Caring Homes Healthcare Group Limited

Rectory House Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Summary of findings

Overall summary

The inspection took place on the 24 January 2017 and was unannounced.

Rectory House Nursing Home provides nursing care and accommodation for up to 41 people. On the day of our inspection there were 36 older people at the home. It provides nursing care and personal support to older people with nursing care needs. The home is spread over three floors with a passenger lift, communal lounges, dining room and gardens.

The home had a registered manager. 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.
People and relatives told us they felt the service was safe. People's comments included "I have always felt safe living here", "Oh yes, I feel safe. The girls are lovely, they always put their head round the door to check on me when they pass". However, we found an area of practice in relation to people's risk of developing pressure wounds was in need of improvement. Potential risks were identified, assessed and planned for. Where people had been assessed as requiring to be turned periodically to reduce the risk of developing a pressure sore, records were completed. However we found these recordings to be inconsistent on whether a person had been turned and how often. We brought this to the attention of the Registered Manager who agreed this was not clear enough and showed concern. They told us they would address this straight away with the day and night staff.

The provider had arrangements in place for the safe ordering, administration, storage and disposal of medicines. People were supported to get their medicine when they needed it. People were supported to maintain good health and had access to health care services.

Staff considered peoples capacity using the Mental Capacity Act 2005 (MCA) as guidance. People's capacity to make decisions had been assessed. Staff observed the key principles of the MCA in their day to day work checking with people that they were happy for them to undertake care tasks before they proceeded. One person told us "They always ask you before helping you, they treat you like a human being not a thing".

People and their relatives spoke highly of the staff and said that they were caring and kind. People's comments included "The staff are very caring, you can't say more than that" and "I like all the staff, they're so kind and they always have time for you and a smile",

Staff supported people to eat and drink and they were given time to eat at their own pace. People's nutritional needs were met and people reported that they had a good choice of food and drink. One person told us "The chef is brilliant and the food is wonderful - it must be because I'm putting on weight. They talk to you all the time, it's so nice, it's like a big family". Staff were patient and polite, supported people to maintain their dignity and were respectful of their right to privacy. People had access to and could choose

suitable leisure and social activities.

People were encouraged to express their views and had completed surveys. Feedback received showed people were satisfied overall, and felt staff were friendly and helpful. People and relatives also said they felt listened to and any concerns or issues they raised were addressed. One person told us "I have no complaints about the home. If I had anything worrying me I can always talk to X (registered manager) and I'm sure she'd sort it out for me".

Staff felt fully supported by management to undertake their roles. Staff were given training updates, supervision and development opportunities. For example staff were offered the opportunity to undertake additional training and development courses to increase their understanding of the needs of people. One member of staff told us "We get lots of training and updates, which is good and keeps us focused".

There was a relaxed and calm atmosphere at Rectory House. People, staff and relatives found the management team approachable and professional. One person told us "I think this home is well run and the manager does a good job". A member of staff told us "It has always been a happy, well run home otherwise I wouldn't have stayed so long". The registered manager and provider carried out regular audits in order to monitor the quality of the home and plan improvements to the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Potential risks were identified, assessed and planned for. Where people had been assessed as requiring to be turned periodically to reduce the risk of developing a pressure wound, records were completed. However we found these recordings to be inconsistent on whether a person had been turned and how often.

Staff understood their responsibilities in relation to protecting people from harm and abuse. Medicines were managed and administered safely

The provider used safe recruitment practices and there were enough skilled and experienced staff to ensure people were safe and cared for.

Is the service effective?

Good

The service was effective.

People received support from staff who understood their needs and preferences well. People were supported to eat and drink sufficient quantities to meet their needs.

People had access to relevant health care professionals and received appropriate assessments and interventions in order to maintain good health.

The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Staff had a good understanding of and acted in line with the principles of the Mental Capacity Act (MCA) 2005.

Is the service caring?

Good

The service was caring.

People were supported by caring and kind staff.

People where possible and their relatives were involved in the planning of their care and offered choices in relation to their care and treatment.

People's privacy and dignity were respected and their independence was promoted.

Is the service responsive?

Good

The service was responsive.

Care plans accurately recorded people's likes, dislikes and preferences. Staff had information that enabled them to provide support in line with people's wishes.

People were supported to take part in activities and were supported to maintain relationships with people important to them.

There was a system in place to manage complaints and comments. People felt able to raise a concern or complaint and were confident that they would be listened to and acted on.

Is the service well-led?

Good

The service was well-led.

There was a calm and relaxed atmosphere at the home. People, staff and relatives found the management team approachable and professional.

The registered manager and provider carried out regular audits in order to monitor the quality of the home and plan improvements.

There were clear lines of accountability. The registered manager was available to support staff, relatives and people living in the home.

Rectory House Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 24 January 2017 and was unannounced. The inspection team consisted of 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. The expert-by-experience for this inspection was an expert in care for older people. The service was last inspected on 18 and 19 December 2014 and was awarded the rating of Good.

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 they do well and improvements they plan to make. We looked at this and other information we held about the service. This included previous inspection reports and notifications. Notifications are changes, events or incidents that the service must inform us about. We contacted stakeholders, including health and social care professionals involved in the service for their feedback. We considered information which had also been shared with us by the local authority. Three health and social care professionals gave feedback regarding the service.

During the inspection we observed the support that people received in the communal lounges and dining room. We were also invited in to people's individual rooms. We spoke to nine people, four relatives, five care staff, an activity co-ordinator, an administrator, a chef, a registered nurse, the registered manager and area manager. We spent time observing how people were cared for and their interactions with staff and visitors in order to understand their experience. We also took time to observe how people and staff interacted at lunch time.

We reviewed five staff files, medication records, staff rotas, policies and procedures, health and safety files, compliments and complaints recording, incident and accident records, meeting minutes, training records and surveys undertaken by the service. We also looked at the menus and activity plans. We looked at six people's individual records, these included care plans, risk assessments and daily notes. We pathway tracked some of these individual records to check that care planned was consistent with care delivered.

Requires Improvement

Is the service safe?

Our findings

People and relatives told us they felt the service was safe. People's comments included "I have always felt safe living here", "Oh yes, I feel safe. The girls are lovely, they always put their head round the door to check on me when they pass" and "Yes, they make you feel very safe. They always wear gloves and aprons when they're washing you and always checking on you, are you comfortable? do you need anything?". However, we found an area of practice in need of improvement in relation to people's risk of developing pressure wounds.

Each person had an individual care plan. Care plans followed the activities of daily living such as communication, people's personal hygiene needs, continence, moving and mobility, nutrition and hydration. The care plans were supported by risk assessments, these showed the extent of the risk, when the risk might occur, and how to minimise the risk. For example a Waterlow risk assessment was carried out for all people. This is a tool to assist and assess the risk of a person developing a pressure wound. This assessment takes into account the risk factors such as nutrition, age, mobility, illness, loss of sensation and cognitive impairment. These allowed staff to assess the risks and then plan how to alleviate the risk for example ensuring that the correct mattress was made available to support pressure area care. Where people had an air mattress (inflatable mattress which could protect people from the risk of pressure damage) we were informed by staff that the air mattresses were checked daily to ensure they were on the right setting for the individual needs of the person. Records we looked at confirmed this. People who had additional needs and spent the majority of their day in bed were monitored by staff that carried out checks throughout the day at regular intervals. Some people required regular checks and changes of position to prevent rashes and pressure wounds. We observed staff carrying out these checks, explaining the process to the person and completing records to ensure the care plan had been followed correctly. Staff told us that they were aware of the individual risks associated with each person and that they found the care plans to be detailed. Where people had been assessed as requiring to be turned periodically, there were checks in place to ensure the recording had been completed to demonstrate this. However we found these recordings to be inconsistent on whether a person had been turned and how often. This raised concerns as it was unclear whether people had been supported to change position and staff had failed to update the records that related to this correctly, or if people had not been supported in accordance with their plan of care. We brought this to the attention of the Registered Manager who showed concern and agreed that this was not clear enough. They told us they would address this straight away with the day and night staff. This is an area of practice that was in need of improvement.

We observed staff on several occasions carrying out transfers of people, for example, transferring people from their wheelchair to armchair and assisting them to mobilise around the service. All the transfers we saw were carried out safely and staff explained to people the procedure, to ensure that they were aware of what was going to happen, this helped to manage any anxiety. People told us that they felt the moving and handling techniques practiced by staff were safe.

People were protected from the risk of abuse because staff understood how to identify and report it. Staff had access to guidance to help them identify abuse and respond in line with the provider's policy and

procedures if it occurred. They told us they had received detailed training in keeping people safe from abuse and this was confirmed in the staff training records. One member of staff told us "Anything I think is wrong, I would report to the manager and they would deal with it". Staff were also aware of the whistle blowing policy and when to take concerns to appropriate agencies outside the home if they felt they were not being dealt with effectively. Staff could therefore protect people by identifying and acting on safeguarding concerns quickly.

Staff had been recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). These checks identified if prospective staff had a criminal record or were barred from working with children or vulnerable people. Staff had obtained proof of identity, employment references and employment histories. We saw evidence that staff had been interviewed following the submission of a completed application form. Files contained evidence to show where necessary, staff belonged to the relevant professional body. Documentation confirmed that all nurses employed had an up to date registration with the nursing midwifery council (NMC).

The majority of people and relatives felt there was enough staff to meet their needs. People's comments included "When I am in my room and press the bell the staff do come. If they are busy with someone else they let me know", "I can't fault it, the staff listen to you and they answer the bell if you ring it" and "The staff are busy they do come if I push the bell but sometimes it takes a while, not always though". On the day of the inspection call bells were responded to in a timely manner. Staff rotas showed staffing levels were consistent over time and that consistency was being maintained by permanent staff and the use of agency staff when required. We saw there was enough skilled and experienced staff to ensure people were safe and cared for on the day of the inspection. Call bells were answered in a timely manner for people who required assistance. The registered manager told us they had a good team of permanent staff and told us "We do use agency staff when needed and make sure we use the same staff to ensure continuity for residents". The registered manager used a dependency assessment tool regularly. This tool enabled them to look at people's assessed care needs and adjust the number of staff on duty based on the needs of people using the service.

Medicines were stored in an appropriate lockable medicine trolley within a secure medicine room. The registered nurses had access to the medicine trolleys and were responsible for administering medicines to people. Appropriate arrangements were in place in relation to the administering and recording of prescribed medicine. Medicines were administered three times a day and also as required. We observed medicines being administered at lunchtime by a registered nurse who had good rapport with people and knew them well. We observed them doing this in a calm and unhurried manner. We saw they ensured people had a drink to help swallow their tablets and remained with the person to check tablets had been taken. The nurse then completed the person's medication administration records (MAR) chart correctly. The nurse explained that any refusal of medication would be documented and re administered following discussion with other staff on the most appropriate way forward. Some people were prescribed 'as required' medicines. We saw protocols were in place instructing staff under which circumstances to give these medicines to help ensure a consistent approach to their administration. The nurse undertook a daily audit of people's individual MAR charts. The audit examined areas such as whether all medicines had been administered and recorded and if it had not been administered had the reason for this had been recorded and addressed. The nurse explained that any concerns were raised with the clinical lead and registered manager. People we spoke with about medicines all told us that medicines were delivered on time in a professional manner by a nurse on duty.

Staff took appropriate action following accidents and incidents to ensure people's safety and this was

recorded in the accident and incident book. We saw specific details and any follow up action to prevent a reoccurrence. Any subsequent action was updated on the person's care plan and then shared at staff handover meetings. The registered manager analysed this information for any trends.

The premises were safe and well maintained. The environment allowed people to move around freely without risk of harm. Staff told us about the regular checks and audits which had been completed in relation to fire, health and safety and equipment. Records confirmed that these had taken place. Staff were able to describe how they would respond in an emergency such as a fire and told us they had fire training. From the training records we noted that all staff also received training in first aid awareness. The grounds were maintained with clear pathways for those who used mobility aids and wheelchairs to access areas such as the garden and patio areas.

Good

Is the service effective?

Our findings

People and visitors told us they felt the care was good, people's health care needs had been met and staff were skilled in their roles. One person told us "The staff are wonderful. They help me when I need it, they know what they are doing". Another person said "The girls are wonderful, I'd be proud if they were my daughters, doing a job like this. They always ask before doing anything, ask you what name you want to be called by, things like that."

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. We checked whether the staff were working within the principles of the MCA. Staff understood the principles of the MCA. They were aware that any decisions made for people who lacked capacity had to be in their best interests. They gave us examples of how they would follow appropriate procedures in practice. There were clear policies around the MCA. Care staff told us they had completed this training and all had a good understanding of the need for people to consent to any care or treatment provided. One person told us "They always ask you before helping you, they treat you like a human being not a thing". There were records on people's care plans that, where possible, people had been asked to consent to their care and treatment. Care staff confirmed they always asked for people's consent before they undertook any care or treatment. One member of staff told us, "We will always get consent from the residents and let them know what is going on". Another member of staff told us if people refuse any care this would be documented and discussed at a daily meeting.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these would be authorised by the local authority as being required to protect the person from harm. Applications had been sent to the local authority. We found the registered manager understood when an application should be made and the process of submitting one, documentation we saw supported this.

People received support from specialised healthcare professionals when required, such as GP's, local speech and language therapists (SALT) team and social workers. Access was also provided to more specialist services, such as a chiropodists and the falls prevention team if required. Staff kept records about the healthcare appointments people had attended and ensured that they implemented the guidance provided by healthcare professionals. Nursing staff were provided with training and support to ensure they were up to date with best practice. One person told us "When I have had concerns about anything they've always made certain I get to see a doctor as soon as possible so that I can talk to him about it".

When new staff commenced employment they underwent a detailed induction and shadowed more experienced staff until they felt confident to carry out tasks unsupervised. The provider had incorporated the

care certificate into the induction for new staff. The care certificate is a set of standards that social care and health workers can work in accordance with. It is the minimum standards that can be covered as part of the induction training of new care workers. One member of staff told us "We get lots of training and updates, which is good and keeps us focused". Another member of staff said "There is loads of training here either on line or we have trainers coming in".

The training plan and training files we examined demonstrated that all staff attended essential training and regular updates. Training included moving and handling, first aid, infection control and health and safety. Where training was due or overdue, the registered manager took action to ensure the training was completed. A member of staff told us "X (Registered Manager) has an overview of training and when it's due so we are told when some training needs to be refreshed" Staff also received training specific to the people they were supporting, examples of this included pressure care and supporting people living with dementia. Staff were complimentary about the training and development available. This also included staff being able to gain qualifications in health and social care, such as a diploma.

Staff we spoke with all confirmed that they received regular supervision and said they felt very well supported by the management team. Staff had regular supervision meetings throughout the year with their manager and a planned annual appraisal. These meetings gave them an opportunity to discuss how they felt they were getting on and any development needs required. One member of staff told us "We get supervision throughout the year. It's good to sit down and discuss how we are doing and what else we might like". Staff had regular contact with the management team to receive support and guidance about their work and to discuss training and development needs. Registered nurses received clinical supervision and observations of practice by the registered manager who was also a nurse.

People and relatives were complimentary of the food provided at the service. One person told us "I think the care is very good, I feel there is a standard set that they all adhere to and the food is wonderful. Comparable to that served in some hotels I've stayed in". Another person said "The chef is brilliant and the food is wonderful - it must be because I'm putting on weight. They talk to you all the time, it's so nice, it's like a big family". Staff understood the importance of monitoring people's food and drink intake and monitored for any signs of dehydration or weight loss. Where people had been identified at risk of weight loss, food and fluid charts were in place which enabled staff to monitor people's nutritional intake. People's weights were recorded regularly. When people had lost weight, we saw that advice was sought from the GP, dietician and SALT. A SALT will assess a person's ability to swallow and make recommendations on how to support that person to eat and drink.

We were shown a new four weekly menu which had recently been introduced. The chef told us the new menu had been developed in conjunction with people and said food was discussed with people at resident meetings and opinions sought through surveys as well as more informal methods. Records and people confirmed this. There was a good variety of options on the menu with more traditional options as well as spicier foods such as curries. In addition there was a list of separate dishes including vegetarian options which could be prepared for people should they not want the main options on any particular day. The chef told us they had introduced new options to the menu such as the curries following requests from people.

Any special dietary requirements were catered for, for example, those who were diabetic were offered a lower sugar alternative to the main dessert. It was clear a lot of thought had gone into these options to make them as appealing as possible. Food was fortified and the chef was aware of who required addition calories such as milky drinks to help gain weight. When people were at risk nutritionally, we saw appropriate referrals had been made to a dietician or SALT teams. Some people had food and fluid charts in place and we saw these had been completed appropriately. The home had a policy of weighing people weekly and the

information was recorded on a weekly weight alert sheet, this was shared with the chef and if there were concerns people were started on a "red tray" which allowed all staff to be aware that there were particular weight loss concerns with the person so they could monitor how much had been eaten. The registered manager told us of the traffic light system (red tray) that had been introduced and how the staff had been working on improving food and nutrition for people. They said "We have really focused on this to ensure people's nutritional needs are being met. The traffic light system works well which includes the red tray so staff can easily see who needs to be monitored. We are starting to look at the next steps of improving this to the next level".

A choice was offered for breakfast. For example cereals, cooked breakfasts and porridge. A choice of fruit juices and hot drinks were offered. Where people's choices were documented in their care records, we saw this was fulfilled; for example a person liked only fried food and we noticed the chef cooking this during the inspection. Another example Involved a Chinese resident who had communications difficulties. A communication book had been set up for staff and the resident to improve communication between them. The chef also cooked Chinese food for them and was in the process of organising a trip out to celebrate the Chinese New Year. It was clear that the chef was committed to giving personal choice as much as possible to people. Menus were displayed and a separate list of "always available" snacks included sandwiches, fresh fruit, ice cream and cheese and biscuits.

Good

Is the service caring?

Our findings

People and their relatives spoke highly of the staff and said that they were caring and kind. People's comments included "The staff are very caring, you can't say more than that", "I like all the staff, they're so kind and they always have time for you and a smile", "The staff are very good and kind. Sometimes I get up, sometimes I don't but it's my choice. If I want to go to the lounge they'll always find a spot for you, they're good like that". A relative told us "I can't fault the willingness and care. I've seen a big improvement in my mother since her admission".

The home had a calm, friendly and relaxed feel. Throughout the inspection, people were observed freely moving around the service and spending time in the communal areas or in their rooms. People's rooms were personalised with their belongings and memorabilia. People were supported to maintain their personal and physical appearance, and were dressed in the clothes they preferred and in the way they wanted. One person told us "I have been happy here since I moved in. I have a nice room with my things in and they do all look after me".

People were addressed according to their preference and this was mostly their first name. Staff spoke about the people they supported fondly and with interest. People's personal histories were recorded in their care files to help staff gain an understanding of the personal life histories of people and how it affected them today. Care staff demonstrated they were knowledgeable about people's likes, dislikes and the type of activities they enjoyed. Staff spoke positively about the standard of care provided and the approach of the staff working in the service. We observed that however busy the staff were, they always seemed to make time to stop and speak to people as they passed open doors or the communal areas. It was clear that staff knew the people well and there was a "family atmosphere" in the home.

Peoples' differences were respected and staff adapted their approach to meet peoples' needs and preferences. People were able to maintain their identity, they wore clothes of their choice and their rooms were decorated as they wished, with personal belongings and items that were important to them. People were involved in decisions that affected their lives. Records showed that people and their relatives had been asked their preferences and wishes when they first moved into the home and that care plans had been reviewed in response to peoples' feedback or changes in their needs. People and relatives confirmed that they felt involved in the delivery of care to people and could approach staff if they had any questions or queries relating to it. Regular relatives and residents meetings were held enabling people to be kept informed of information relating to the running of the home, as well as being able to share their feelings and opinions. Records showed that within the meeting people had been asked about food choices and activities they would like to participate in.

Peoples' privacy was respected and maintained. Information held about people was kept confidential, records were stored in locked cupboards and offices. People confirmed that they felt that staff respected their privacy and dignity. Staff were observed knocking on peoples' doors before entering, to maintain peoples' privacy and dignity. One staff member said, "I always respect their dignity. I know they need help but we do it sensitively". Another staff member said "We get to know people from talking to them, and from

information in their care plans". Staff gave privacy when assisting with personal care and ensured they were discreet when discussing care needs.

People were encouraged to be independent, as much as they were able to. Observations showed people independently eating and drinking and choosing how they spent their time. People told us that staff were there if they needed assistance but that they were encouraged and able to continue to do things for themselves and observations confirmed this. We observed one member of staff encouraging a person to move from their room into the communal lounge. The member of staff reassured the person they would walk with them and encouraged them into the lounge while staying close, in case the person required any support. We also saw staff regularly sought or asked about people's general well-being and responded appropriately where this was required. For example, one member of staff asked a person if they were alright as they knew the person had not slept well. They then asked if the person was in any pain and required their pain relief medicine.

People were able to stay at the home until the end of their life. People and relatives, if they were comfortable doing so, were asked their preferences in relation to their end of life care wishes. Records showed that people's end of life care had been discussed and advance care plans devised. These contained details of people's preferences with regard to spirituality, preferred place of care and who they wanted with them at the end of their lives. Staff had received training on end of life care and there were links with a local hospice that provided practical support and advice to ensure that people received appropriate end of life care. Compliment cards which praised the staff had been sent by relatives whose loved ones had spent the last days of their lives at the home. One relative who had experienced end of life care within the service told us "Amazing, she couldn't have been better looked after. There's such a lovely atmosphere, the staff are all so nice and the place is clean, some others aren't".

Good

Is the service responsive?

Our findings

People and their relatives told us that staff were responsive to their needs. One person told us "The care is tailored to my needs. They answer the bell if I ring, they get the doctor if I need one. They look after me well". Another person said "They look after me well and will respond to what I ask. So no concerns from me". A relative told us "On the whole the care is good, the staff are very kind and caring. They make the effort to get my relative down to the lounge when there is entertainment. The staff have a very person centred care approach, they're always gloved and aproned when they're washing and dressing my relative. Extremely kind".

We saw the staff undertook an assessment of people's care and support needs before they began using the service. This meant that they could be certain that their needs could be met. The pre-assessments were used to develop a more detailed care plan for each person which detailed the person's needs, and included clear guidance for staff to help them understand how people liked and needed their care and support to be provided. Care plans included individual plans for a range of needs including diabetes, communication, skin integrity and mobility and we could see they were reviewed regularly to ensure they reflected people's up to date needs. A daily record sheet was kept in people's rooms and recorded when people had received personal care and had other physical checks including nail checks, mouth care, foot care, glasses cleaned and checks of people's rooms completed.

Paperwork confirmed people or their relatives were involved where possible in the formation of an initial care plan and were subsequently asked if they would like to be involved in any care plan reviews. The care plans were detailed and gave descriptions of people's needs and the support staff should give to meet these. Each section of the care plan was relevant to the person and their needs. Areas covered included; mobility, nutrition, continence and personal care. Information was also clearly documented regarding people's healthcare needs and the support required to meet those needs. For example in one care plan it advised staff to ensure that a person had their hearing aid with them each day. In another person's care plan it detailed that the person liked to hold staff's hands when communicating with them, which gave them reassurance and comfort. Staff completed daily records of the care and support that had been given to people. All those we looked at detailed task based activities such as assistance with personal care and moving and handling. Moving and handling assessments specified how many staff were required to support the person, what equipment needed to be used which included hoists and wheelchairs to safely move people around the home and how staff should encourage people to aid their mobility.

The care plans included their life history, important people in their lives and likes and dislikes. In one care plan it detailed the person liked to have their colouring book and pencils with them each day. In another care plan it informed staff of a person's preference of meals and how they liked to have a medium portion of food. Meeting people's needs and understanding how they communicate is key for older people and people living with dementia. Communication needs were detailed in care plans and one person's care plan contained a communication book which had pictures and words underneath, to assist staff to understand the person's needs. Care records also included a falls booklet which allowed an analysis of tracking falls and incidents, an engagement booklet and a nutrition booklet which had a record of people's weights.

Care plans were reviewed regularly and updated as and when required. People and relatives told us they were involved in the initial care plan and on-going involvement with the plans. One person told us told us they had expressed a view on personal care being given by a female member of staff and this preference was being met. Another person told us "I remember going through my care folder with the nurse, to make sure everything was ok".

People and relatives were aware of how to make a complaint and all felt they would have no problem raising any issues. The complaints procedure and policy were accessible and displayed around the service. Complaints made were recorded and addressed in line with the policy and included a detailed response. Most people we spoke with told us they had not needed to complain and that any minor issues were dealt with informally. One person told us "I've never had to complain so I don't know how they'd deal with it". Another person said "I have no complaints about the home. If I had anything worrying me I can always talk to X (registered manager) and I'm sure she'd sort it out for me".

The home had an activities co-ordinator who spoke enthusiastically about the activities on offer at Rectory House and was knowledgeable about the people living at the home. Keeping people occupied and stimulated can improve the quality of life for a person, including those living with dementia. Activities on offer included bowling, baking, quizzes, exercise and trips out. One person told us "There is a karaoke singing machine now and we have fun with that". Photos of events and activities were displayed around the home as well as a schedule of activities for the coming month. Meetings with residents were held to gather peoples' ideas, personal choices and preferences on how to spend their leisure time. The home also had a resident PAT dog (pet as therapy) Gibbs. The owner who was a member of staff who took the dog around to people each week, people we spoke with spoke fondly of Gibbs and looked forward to seeing him. During the afternoon there was a communion being held in the dining room and games in the lounge. People enjoyed participating in the activities with laughter and smiles and drinks and snacks were also being served.

Staff ensured that people who remained in their rooms and who might be at risk of social isolation were included in activities and received social interaction. There were one to one activities for people who spent their time in bed or preferred to remain in their rooms. The activities co-ordinator told us how they and a colleague went round and visited people who remained in their rooms daily. They told us "One to ones for people include one person later on today who would like to go into the garden and look for daffodils. We also have trips out to including the local garden centre and bowling".

Good

Is the service well-led?

Our findings

People, visitors and staff all told us that they were happy with the service provided at the home and the way it was managed. One person told us "I see the manager most days and she is always happy to help and ask if I am ok". Another person said "I think this home is well run and the manager does a good job". A member of staff told us "It has always been a happy, well run home otherwise I wouldn't have stayed so long".

There was a relaxed and calm atmosphere at Rectory House. The registered manager nurses and staff were supportive and approachable and took an active role in the day to day running of the service. People appeared comfortable and relaxed while talking with the registered manager and staff. Throughout the inspection we saw positive interactions and conversations were being held between people and staff. The registered manager showed great knowledge about the people who lived at Rectory House. We observed people and staff approaching them throughout the day asking questions or chatting to them. They took time to listen to people and staff and provided support where needed. Staff comments included "I find the manager approachable and supportive. If I need to talk to her, she is always available and "I get all the support I need from [name of registered manager]. I am not just saying this because it is our inspection. She is the best manager I have ever had. If I need or ask for help I get it".

Regular audits of the quality and safety of the home were carried out by the registered manager and the provider. These included audits of the environment, care plans, infection control and health and safety. Action plans were developed where needed and followed to address any issues identified. A recent infection control audit highlighted a need for people's call bells to be cleaned. The registered manager had acted on this and ensured the cleaning staff were aware. Feedback was sought by the provider via surveys which were sent to people at the home, relatives and staff. The registered manager showed a great passion about their position and the way the home was managed and how proud they were of the home. They told us how they were always open to improving the service and any ideas and suggestions from people, staff and relatives to improve the home and how people were involved. They told us "We have recently had a staffing restructure and employed clinical leads to support myself and the nursing staff which has made a great improvement. I feel we know our residents well and understand their needs. For example we have one person who needed to improve hydration and we ensure water is presented in a wine glass as they are then happy to drink". They also told us how they had supported a person to travel to Lourdes as part of the diocese pilgrimage. This was attended and supported by the registered manager. They said that this has been one of the person's wishes for many years and felt the team has gone the extra mile in making sure this happened for them.

Staff meetings were held regularly, this gave an opportunity for staff to raise any concerns and share ideas as a team. Recent minutes of staff meetings demonstrated that staff were involved with discussing training, policies and procedures and key working with people. On the inspection we observed a morning meeting which was held by the registered manager. Items discussed were staffing on each floor of the home, people's well being and other issues. Staff told us they found these daily meetings beneficial and enabled them to ensure what they needed to focus on for the day.

There were systems and processes in place to consult with people, relatives and staff. Satisfaction surveys were carried out annually by the provider which gave a mechanism for monitoring people's satisfaction with the service provided. Feedback from the surveys was on the whole positive, and changes were made in light of peoples' suggestions. The registered manager told us that when new staff were interviewed, before they were offered the position they were also interviewed by a resident so that the home gained an insight of the potential new member of staff from a resident's point of view. We spoke with the person who confirmed this and told us they enjoyed this and thought it was a good idea.

The registered manager was aware of their responsibility to comply with the CQC registration requirements. They were aware of the importance of notifying us of certain events that had occurred within the service so that we could have an awareness and oversight of these to ensure that appropriate actions were being taken. They were aware of the requirements following the implementation of the Care Act 2014, such as the requirements under the duty of candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided. Mechanisms were in place for the registered manager to keep up to date with changes in policy, legislation and best practice. The registered manager was supported by the provider and up to date sector specific information was also made available for staff. The registered manager kept their knowledge and skills up to date and attended training provided by the provider and external training courses. They also attended external meetings and studied to gain further qualifications in management and health and social care.