

The Old Rectory Grappenhall Ltd

The Old Rectory Grappenhall Limited

Inspection report

Church Lane,
Grappenhall,
Warrington,
WA4 3EP
Tel:01925 269000
Website:

Date of inspection visit: 09 December 2014
Date of publication: 08/04/2015

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 

Overall summary

This inspection took place on 9 December 2014 and was an unannounced inspection. The last inspection of The Old Rectory took place on the 9 May 2013 when it was found to be meeting all the regulatory requirements looked at during the inspection.

The Old Rectory Nursing Home can accommodate up to 39 older people. The home provides services for people who need nursing care. On the day of our inspection 33 people were accommodated at the service.

There was a registered manager in place at the home. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers they are 'registered

Summary of findings

persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found that the people who lived at The Old Rectory Nursing Home and their relatives felt the care they received was good. The Old Rectory was a family run service and as far as possible the people who ran the service tried to provide a family atmosphere.

People were given choices as to how and where they spent their day and what they ate at mealtimes. The home was clean and fresh and the management of the home had systems in place to make sure that people were safe.

From our observations, and from speaking with people who lived at the home, relatives and staff we found staff knew people well and were aware of people's preferences and care and support needs.

We found the staff followed the Mental Capacity Act 2005 for people who lacked capacity to make decisions for themselves and the provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

The registered provider had robust recruitment checks in place so that people were protected from being supported by unsuitable or unsafe staff.

People's nutritional needs were met and they told us the food was good and they had a choice.

Staff involved people in choices about their daily living and treated them with compassion, kindness, and respect. People were supported by staff to maintain their privacy, dignity and independence. Everyone looked clean and well-cared for. People had access to activities and relatives and friends were able to visit the home at any time.

People told us there were enough staff to give them the support they needed. We looked at the duty rotas and spoke to people and staff about the numbers of staff on duty. We found there were adequate numbers and skill mix of staff on duty to meet the needs of people living at the Old Rectory.

Staff training had taken place and all staff were up to date with mandatory training so that people could be confident they were properly cared for.

People knew how to make a complaint and the complaints procedure was displayed in the entrance hall of the home.

People we spoke with said they were able to express their views at any time and that they were listened to.

We saw that the leadership and management of the home was good and there were systems in place so that the quality of the service was effectively monitored.

Summary of findings

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.

We found that staff recruitment was safe as appropriate pre-employment checks had been carried out to ensure that only suitable staff were employed to work with vulnerable adults.

Care plans contained risk assessments so that risks to people were managed and people were supported to be cared for as they wished.

There were adequate staff numbers and skill mix on duty each day to fully support people living at the home.

The arrangements for managing medicines were safe. Medicines were kept safely and were stored securely. The administration and recording of medicines was safe.

Good



Is the service effective?

The service was effective.

Staff received appropriate, up-to-date training and support.

People who lived in the home and their relatives told us they felt the staff had the skills they needed and knew them well.

People told us the food was good. The lunchtime experience was a social occasion with people enjoying banter with each other and the staff.

The home had policies in place that ensured they met the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

Good



Is the service caring?

The service was caring.

We found that the people who lived at The Old Rectory Nursing Home and their relatives felt the care they received was good.

We saw good staff interactions and people were comfortable with the staff at the home.

People were encouraged to express their views about the care they received and felt they were listened to.

Good



Is the service responsive?

The service was responsive.

Care plans contained sufficient information about people's health care needs and how they liked to be supported.

Throughout the day we observed that staff showed dignity and respect towards people and that people were listened to.

There was a good range of activities for people to take part in if they so wished.

Good



Summary of findings

People knew about the complaints policy and were certain any issues would be dealt with by the registered manager.

Staff meetings took place and were used to discuss and learn from accidents and incidents.

Is the service well-led?

The service was well-led.

The home was well organised and the registered manager and senior staff had worked at the home for many years. The owners of the home were at the home each day and people who lived there knew who they were and spoke to them on a regular basis.

The procedures in place to monitor and improve the quality of the service were effective and actions were taken to address any issues that were found. This ensured that people lived in a home that was safe and well led.

Good



The Old Rectory Grappenhall Limited

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.

This inspection took place on 14 November 2014 and was unannounced. The inspection team was made up of two inspectors from the CQC.

Prior to the inspection the registered provider had completed a provider information return. 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 all of the information which the Care Quality Commission already held on the provider. This included previous inspections and from contact around any incidents the provider had to notify us about. We invited the local authority safeguarding, quality assurance and commissioning functions to provide us with any information they held about the Old Rectory.

We met with people throughout the home and saw how care was provided to people during the day. We were able to observe and speak to people during lunchtime. We spoke to eight people who lived in the home and two relatives. We interviewed the registered manager two trained nurses and seven staff including the chef and domestic staff. We looked at five people's care records and documentation in relation to the management of their medicines. We also looked at records relating to staff recruitment and training, risk assessments, quality assurance audits and policies and procedures.

Is the service safe?

Our findings

People we spoke with all said they felt safe living at The Old Rectory. We saw care was delivered in a safe way. People had a moving and handling risk assessment in their care plans and we observed people were being assisted to mobilise in a safe way and according to their care plan. For example, we saw staff assisting people using hoists. The staff explained what was happening at every stage, providing reassurance and understanding. People said “I am well looked after,” and “I am very happy here.”

There were policies in place to protect people from abuse. The staff we spoke with were able to describe these policies and the different types of abuse that may occur. They told us there were robust systems in place to report any suspected abuse and they would have no hesitation in approaching the management about concerns. They were confident any concerns they expressed

would be acted on without delay. The training records confirmed staff had received training in safeguarding adults from abuse. A staff member told us “I would not work anywhere else, people are treated well.” We asked staff if they understood the meaning of whistleblowing. They explained it correctly as needing to report if they thought something was wrong and nothing was being done about it. One staff member said “I would report people to the manager as they are not here to be abused.”

Safeguarding concerns raised had been referred to the local safeguarding team and to the CQC. We were aware from our contact with Warrington Borough Council that appropriate actions were taken following any incidents reported.

We looked at risk assessments designed to provide staff with information that would protect people from harm. We noted these had been updated monthly to ensure they reflected any changes in people’s needs. Members of staff told us they were kept informed of any changes in risk at daily handover meetings so that appropriate care could be provided at all times. Risk assessments included those for: falls; nutrition; the environment; moving and handling and the risk of pressure ulcers. We saw that relevant healthcare professionals had been consulted to assist staff in managing some risks. For example, in one person’s case they had been referred to a tissue viability nurse and we

saw it had been recorded that staff had acted upon the advice given so that the person was made more comfortable. The staff members spoken with were aware of people’s needs and how to support them.

We saw that accidents and incidents were being recorded and appropriate immediate actions taken. An analysis of the cause, time and place of accidents and incidents took place to identify patterns and trends in order to reduce the risk of any further incidents.

The environment was clean and fresh and the kitchen had been awarded a five star hygiene rating by the local authority. This is the highest award possible. We saw that the kitchen area was clean, tidy and well organised. We saw that staff were wearing appropriate personal protective equipment (PPE) and staff had received training in the prevention and control of infection.

We found robust recruitment and selection procedures were in place and the registered manager told us appropriate checks had been undertaken before staff began working at the home. This included obtaining references from previous employers to show staff employed were safe to work with vulnerable people. The staff files we looked at confirmed that appropriate checks had been obtained from the disclosure and barring service (DBS) before the person commenced working at the home.

People told us there were enough staff to meet people’s needs. Staff rotas showed people who lived at the home were cared for by two registered nurses (RGN’s) and seven care staff during the day and one RGN and three care staff at night. In addition to qualified nurses and care staff, a number of other housekeeping; laundry and kitchen staff were on duty to support the needs of the people who used the service. One member of staff told us, “I’ve worked in a few care homes and I have to say I think the staffing here is good. It gives us time to talk to people and treat them properly.”

The majority of people that lived in The Old Rectory were prescribed medicines. None of the people living at the home had been assessed as being able to self-medicate. The arrangements for managing medicines were safe. Medicines were kept safely and were stored securely. Clear records were kept of all medicines received into the home and of any medicines that had been returned to the pharmacy as no longer required. Records showed that people were getting their medicines, when they needed

Is the service safe?

them and at the times they were prescribed. There was evidence that people who required medicines outside of the prescribed times of morning, afternoon and evening were receiving these medicines appropriately. For example, some medicines needed to be given an hour before food and the nurses were aware of this practice. It was recorded fully on the medicine administration sheet when these

medicines should be given and why. Similarly, arrangements had been made to ensure that where doses of the same medicine were repeated throughout the day, enough time was left between each dose. This meant that people benefitted from their medicines. We were shown reports of regular medicine audits.

Is the service effective?

Our findings

We looked at staff files and training records for evidence of training. These were detailed and showed any training that was due to take place. We saw training that had taken place included first aid, infection control, fire safety, health and safety, safeguarding, moving and handling, tissue viability, dementia, food hygiene, the Mental Capacity Act and Deprivation of Liberty Safeguards. We spoke to staff who said “All training is up to date, we are always doing something” and “Training is brilliant.” This meant the staff received the training needed to provide good quality care.

We spoke with staff who confirmed that appraisals and regular formal supervision had taken place. Supervision is protected time in which staff have the opportunity to discuss their work and plan their personal development. Records were kept of staff appraisals and supervisions. Staff said they felt supported and that the Old Rectory was a good place to work. We saw that new staff had a full induction programme before starting work at the home. Their induction packs contained information about dementia, dignity, whistleblowing, and safeguarding. Staff confirmed they had received training in moving and handling before they had been permitted to assist people using a hoist. Staff said “I absolutely love working here” and “This home is a really great place to work.” The Old Rectory had a trained staff member who organised all staff training and assessed competencies of staff in areas such as moving people safely and medication.

All of the people we spoke with said the food was good. Comments included, “The food is good.” One relative said “The food is very good my relative has gone up at least two dress sizes.”

We saw menus and choices were offered. One person said “If I don’t like things they will always do something else.” We observed the lunchtime experience which was a social occasion with people enjoying banter with each other and the staff. People who were assisted to eat by the staff were assisted in a sensitive and dignified manner. The lunch was well presented and looked appetising. Assessments had

been completed to determine people’s risk of malnutrition and dehydration. People’s dietary needs and weight had been fully documented and if someone had been losing weight a referral to a GP or dietician was made.

Individual choices were recorded in the care plans and people and their relatives were supported to talk about care needs so they were met in the way the person preferred. We saw that people’s care plans were reviewed monthly or when changes occurred and this meant that the nursing staff could quickly identify changes in people’s needs effectively. Records were made of referrals to external health and social care professionals when necessary. For example we saw referrals had been made to tissue viability nurses, dieticians, the local falls team and GPs. Records showed people had been supported to attend outpatient appointments at the hospital as well as attend GP, dental and optician appointments.

A GP who was visiting the home told us ““I think the quality of care at the home is good. The home is well organised and the senior staff are consistent. They contact the surgery in a timely manner.”

We were told that there was one person living in the home was subject to a Deprivation of Liberty Safeguards (DoLS) authorisation. These are arrangements which apply to people who live in care homes and who do not have the capacity make decisions for themselves. The registered manager showed a good awareness of current developments in relation to these safeguards and knew that they should be applied in a wider set of circumstances following a recent judgement in the courts. The registered manager told us that they received good support from the local community psychiatric nursing team and that the home was used to working closely with social workers where best interest decisions needed to be made.

We found staff had received training with regard to Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act 2005 (MCA). Staff spoken with had a good understanding and knowledge of how to ensure the rights of people with limited mental capacity to make decisions were respected.

Is the service caring?

Our findings

People we spoke with said they were happy living at The Old Rectory and they felt well cared for. They said “Good bunch of girls;” “Carers are warm and friendly;” “Next best thing to home;” and “Staff are very good.” We spoke with relatives and they said “Very good place, staff are very good;” “Very positive care;” “My relative loves it here;” and “The staff go that extra mile.”

We observed people living at The Old Rectory looked clean and well cared for and those being nursed in bed looked comfortable.

Throughout the day of our visit we observed staff interacting with people. Staff were always around the communal areas, asking people if they were alright and if they needed anything. We saw good relaxed relationships between the staff and the people who lived at the home and it was clear that staff and management knew people very well. One person told us all about their carers and where they had worked before and about their family and felt involved in their lives outside of the home. Staff we spoke with were able to describe people’s life histories and clearly knew and understood people’s preferences.

Staff were found to be caring and knowledgeable about the people in their care and how they preferred to be supported. It was clear from the way staff interacted with people that they cared about them. One person had to be moved using a hoist. They had spilt tea on their top and staff immediately took them back to their room to change them so they wouldn’t be embarrassed sitting with other people. We saw staff were respectful, for example they addressed people by their preferred names and we saw that they respected people’s privacy by knocking on people’s doors before entering. There was a warm and friendly atmosphere in the home. People who lived in the home and staff were seen to be socialising and having fun with laughter and lots of smiles.

Before people moved in to The Old Rectory the provider had developed a service user guide which was given to them and their relatives. This gave people detailed information on life at The Old Rectory and how to make a complaint as well as practical information such as personal monies, fees and health and safety issues.

We saw that leaflets were available in the main entrance hall with regard to advocacy services.

Is the service responsive?

Our findings

People living at The Old Rectory said that they liked living in the home and that staff were always there for them. People said “It’s pretty good wouldn’t be here if it wasn’t.”

We looked at care plans and found that they contained sufficient information about people’s health care needs, what they enjoyed doing, and their preferences such as what time they liked to get up and what time they would like to have breakfast. We spoke with people who were able to tell us about their interests and routines and found that this had been recorded in the care plans. We saw that the home tried to obtain consent to care from the person themselves and some people had signed their care plans and review documents showing that people and their relatives had been involved in their plans of care. People received care, and support when they needed it. Care files also recorded how professionals worked together for the benefit of people who use the service. For example, GPs, a tissue viability nurse and the mental health team attended the home to see people and support the staff team to give the best care.

There was an activity coordinator whose role it was to organise and plan any activities within the home. A range of

activities were available to suit people’s level of mobility, and preferences. Activities included chair aerobics, daily quizzes, games and movies. One to one time was also booked so that people who preferred to spend the majority of their time in their bedrooms did not become isolated. Visits from local school choirs, pianists and professional singers were arranged on a regular basis. A minibus was provided which enabled staff to take people out to local garden centres and pubs for lunch. A newsletter had been produced and this kept people up to date with everything that was happening in the home. It also had some local history for people to remember. The Old Rectory is home to three hens that had been hatched by the people in the home and had been named Faith, Hope and Charity.

We saw that call bells were responded to promptly and when the staff responded they were able to meet their needs.

We asked people if they knew how to make a complaint. They told us they knew about the complaints policy and would be certain any issues would be dealt with by the registered manager. We saw the complaints policy was displayed in the reception area and was also available in the service user guide. The Old Rectory had no recorded complaints since our last visit.

Is the service well-led?

Our findings

The Old Rectory is owned by family members who are present at the home every day and work with the registered manager to ensure people have good care. The management team was well organised which enabled staff to respond to people's needs in a proactive and planned way. The registered manager and the senior staff team had worked at the home for many years and demonstrated a good knowledge of all aspects of the service, the people using the service and the staff team.

Care staff we spoke with were very happy in their roles and ensuring people received the care they needed. Our observations throughout the day demonstrated that staff provided the people who used the service with kind and compassionate care. We saw that staff received one to one supervisions every eight weeks and all staff spoken with said they felt supported by the management team.

Records showed staff meetings were held every month for all grades of staff. The minutes showed the registered manager openly discussed issues and concerns. We saw action plans were developed when appropriate.

The registered manager showed us the audits they undertook each month; these included audits of the kitchen, the environment, infection control, and care plans. We saw that when errors had been identified this was followed up to ensure that action had been taken to improve the service.

Audits in the form of surveys were undertaken within different areas of support each month. For example how staff gave assistance with washing, dressing and other aspects of personal hygiene. People who used the service were asked if they were satisfied with the support they received. Another audit looked at the lunchtime experience and the quality of meals reviewing whether they were nourishing, appetising and satisfying and checking the presentation and temperature of meals. We saw that all nineteen respondents replied "excellent" rather than "satisfactory" or "poor."

The provider had regular meetings with the registered manager to discuss any issues that had arisen each month and what actions were taken to address these. He undertook audits of the health and safety of the environment and fire safety and dealt with any issues that were identified.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.