

Maners Care Limited

The Rectory Care 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 

Overall summary

This inspection was unannounced and took place on 21 January 2015.

The Rectory Care Home provides accommodation and personal care for up to 25 people. The home specialises in the care of people living with dementia.

There is 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.

The registered manager had a clear vision for the home. They said their philosophy was "To create an environment that constantly topped up people's wellbeing." Staff told us about the culture of the home and this showed the registered managers' philosophy had been communicated throughout the staff group. One member of staff said "It's all about treating everyone as

Summary of findings

an individual and helping them to be as happy as possible.” Another member of staff said “I think the ethos is to create a happy place. I think we achieve that most of the time.”

The atmosphere in the home was very warm and welcoming. There was lots of friendly banter and laughter throughout the day. One person told us “I like it that we have lots of laughs.” Another person said “There’s always a bit of fun to be had.”

Care was responsive to people’s needs and personalised to their wishes and preferences. People were supported to make choices about all aspects of their day to day lives. People were able to choose what time they got up, when they went to bed and how they spent their day.

There were sufficient numbers of staff to meet people’s needs in a relaxed and unhurried manner. Staff spent the majority of their time socialising with people. One member of staff told us “We’re not task focussed. Everything is about the people. It’s made clear when you start work the residents and their happiness always come first.”

Risks to people living at the home were minimised because the provider checked all new staff thoroughly to make sure they had the right skills and were safe to work with vulnerable people.

People told us staff were kind and caring. One person said “Everyone is happy and nice.” Another person told us “I’m alright here. All the girls are lovely to me.” Staff showed patience and understanding when supporting people.

People took part in a range of organised and impromptu activities. People were also involved in small tasks around the home such as laying tables for lunch and simple cooking. People were able to access the local community and the home had formed links with local groups and schools.

People’s nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. At lunch time people were able to choose where they ate their meal and were shown different meals to assist them to make a choice. People were able to eat their meals in an unhurried manner and were provided with discreet assistance when they required support.

Staff monitored people’s physical and mental wellbeing. Where there were concerns about a person, health care professionals were involved to make sure people received appropriate care and treatment.

Staff ensured people were happy to be assisted and were consenting to their care and treatment. Throughout our visit people were offered choices and were given time to respond to questions and suggestions. Staff explained what was happening and gave people opportunities to refuse offers of help or support.

The registered manager sought people’s feedback and took action to address issues raised. Relatives and professionals told us the home encouraged them to share any concerns and worries with them. One relative told us “I could definitely talk to the manager if I had any concerns.”

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.

Risks to people were minimised because the provider had a robust recruitment procedure which ensured all staff were thoroughly checked before they began work.

Staff had a good understanding how to recognise and report abuse to make sure people were protected.

People were supported by sufficient numbers of staff to meet their needs.

People received their medicines safely from staff who had received appropriate training to carry out the task.

Good



Is the service effective?

The service was effective.

People were cared for by well trained staff who had access to on-going professional support and guidance.

Staff ensured people were happy to be assisted and were consenting to their care and treatment.

People had access to health care professionals to monitor their health and make sure they received appropriate treatment.

People had their nutritional needs assessed to make sure they received an adequate diet.

Good



Is the service caring?

The service was caring.

People were cared for by staff who were friendly and kind.

Each person had their own bedroom and their privacy was respected.

People, or their representatives, were involved in decisions about their care and support.

Good



Is the service responsive?

The service was responsive.

People received care that was responsive to their needs and personalised to their wishes and preferences.

People were able to take part in a variety of organised and impromptu activities.

People's complaints and concerns were effectively dealt with.

Good



Is the service well-led?

The service was well led.

The registered manager was open and approachable and people appeared very comfortable and relaxed with them.

Good



Summary of findings

People received care and support from a staff team who were well supported and were committed to the visions and values of the home.

There were systems in place to monitor the quality of the service and seek people's views.

The Rectory Care 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 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 took place on 21 January 2015 and was unannounced. It was carried out by one adult social care 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. Unfortunately the registered manager was unable to

submit the PIR due to technical difficulties but was able to share some of its contents with us during the inspection. We also looked at other information we held about the home before the inspection visit. At our last inspection of the service we did not identify any concerns with the care provided to people.

At the time of our visit there were 24 people living at the home. Some people were unable to fully express their views to us because of their dementia. We therefore spent time observing care practices and interactions between staff and people who lived at the home. We spoke with nine people, two relatives and four health and social care professionals. We also spoke with five members of staff and the registered manager. We looked at records which related to people's individual care and to the running of the home. These included three care and support plans, three staff personnel files, records of staff training and medication administration records.

Is the service safe?

Our findings

The Rectory provided a safe place for people to live. Some people were unable to verbalise their views with us due to their dementia but we observed people looked very relaxed and comfortable with the staff, including the management team. Staff interacted with people in a relaxed and friendly way and supported them to be independent. One person told us “Everything is very lovely. No one will do you any harm here.”

Risks to people were minimised because the provider had a robust recruitment procedure for new staff. This included carrying out checks to make sure they had the relevant skills and were safe to work with vulnerable adults. Staff told us they had not been able to start work at the home until all checks had been carried out. Records of staff recruitment confirmed staff only commenced work once references and Disclosure and Barring Service checks had been received.

Risks of abuse to people were minimised because staff had received training in recognising and reporting abuse. Staff had a clear understanding of what may constitute abuse and how to report it. Staff were confident that any allegation they reported would be fully investigated and action would be taken to make sure people were protected. Senior staff knew what to do, and who to contact, if any allegations were made to them. The home’s policy on abuse gave contact details for the relevant authorities to make sure it was easily accessible.

People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. Staff spent the majority of their time socialising with people. One member of staff told us “We’re not task focussed. Everything is about the people. It’s made clear when you start work the residents and their happiness always come first.”

The registered manager informed us staffing levels were adjusted according to the needs of people. On the day of the inspection a new person moved into the home. We saw staff spent time with the person to make sure they were comfortable and settling in. The registered manager told us that if they became unsettled in the evening an additional member of night staff would be called in to make sure they were able to spend time with them to offer on-going reassurance and support.

The registered manager made sure the building was safe for people by ensuring environmental risk assessments were kept up to date and action was taken when any hazards were identified. A recent fire risk assessment had highlighted the need for the fire detection system to be up graded and this work had been carried out. Due to changes in the mobility of many of the people who lived at the home new stair gates had been fitted to minimise the risks to people using the stairs. During our visit anyone wishing to go upstairs was assisted by staff to either use the lift or the stairs.

Individual risks assessments outlined measures in place to enable people to take part in activities with minimum risk to themselves and others. Staff were able to tell us about the risk assessments and demonstrated a good knowledge of each person. We were told about one person who liked to go out but the risk assessment stated it was unsafe for them to do this without staff support. One member of staff said “It just means if they want to go out we go with them. They seem happy with this. I think they quite like the company.”

People’s medicines were administered by senior staff who had received appropriate training to carry out the role and had their competency assessed by a member of the management team. On the day of the inspection a senior carer was being observed administering medicines by the deputy manager to re assess their competency and ensure people received their medicines safely.

There were suitable secure storage facilities for medicines which included secure storage for medicines which required refrigeration. The home used a blister pack system with printed medication administration records. We saw medication administration records and noted that medicines entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled the staff to know what medicines were on the premises.

People received medicines to maintain their comfort and minimise any pain. We saw one person was prescribed pain relief on an ‘as required’ basis. As the person was unable to verbally express their need for this, the home used the ‘Abbey Pain Scale’ to determine their need. This is a check designed to measure pain in people who have dementia but are unable to verbalise their needs.

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. People were very complimentary about the staff who supported them. One person said “They are good at helping you.”

Staff responded to each person’s needs in a professional and friendly manner and were able to anticipate and distract anyone who was upset or showing signs of unrest. A health and social care professional told us the staff had dealt with some people who had very complex needs. They said staff had supported people in a way that ensured they settled at the home and had been very happy.

People were cared for by staff who were well trained and had access to on-going professional guidance. The home was supported by a specialist community mental health nurse who provided training and support to staff. This made sure they had up to date information about how to appropriately provide care to people living with dementia. There were also plans to introduce a monthly open clinic session where anyone could speak with the specialist nurse and discuss any issues relating to the care of people. The specialist nurse informed us staff were pro-active in seeking advice and acted on recommendations made.

All staff completed an induction programme when they started work and had access to regular training including nationally accredited qualifications in care. Staff told us, and records confirmed they undertook training in health and safety and subjects relating to the needs of the people who lived at the home. One member of staff said “The induction was very good. It certainly influenced how I worked and made me go away and read more.” Another member of staff said “At the moment I am doing training on diet and nutrition.” They were able to tell us how they were using their knowledge from the course to support someone who had difficulty eating and drinking.

Staff had a clear understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. One member

of staff told us “If people can’t tell us what they want we monitor the things they like and what makes them happy so we can be sure to act in their best interests.” Another member of staff said “If people really aren’t able to make a decision we speak with people who know them well and all decide together what would be in their best interests.” This showed staff were working in accordance with the principles of the MCA.

Staff ensured people were happy to be assisted and were consenting to their care and treatment. Throughout our visit people were offered choices and were given time to respond to questions and suggestions. Staff explained what was happening and gave people opportunities to refuse offers of help or support.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. The registered manager was aware of changes in DoLS legislation and this had been discussed with all staff at a team meeting. Staff had also been provided with written information to ensure they fully understood the implications of the changes. The registered manager had made appropriate applications to make sure people’s legal rights were protected.

People’s nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. One person’s care records showed a recent review had highlighted their reluctance to eat and drink and a recommendation had been made that the person was offered food and drink every hour. This was to ensure the person had access to food at any time of the day and night. We saw records which showed the recommendations had been put into practice and staff told us the person was eating an increased diet.

The registered manager kept a monthly record of everyone’s weight and highlighted and colour coded where there had been significant changes to a person’s weight. This enabled them to monitor changes and seek medical advice where needed. Care records showed where concerns had been discussed with the person’s GP and

Is the service effective?

what action had been taken to ensure the person received appropriate treatment and support. This included further referrals to specialists such as dieticians or the prescription of food supplements.

People told us they liked the food in the home. One person said "Food is very good and there's plenty of it." At lunch time people were able to choose where they ate their meal and were shown different meals to assist them to make a choice. People were able to eat their meals in an unhurried manner and were provided with discreet assistance when they required support. One person did not eat lunch and in the afternoon we saw staff had offered them apple pie and custard and they were happily eating it.

Staff monitored people's physical and mental wellbeing. Where there were concerns about a person, health care professionals were involved to make sure people received appropriate care and treatment. Records showed people were seen by professionals in accordance with their specific needs these included; GPs, community nurses and dieticians. Where people were assessed as being at high risk of pressure damage to their skin pressure relieving equipment was in place such as pressure relieving mattresses and cushions.

Is the service caring?

Our findings

People said they were supported by kind and caring staff. One person said “Everyone is happy and nice.” Another person told us “I’m alright here. All the girls are lovely to me.” A relative said they always found the staff very approachable and “Very caring.” Another relative said “It’s a very homely home. Everyone is friendly and I feel they really do care about my relative.”

Staff showed patience and understanding when supporting people. We watched a member of staff supporting a person to the bathroom. They walked at the person’s pace, explained clearly where they were going and answered the person’s questions.

When a person became unsettled and upset the registered manager took them to a quiet place to chat. They also bought the home’s dog to see the person which resulted in the person stroking the dog and becoming calm and able to share their worries.

Throughout the day staff socialised with everyone, including people who liked to spend time in their rooms. We heard staff chatting to people about their lives and family members in a warm and concerned way. People were given time to express themselves and to make choices. When staff approached people who were unable to communicate verbally they smiled and reached out to make physical contact with the member of staff.

One person had very poor eyesight and when staff bought them a cup of tea they said who they were and what they were doing. The member of staff gently took the person’s hand and placed it by the cup to let them know where it was for them to drink it independently.

People’s privacy was respected and all personal care was provided in private. Some people liked to spend time in

their rooms and staff respected their privacy. Where people required assistance with personal care staff explained quietly to the person and took them to their room to assist them.

Each person who lived at the home had a single room where they were able to see personal or professional visitors in private. People were able to personalise their rooms according to their tastes and needs. This made rooms homely and comfortable.

Visitors were always made welcome which enabled people to maintain contact with friends and family. Relatives told us they were able to visit at any time without an appointment. We noted that one visitor joined in with activities and had lunch with their relative. One health and social care professional told us how well they thought the staff interacted with family members. They told us the registered manager often sent emails and photo’s to people to keep them up to date with what their relative had been involved in.

Many of the people who lived at the home were unable to be fully involved in planning their care and treatment. However we saw people were constantly asked if they were happy with what was going on and if they would like staff to do anything for them. A relative told us “They (staff) talk to us about their care all the time. We are involved in every decision.”

People who did not have families or friends to support them had access to advocacy services. The home had taken part in a pilot scheme run by the Independent Mental Capacity Advocacy (IMCA) service. This had involved a volunteer from the service visiting the home regularly for a month to give people the opportunity to express their views about their care. Independent advocates had also been involved with individuals where there were specific concerns. An advocate who had been involved with one person told us the staff had been respectful of the person’s independence and keen to take advice to meet the person’s needs.

Is the service responsive?

Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences. People were supported to make choices about all aspects of their day to day lives. People were able to choose what time they got up, when they went to bed and how they spent their day. Some people liked to lie in bed in the morning and staff respected their choice. One person spent the day wearing their pyjamas and staff told us this was their choice. The person very happily wandered from their room to the dining room, chatted with a few people and then returned to their bed smiling.

Each person had their needs assessed before they moved into the home. This was to make sure the home was appropriate to meet the person's needs and expectations. The registered manager told us when accepting a new person into the home they took account of their needs and the needs of the people who already lived there. People were able to visit the home before making a decision to move in to make sure it was the right place for them. One person told us "I came for coffees and for a meal. I didn't like it at first but now I live here I think it's very nice."

Care plans contained information about people's preferred routines to make sure staff had information about the person's lifestyle choices. One relative told us when the person first moved in the staff had asked them all about the things their relative liked and disliked. A health and social care professional told us the home was very good at getting to know people and how best to meet their needs. A new person had moved to the home and we saw staff chatting with them about the things they liked and what they enjoyed doing.

People were able to take part in a range of organised and impromptu activities. People were also involved in small tasks around the home such laying tables for lunch and simple cooking. In the morning one person and their visitor made a dessert for lunch. As well as organised activities staff responded to people's wishes and joined in with activities that people initiated. For example at one point in the day a person began to sing and dance and staff joined in and encouraged other people to join until a small group had formed. People were laughing and clapping and enjoying the moment.

People were able to access the local community and the home had formed links with local groups and schools. There were photos of when the home had been visited by children from the local rainbow group. The registered manager told us they were in the process of arranging another visit. One person said "I like it when the children come. They are so lovely and make me smile." Another person told us they liked going out for tea. Staff informed us that people often went to local hotels for afternoon tea and we saw pictures of people enjoying this activity.

Staff provided care that was personalised to each individual. One member of staff told us "Everything we do is about the person and everyone is different so they like different things. Some people just want to chat, some want to get involved in things and other people prefer going out on their own with you. We try to accommodate everyone. That's really what our job is." A health and social care professional told us staff took time to get to know people and were very 'person centred' in their approach.

The registered manager sought people's feedback and took action to address issues raised. Relatives and professionals told us the home encouraged them to share any concerns and worries with them. One relative told us "I could definitely talk to the manager if I had any concerns."

The registered manager recorded all concerns monthly and wrote what action had been taken to address the issues. We saw that where someone had raised issues about their en-suite facilities they had been offered another room with more suitable facilities. Where a relative shared issues about laundry these had been looked into and resolved. In response to district nurses raising concerns about the size of the treatment room the home had changed their practice so anyone being seen by a nurse was seen in their own bedroom.

People were able to share their views and make suggestions at meetings. The minutes of one meeting showed that some people had said they would like to have a glass of wine occasionally. On the afternoon of the inspection we saw a small group enjoying a glass of wine together in the dining room.

Is the service well-led?

Our findings

The registered manager was supported by a deputy manager and a team of senior carers. This meant there was always a skilled and experienced member of staff for people to share concerns or seek advice from.

The registered manager had a clear vision for the home. They said their philosophy was “To create an environment that constantly topped up people’s wellbeing.” They also said “We need to get to know everyone well in order to find out what makes them happy. I tell staff we work for the people who live here. It’s their home not ours.” Their vision and values were communicated to staff through staff meetings, leading by example and one to one supervisions with staff. The minutes of one staff meeting said ‘All staff to keep a good balance on work and play and not to feel guilty about sitting and engaging with residents when all tasks are not completed.’

Staff told us about the culture of the home and this showed the registered managers’ philosophy had been communicated throughout the staff group. One member of staff said “It’s all about treating everyone as an individual and helping them to be as happy as possible.” Another member of staff said “I think the ethos is to create a happy place. I think we achieve that most of the time.”

The atmosphere in the home was very warm and welcoming. There was lots of friendly banter and laughter throughout the day. One person told us “I like it that we have lots of laughs.” Another person said “There’s always a bit of fun to be had.” Staff told us they enjoyed their work and thought there was excellent team work between all levels of staff.

The registered manager was very visible in the home and spent time with staff and people who lived there. This allowed them to seek people’s views and monitor practice. Part of the deputy managers role was to work shadow shifts which enabled them to offer advice and guidance to less experienced staff and monitor how people’s needs were being met.

All staff received supervisions and appraisals from a more senior member of staff. Supervisions were an opportunity for staff to discuss their work and highlight any training or

development needs. They were also a chance for any poor practice or concerns to be addressed in a confidential manner. There were also team meetings which gave staff further opportunities to share their views.

There were effective quality assurance systems to monitor care and plan ongoing improvements. There were audits and checks in place to monitor safety and quality of care. We saw that where shortfalls in the service had been identified action had been taken to improve practice. All accidents and incidents which occurred in the home were recorded and analysed. This allowed any patterns or trends to be identified. We heard from the registered manager how the analysis of accidents had prompted them to provide better lighting in some areas of the home which had led to a reduced number of falls.

The registered manager shared with us their current action plan and this included making improvements to care plans to make them more dementia friendly and ensure they provided more personalised information about people. There were also plans for staff to undertake more accredited training to make sure they were kept up to date with all new initiatives. The registered manager told us they were hoping to share training with other local providers.

The registered manager sent out satisfaction surveys to people using the service and staff. We looked at recently returned surveys and these showed a high level of satisfaction with the care provided. Some relatives had made negative comments about the laundry service and the registered manager told us they were currently looking at how this could be improved.

The registered manager kept their skills and knowledge up to date by on-going training and reading. Healthcare professionals said there was good communication and the registered manager was good at seeking advice to make sure they were up to date with current best practice and legislation. The registered manager was part of a local group called the learning exchange network, which gave care service managers opportunities to share good practice across Somerset. One member of staff had recently become a ‘Dementia Champion’ and was going to work with the local general hospital to share their knowledge and experience to improve hospital care for people living with dementia.

Is the service well-led?

The home has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.