Hantona Ltd

# The Old Rectory Nursing and Residential Home

## Inspection report

56 High Street
Langton Matravers
Swanage
Dorset
BH19 3HB

Tel: 01929425383

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## Ratings

| Overall rating for this service | Requires Improvement |
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| Is the service safe? | **Requires Improvement** |
| Is the service effective? | **Good** |
| Is the service well-led? | **Requires Improvement** |

# Summary of findings

## Overall summary

About the service
The Old Rectory Nursing and Residential Home is a 'care home' registered to provide personal and nursing care to up to 34 older people. At the time of inspection, the home was supporting 31 people, some of whom were living with dementia.

People's experience of using this service and what we found
Some safety checks and monitoring within the home were not always carried out on time, governance systems were not always robust enough to identify when things needed doing. Audits and quality assurance systems were not set up to drive improvements and lessons learnt were not documented. The registered manager and provider accepted these shortfalls and were receptive in working to address issues during and after the inspection. We have made recommendations about environmental checks and the oversight of the home.

The décor and upkeep of the home needed some attention, and this was ongoing. However, it was not always clear what the priorities were. The provider took immediate action to identify what needed doing and supplied a plan for its completion.

People, their relatives and staff told us The Old Rectory was a nice, safe place to live. Staff knew how to recognise concerns and how to raise them. They felt confident action would be taken. Medicines were managed safely, and staff had enough protective equipment to keep them and people safe from the risk of infection. The registered manager told us that staff had worked extremely hard especially during the COVID-19 pandemic. They told us their staff team was, "brilliant". Infection control procedures were in place at the home including regular testing for staff, people and visitors.

People had risk assessments in place for all their care and support. Records were in the process of being transferred to an electronic system which staff told us would improve the accuracy and enhance the responsiveness of care. People had enough to eat and drink and had choices. Access to healthcare was as required and records showed input from a variety of health professionals.

Staff were recruited safely and felt supported. They had access to a variety of training including specialist training for moving and handling. The moving and handling 'champions' told us they would support good practice within the home and advise staff in this area.

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

Everyone we spoke with was positive about the management of the home. The registered manager was approachable and people, their relatives and staff had confidence in them. The home had made all

necessary notifications and referrals as required. They worked well with external professionals.

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

Rating at last inspection
The last rating for this service was good (published 9 August 2019).

Why we inspected
We received concerns in relation to infection prevention and control, medicines management and health and safety within the home. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has deteriorated to requires improvement. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

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| **Is the service safe?**<br>The service was not always safe.<br>Details are in our safe findings below. | **Requires Improvement** |
| **Is the service effective?**<br>The service was effective.<br>Details are in our effective findings below. | **Good** |
| **Is the service well-led?**<br>The service was not always well led.<br>Details are in in our well-led findings below. | **Requires Improvement** |

# The Old Rectory Nursing and Residential Home

**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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
The Old Rectory Nursing and Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection
This inspection was unannounced.

What we did before inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to

send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection
We spoke with six people who used the service and eight relatives about their experience of the care provided. We spoke with nine members of staff including the provider, nominated individual, registered manager, staff nurse, senior care workers, care workers and the chef. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We made observations throughout the two days noting interactions between people and staff and the general atmosphere within the home.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received feedback from one health and social care professional who regularly works with the home.

Requires Improvement

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risk assessments for the environment, fire safety and equipment safety checks were not always carried out on time or consistently. Reassessments were planned with external companies but there was no system to identify when expiry dates occurred. We raised this with the registered manager and they immediately addressed this and devised a system that highlighted expiry dates, which they told us would prevent this lapse in the future.
- It was not always clear how the home learnt lessons from things that go wrong. Accidents and incidents were documented, and actions taken, but there was not a formal system in place for analysis that demonstrated improved outcomes. The registered manager told us they were continually learning from events but would ensure these actions were documented.

We recommend that the provider ensures all necessary environmental safety checks are completed on time and systems in place are robust to ensure people's wellbeing.

- People had risk assessments in place for all of their care and support needs, this contributed to keeping them safe. The assessments were reviewed regularly. The registered manager told us they were transferring records onto an electronic system and had a plan in place for its completion.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in safeguarding people. Staff told us how they would recognise signs and symptoms of abuse and who they would report them to both within the home and outside. There was information displayed on safeguarding people.
- People and their relatives told us The Old Rectory Nursing and Residential Home was a safe place to live. People told us they felt safe and happy at the home. A relative told us, "Absolutely safe." Another said, "I would say my loved one [name] is safe. The registered manager [name] is a life saver."
- Staff and health professionals told us they felt people were safe living at the home. One member of staff said, "I would speak to safeguarding and if not then I would go to CQC." Staff felt confident that the registered manager would follow up any concerns.

Staffing and recruitment

- There were enough staff on duty. The registered manager told us recruitment was difficult, but this was a problem throughout the care sector. Many staff who worked at the home had done so for several years.
- People and their relatives told us staff do not seem rushed. They always have time for them and if they need them, they arrive promptly. One relative told us, "They don't seem to be rushed. They are very attentive

to my loved one [name]."
● The home had a recruitment process in place. Checks demonstrated that staff had the required skills and knowledge needed to care for people.
● Staff files contained appropriate checks, such as references, health screening and a Disclosure and Barring Service (DBS) check. The DBS checks people's criminal record history and their suitability to work with people in a care setting.

Using medicines safely
● Medicines were managed safely. The home had arrangements for ordering, storage and disposal. Staff responsible for administering medicines had their competency assessed.
● Medicine Administration Records (MAR) had information about the person, their photograph, allergies, medical details and details of how they took their medicines.
● Prescribed creams were used and body maps for each person showed staff exactly where to apply the cream. Staff told us the instructions were clear.
● Medicines that required stricter controls by law were stored correctly in a separate cupboard and a stock record book was completed accurately.
● Where people were prescribed medicines that they only needed to take occasionally, guidance was in place for staff to follow to ensure those medicines were administered in a consistent way.

Preventing and controlling infection
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was meeting shielding and social distancing rules.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was accessing testing for people using the service and staff.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.
● We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Good

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

● The Old Rectory is an older style, adapted building. The décor is in keeping with the age of the building. However, we noted many improvements which were needed to maintain the décor and fabric of the building. We spoke with the provider who agreed to complete a review of the home and provided us with an action plan. They confirmed that work had commenced following our inspection.

We recommend that the provider continues with their ongoing upkeep of the home to ensure that it is safe for people and staff.

● People told us they were able to have their belongings and furniture with them and told us it made them feel at home.

● The home was accessible via a lift or stair lifts and people were observed to be accessing different areas within the home. Signage was used appropriately and there were different areas of the home for people to enjoy.

● A visitor's room had been built within the main lounge to accommodate safe visiting during the COVID-19 restrictions. People told us they were pleased that the provider had done this, it meant a lot to them.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

● People had their needs assessed before they moved into the home. These assessments were used to create their care plans.

● People's needs were identified and guidance on how staff met them was recorded in their care plan. Staff knowledge and records demonstrated plans had been created using evidence-based practices. This included nutritional care, diabetes and dementia care.

Staff support: induction, training, skills and experience

● The home had an induction process for all new staff to follow, which included online and face to face assessment, shadow shifts and practical competency checks in line with the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training. Some of the staff held a national diploma in health and social care.

● Staff had received increased training on safe use of personal protective equipment (PPE) and specific awareness due to COVID-19. Staff told us they felt the provider had helped them to stay as safe as possible in regards COVID-19.

● Staff received the training and support needed to carry out their role effectively. They received training on subjects such as safeguarding, equality and diversity, infection control and medicines.

● The home worked with the local university to provide placements for student nurses. They had produced a specific induction pack for nurses which gave information and guidance and learning opportunities within the home.

Supporting people to eat and drink enough to maintain a balanced diet
● People were supported to have enough to eat and drink. People were positive about the food at The Old Rectory.
● People could choose an alternative if they did not want what was on the menu. The chef told us they were given each individual person's dietary needs, their likes and dislikes when they moved into the home.
● People's preferences along with dietary needs are recorded and known by all staff. Records showed input from speech and language therapists where people required a modified diet.
● We observed the mealtime to be a relaxed social occasion with people having various discussions between themselves and with staff. Where people required support to eat and drink from staff this was done in a dignified and respectful way.
● People were encouraged by staff to eat their meals and have plenty of drinks.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● People were supported to receive health care services when they needed them. Referrals were made by the home to a variety of professionals, such as doctors, nurses and occupational therapists.
● The registered manager said they worked well with all professionals and were comfortable seeking their input when needed.
● People had a 'grab sheet' which detailed their needs, preferences and communication for use when transferring between services such as a hospital admission.
● Instructions from medical professionals were recorded in people's care plans with these communicated to staff at handovers. This meant that people were receiving the most up to date support to meet their health needs. A health and social care professional told us, "The registered manager [name] has always accepted my suggestions."

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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● The home met the requirements of the MCA. MCA assessments had been carried out for people in relation to their care needs. This meant that people's rights were protected.
● MCA assessments had been completed and best interests' meetings for people were held. Records showed involvement of the person, family members and professionals.

● Where people had given their family permission to make decisions on their behalf and in their best interests the correct legal paperwork was in place.
● People and their relatives told us staff asked their consent before providing them with care. During our inspection we noted on many occasions staff asking for people's consent particularly in relation to medicines, meals and how they wanted to spend their day.
● Staff had received MCA training and told us when and why they would ask for consent.

Requires Improvement

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Quality assurance systems did not always operate effectively. The home had a range of audits in place to monitor the quality and safety within the home. However, audits were not comprehensive to include the environment, equipment and home maintenance checks.
- Audits had identified actions required in specific areas and these had been addressed. However, there was no clear system in place to use the findings from the individual audits to drive improvements within the home. The registered manager told us they would improve the system immediately by introducing one overall action plan which could be used for ongoing improvements. The nominated individual told us this was an area for improvement.

We recommend the provider strengthens their governance systems to ensure they are robust and always operating effectively.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff told us they were proud to work for The Old Rectory; They felt supported and told us they worked well with the team of staff and for the people who live at the home. Comments we received included: "My colleagues are amazing, I love it here, we are one big family", "The nursing team are brilliant, I am proud to work here", "I like the culture, staff are hardworking, friendly, everyone tries their best."
- Feedback received about the management of the home was positive. Some comments received were: "The registered manager [name] is brilliant and always supportive with any issues", "The registered manager [name] is lovely, there is a nice atmosphere here", "Delightful, the registered manager [name] is nothing but kind", "The registered manager [name] and the administrator [name] are very good", "The registered manager is brilliant and always has time for you", "I feel that the relationship between the registered manager [name] and staff is good, with good morale."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the requirements of the duty of candour, that is, their duty to be honest, open and apologise for any accident or incident that had caused or placed a person at risk of harm. They told us the circumstances in which they would make notifications to CQC and referrals to external

agencies and showed us records where they had done this.
● The registered manager told us they worked in an open and transparent manner. They accepted guidance and welcomed opportunities to improve the service provided.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others
● The registered manager told us they used questionnaires to get feedback from relatives and used this to make improvements. Previous results were positive with a new survey being sent out following our inspection.
● The registered manager and staff told us people were at the centre of what they do. People told us they were happy and felt part of the home. Formal meetings had not taken place due to social distancing and restrictions brought on by the COVID-19 pandemic. However, people felt involved and staff told us they asked people their views every day in normal practice.
● The registered manager told us they had recently employed a member of staff who was responsible for booking visitor appointments and generally as a support for people and their relatives.