of the care and management of the home. Staff told us they had meetings when necessary to discuss any changes which affected them. One member of staff said, "The door is always open if you want to ask anything. We can contact the manager or owner at any time for support if we need it".

The quality of the service was monitored and reviewed regularly. There were audits in place to assess the quality of care and the safety of the environment. Information from the audits was used to drive improvements in people's care, for example, agency staff had not been used in the past to support people but the provider had identified this may be required occasionally in the future. Arrangements were in place to include an agency carer on the rota. The provider told us they had arranged this for a time when both they and the registered manager were present so that they could audit the impact on people and staff. Details of falls were analysed to highlight if there were any patterns or trends identified.

The registered manager was fulfilling the requirements of registration with us by informing us about important events in the home which affected people and the service. A Provider Information Return (PIR) had been completed. The PIR is a document which enables the provider an opportunity to share with us what they do well and plans they have to improve the service. This means we can review the information when we plan the inspection and confirm that care is being provided as documented.