

The Old Rectory Limited

The Old Rectory Nursing Home

Inspection report

Rectory Lane
Capenhurst
Chester
Cheshire
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Tel: 01513397231

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection was unannounced and took place on the 5 and 7 April 2016.

The Old Rectory provides nursing care and accommodation for up to 35 people. At the time of the inspection there were 26 people living at the service. The service is situated in the village of Capenhurst which is six miles from Chester.

The service had a manager who had been registered with the CQC since June 2015. 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.

We carried out an unannounced comprehensive inspection of this service on 12 November 2015. Breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to Regulations 12, 15, 17, 18 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We undertook this inspection to check that they had followed their plan and to confirm that they now met legal requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Old Rectory on our website at www.cqc.org.uk.

The overall rating for this service is 'requires improvement'. This is because, despite improvements having been made, a higher rating requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

The registered provider had failed to display the current rating for the service in line with Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection there were insufficient numbers of staff in place to keep people safe and accidents and incident levels were high. At this inspection we found that there were enough staff on duty to maintain people's safety, and the number of accidents and incidents had significantly reduced.

During the last inspection we found that recruitment records were not sufficient to ensure people were protected from harm. At this inspection we found that the recruitment process was more robust. Applicants provided two references, one of which was from a previous employer, and they had also been subject to a check by the disclosure and barring service (DBS). The DBS helps employers decide whether people are of suitable character to work with vulnerable people.

During the last inspection we found areas of the environment that needed improvement. At this inspection

we found that the boiler had been repaired, and whilst one shower room had been made into a storage room, the other was functioning and was accessible for people's use. The fire service reported that they were satisfied with the changes that had been made.

At the last inspection there were issues around infection control. During this inspection we found the service was free from unpleasant odour, and that bedrooms had been redecorated and carpets replaced with laminate flooring to help maintain cleanliness. Staff used personal protective equipment (PPE) as appropriate to help minimise the risk and spread of infection.

During the last inspection staff were not always supported to complete training required for them to carry out their role effectively. At this inspection staff had a good understanding of the MCA, and had completed dementia awareness training. There was a formal induction process in place for new staff, and the registered manager kept a record of training that had been completed.

At the last inspection there were aspects of the environment that were not suitable for people living with dementia, and the communal space could not accommodate people living within the service. At this inspection we found that people's doors had been decorated to include personalised photographs and pictures that had meaning to them. One of the lounges contained sensory objects such as tactile items and different coloured lights to help stimulate people's senses. A lounge area that had previously been closed had now re-opened to provide more space for people. The dining area remained too small to accommodate all people within the service, however people received appropriate support during meal times and the registered provider had plans in place to have an extension built onto the service.

During the last inspection, people were not always provided with personalised support as outlined in their care records. At this inspection, staff told us that they had more time to spend with people due to increased staffing levels which enabled them to provide people with more personalised care and support.

At the last inspection we observed that people on the first floor received less social interaction from staff than people on the ground floor. During this inspection we saw the activities co-ordinator carried out one-to-one activities with people on a regular basis. Relatives commented positively on the increased social interaction and the support provided by the activities co-ordinator. Staff also confirmed that people had the option of accessing communal areas downstairs using the lift.

At the last inspection we found that the showers on the first floor were out of use therefore people were unable to shower if they wished. At this inspection showers were in working order and we saw evidence of recent use.

At the last inspection people did not always feel that the registered provider listened to their concerns. During this inspection people told us that the registered provider had made changes to improve the service, for example, they had eliminated malodours, and improved the activities available to people.

During the last inspection people told us that they felt the registered provider needed to make more resources available to improve the quality of the service. At this inspection people spoke positively about the improvements that had been made. One person commented; "Efforts to improve the physical environment have been tremendous".

During the last inspection audits were being completed, however action was not always taken to remedy issues identified. At this inspection we found that audits were being completed by the registered manager, and that follow up action had been taken to remedy the issues.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

We found that action was being taken to improve safety.

There were adequate numbers of staff to ensure that people's safety was maintained.

Improvements had been made to the environment to ensure that people's health and wellbeing were maintained.

Whilst improvements had been made we have rated this domain as requires improvement. To improve the rating to 'Good' would require a longer term track record of consistent good practice.

Requires Improvement ●

Is the service effective?

We found action had been taken to make the service more effective.

Staff had undertaken training around supporting people living with dementia, and they had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005.

Improvements had been made to the design and décor of the building to increase the communal space available, and make it more personalised for people.

Whilst improvements had been made we have rated this domain as requires improvement. To improve the rating to 'Good' would require a longer term track record of consistent good practice.

Requires Improvement ●

Is the service caring?

We found action had been taken to make the service more caring.

People were supported to keep their rooms clean and tidy, where appropriate.

People's relatives told us that they were made to feel welcome when visiting the service.

Staff had a good rapport with people living within the service,

Good ●

and treated them with kindness and compassion.

Is the service responsive?

Good ●

We found action had been taken to make the service more responsive.

People felt able to complain and they were confident that their complaints would be listened to and acted upon.

Staff had a good knowledge of people's needs and provided personalised care and support.

People were supported to engage in one-to-one activities or group activities as appropriate.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

The registered provider failed to display their current rating in line with regulations.

Audits were completed to ensure the quality of the service was being maintained.

Resources were made more available by the registered provider to ensure that improvements could be made where required.

The Old Rectory 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.

We undertook an unannounced inspection of The Old Rectory on 5 and 7 April 2016. This inspection was carried out to check that improvements to meet legal requirements planned by the registered provider after our November 2015 inspection had been made. The team inspected the service against all of the five questions we ask about services: is the service safe, effective, caring, responsive and well led. This is because the service was not meeting some legal requirements.

The inspection was carried out by two adult social care inspectors. Prior to the inspection we contacted the local authority safeguarding and quality monitoring teams, neither of which raised any current issues with the service. We also contact health watch, however they had not completed a recent visit to the service. Health watch is an independent consumer champion created to gather and represent the views of the public. They have powers to enter registered services and comment on the quality of care provided. We spoke with the fire service who told us that were happy with the improvements that had been made since our last inspection.

During the inspection we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with three people who used the service and five people's relatives. We interviewed eight members of staff, and spoke with the registered manager and the registered provider. We looked at five people's care records. We also looked at other records relating to the day-to-day management of the service.

Is the service safe?

Our findings

People told us that they felt safe. One person's comments included "I feel very safe here. Staff are great". People's relatives also told us that they felt their relatives were safe. Their comments included, "[My relative] is safe here", "Staff are always visible and on hand to help" and "Without a doubt it's safe here", "My mind is at rest when I go away from here. It's safe".

During our previous inspection in November 2015 we found that there was a breach of Regulation 18 as there were insufficient numbers of staff in place to keep people safe, and there was no formal system in place for determining the number of staff required to safely meet people's needs. There were also a high number of accidents and incidents.

At this inspection we found that there were enough staff on duty to ensure people's safety, and there was a formal staffing tool in place which took into account people's level of dependency to help determine the number of staff required. Staffing rotas indicated that there were consistently five care staff and two nursing staff on duty during the day, and one nurse and three care staff through the night. One person who used the service commented; "Staffing seems to have improved over the past few months". We spoke with staff who also told us that staffing levels had improved, their comments included; "Staffing has definitely improved" and "Staffing is much better, which has improved morale. It's made a lot of difference".

Records indicated that there had been significantly fewer accidents and incidents for January, February and March 2016 when compared with August and September 2015. This indicated that the increased staffing levels had impacted positively upon the running of the service. The registered manager also completed an accidents and incidents audit, which identified where people were at recurrent risk of falls. This allowed the registered manager to take appropriate action, such as requesting support from relevant health professionals.

During our previous inspection in November 2015 we found that there was a breach of Regulation 12 as there were inadequate measures in place to manage risks appropriately. During this inspection we found that risk assessments were in place for people who were unable to use their call bell and that checks were completed on a routine basis to ensure people's safety. We saw an example where the checks for one person had not been documented, however we spoke with a number of staff who indicated that these were taking place. The registered manager told us that they would ensure that these were documented in the future.

At the last inspection people told us that the boiler had not been working for a period of two weeks, which meant that some people did not have central heating in their rooms. At this inspection we found that the boiler was functioning, and one person commented, "The room temperatures are ok now".

Appropriate measures were in place to minimise the risk and spread of infection. Staff had completed training around this, and we saw examples where staff used personal protective equipment (PPE) to prevent the spread of germs. The service was free from any offensive odour and linen was stored appropriately on

newly installed shelves. People's bedrooms had been redecorated with laminate flooring which helped prevent any odours developing. The sluice room on the first floor had been fitted with a functioning sluice, in line with a recommendation made by the infection control team.

During our previous inspection in November 2015 we found that there was a breach of Regulation 15 because efforts had not been made to ensure the safety of the premises. Prior to carrying out this inspection the fire service confirmed that they were satisfied action taken by the registered provider to remedy issues that had previously been identified. The fixed electrical system had been serviced, and that fire drills had been completed on a routine basis. Personal emergency evacuation plans (PEEPs) were also in place for each person, which provided information to staff around what support people would require in an emergency.

The registered provider had failed to complete a check of the water system to ensure that it was free from harmful bacteria, however following the inspection we received confirmation that this had been carried out. Records indicated that water temperatures were being monitored on a routine basis to ensure that they were not too hot or too cold, and water outlets were being checked and maintained as required. This ensured that the environment was safe for people.

During our previous inspection in November 2015 we found that there was a breach of Regulation 19 because recruitment processes did not adequately assess applicant's suitability to work with vulnerable people, which may have placed people at risk of harm. At this inspection we looked at the recruitment files for three of the newest members of staff, and found that this process had improved. New staff submitted an application form which provided details of their previous employment and qualifications. They had also provided the details of two references, one of which was from a previous employer, and had been subjected to a check by the disclosure and barring service (DBS). Staff had been through an interview process which looked at areas such as their previous experience and skills.

Staff had received training in safeguarding adults, and knew the signs and indicators associated with the different types of abuse. Their comments included; "People may have bruising which could be a sign of physical abuse", "People may be withdrawn, or there may be a change in their behaviour". Staff were also aware of how to report their concerns, and told us that they would feel confident in doing so. The registered manager liaised with the local authority on a monthly basis to discuss any safeguarding issues, in line with the local authority's safeguarding procedure. The registered provider had an up-to-date policy and procedure in place around safeguarding which was accessible to staff.

People were supported to take their medication as prescribed. Medication was stored in a secure room that was locked when not in use. Controlled medication was kept in a locked cupboard and records were kept of the quantities being stored. There was a medication audit in place to ensure that the correct quantities were being held, and to ensure that medicines had been appropriately administered. This was carried out by the clinical lead who was a registered nurse. Nursing staff used medication administration records (MARs) to document when medication had been administered. Nursing staff wore a red tabard when carrying out medication rounds, which let staff know that they were not to be disturbed. This minimised the likelihood of a mistake happening.

Is the service effective?

Our findings

People's relatives told us that they felt staff were good at their job. Their comments included; "The carers are all very good. I can't fault them", "The standard of care is very, very good" and, "The house is always clean and [my relative's] clothes are always in good order".

During our previous inspection in November 2015 we found that there was a breach of Regulation 18 as staff had not been supported to access training necessary to carry out their role. At this inspection we found that staff had completed training in dementia awareness and the Mental Capacity Act 2005 (MCA). Staff had a good understanding of the MCA, and were clear about their roles and responsibilities in relation to this. Their comments included; "I always make sure I give people choices", "The law says that we need to assume capacity. Some people are unable to make some decisions so a decision needs to be made in their best interests. It's important to choose the least restrictive option". This meant that staff knew how to ensure people's rights and liberties were protected. People's care records contained mental capacity assessments, and there was evidence that best interest decisions had been made where people had been unable to make their own decisions.

There was an induction process in place for new members of staff which included a period of shadowing experienced staff, and completing training in areas such as infection control and manual handling. Staff had also been supported to undertake the care certificate, which is a set of national minimum standards. This helped ensure that new members of staff had the skills and knowledge required to carry out their role.

During our previous inspection in November 2015 we found that there was a breach of Regulation 15 as the premises did not meet the needs of the people using the service. At this inspection the main lounge was being used as a thoroughfare to access other parts of the building, however the registered provider had altered previous plans to turn one of the lounge areas into a bedroom which meant that the communal areas could now accommodate the people living within the service. This helped reduce the risk of people becoming isolated, because it ensured there was sufficient space for people to spend time in the communal areas if they wanted to. One of the lounges was used as a sensory room, and included tactile objects for people hold or touch. There were also coloured lights and a bubble machine to help stimulate people's senses. At the last inspection the television in one of the lounges was very small and difficult to watch. This had been replaced with a larger television.

The dining area was small and could only comfortably accommodate up to nine of the 26 people living within the service. The registered provider showed us architectural plans that had been drawn up to include an extension which would increase this space. During lunch time some people sat in the dining room, whilst other people were provided with put-up tables to eat their meals off, which were put away after lunch was over. One person commented; "I enjoy eating in the lounge. This is my favourite spot".

Corridors had been redecorated, and people's doors had been personalised to include pictures of things they liked and enjoyed. For example one person's door included a photograph of family members, whilst another displayed the logo of their favourite football team. This helped people to identify different areas of

the building

Staff offered their support to people where they appeared to be struggling with eating their food and prompted people to eat and drink sufficient amounts. Alternative meals were offered to people where they did not like the options available. Music was playing in the lounge areas and dining room, and there was a lot of discussion between people and staff during lunch time which created a sociable and relaxed atmosphere.

At the last inspection we found an example where one person had not been referred to the dietician despite having lost 6.8kg of weight. During this inspection we tracked the person's care and found that their weight had increased and they had been referred to the dietician immediately after our last visit.

The registered manager kept a record of those people who were at high risk of malnutrition, which included details of their weight and body mass index (BMI). Clear guidance was available to staff around when it would be appropriate to keep more detailed information around people's dietary intake on a daily basis. Records for people at high risk of malnutrition showed that this was being done. Regular support was sought where people required input from the GP or dietician where required.

At the last inspection we found that the registered manager did not keep track of staff supervision. During this inspection we found that a record was now being kept, which helped ensure that staff received this. Staff confirmed that they received supervision and that they found this to be helpful. Supervision allowed staff the opportunity to discuss any issues with the registered manager, along with areas of further development. Records were kept which confirmed supervision had taken place on a routine basis.

Is the service caring?

Our findings

People told us that staff were kind and supportive, their comments included; "Staff are lovely" and "Carers are fantastic. They care". People's relatives also made positive comments about staff and the support they gave, their comments included; "Staff seem to love the residents, they work very hard", "Carers are very good", "Staff go above and beyond to make sure people are ok", "Staff are so respectful", "[Name] is so well looked after by staff. The care is very good" and "This place has got soul. It's not a palace, but it's a home".

At the last inspection we found that people's dignity was not always respected. During this inspection we found people's rooms to be clean and well presented and staff gave examples of how they would ensure people's dignity and respect was maintained. Their comments included; "I make sure people are covered when helping them wash or go to the toilet" and "I make sure the door and curtains are closed". We saw examples where staff ensured that bathroom and bedroom doors were closed whilst attending to people's personal care needs to maintain people's privacy. One person told us, "Staff are very respectful of my wishes when helping me wash and dress". Records containing personal information were stored in a locked office, which helped to ensure people's confidentiality was maintained.

Throughout the inspection we observed examples where staff were kind and compassionate towards people who used the service. In one instance a member of the kitchen staff came out the kitchen to talk with people in the lounge and was having a joke with them. During meal times there was a lot of laughter in the dining room between staff and people, and it was apparent that a good rapport had been developed. Staff spent time sat with people, they kept people company and helped to calm them if they became anxious or upset.

Staff gave explanations to people about the support they were providing. For example, during lunch time we observed a member of staff ask one person if they needed support. They sat with the person, and explained to them that they were going to help them to eat their food, explaining what they were doing as they did so.

Staff had a good knowledge of the people they supported. One person's relative commented; "All of the staff are able to give an update on my relative's care. They always know which lounge they are in, and whether they have slept or eaten well". Staff spoke knowledgeably about the people who used the service, and they gave a detailed account of the support people required. One staff member gave an example where one person preferred to be supported by male carers. We spoke with this person who confirmed that staff tried their best to accommodate this.

People's relatives told us that they were made to feel welcome when they visited. Throughout the inspection we observed people sat with their relatives in communal areas and their bedrooms at various times of the day. Relatives told us that they were made to feel welcome, and that they were given the option of having a hot drink when they visited. One person's relative commented, "We're given a cup of tea and made to feel very welcome when we come".

People were supported with their religious and spiritual needs. People's care records contained information

about their religion and whether they were practicing or non-practicing. We spoke with one person who confirmed that they received holy communion on a weekly basis. During the inspection the chaplain visited the service and spoke with people in the communal areas.

The registered manager confirmed that there was no one who used the service who required the support of an advocate. However the registered manager and other members of staff knew when it would be appropriate to seek support from the local advocacy service. An advocate acts as an independent person to help people express their needs and wishes, as well as assisting people to make decisions which are in their best interests.

Is the service responsive?

Our findings

During our previous inspection in November 2015 we made a recommendation that people be given more choice and control over their care, and that activities were made available to all people within the service. During this inspection staff told us that staffing levels had increased, which meant that they were able to spend more time with people. Throughout the inspection we observed staff spending time talking with people. People also commented that increased staffing levels had impacted positively on the staff response to call bells. One person commented; "I've no complaints. Things are much improved here".

At the last inspection some people commented that there were not enough activities, and we observed that not all people were receiving enough social stimulation. At this inspection records indicated that the activities co-ordinator had been spending one to one time with people throughout the service. There was an activities co-ordinator in place who had developed a weekly activities plan, however this sometimes changed based on people's preferences. On the day of the inspection the activities co-ordinator had been out in the garden with some people doing gardening. We saw posters which showed there had been a recent cream tea afternoon and a cheese and wine evening, along with an Easter themed party where people had been given an Easter egg. One person we spoke to described the activities as "fun".

At the last inspection we had concerns that not all people were being given the option of accessing the communal areas. During this inspection we spoke with the staff who informed us that everyone was given this option, however where they were unable to, the activities co-ordinator would spend time with them doing one-to-one activities. One person's relative commented, "The activities co-ordinator goes up and talks to [name]. It's improved. Before staff didn't seem to have time".

At the last inspection we were told by the registered manager that people on the first floor were not offered the option of a bath or a shower, and were supported to have a wash in bed. During this inspection we found that the hoist had been removed from the shower room and that this was being stored in a new store room. The shower was functioning and had been used by people. Staff confirmed that people had been offered the choice of having a shower and records confirmed this.

At the last inspection we found that people's care needs were being reviewed, however this was not being appropriately documented, which made it unclear when the next review was taking place. At this inspection we found that reviews were now being appropriately documented. During this inspection we found examples where some reviews had not been completed. We drew these to the attention of the registered manager so that this could be rectified.

At the last inspection people's relatives told us that they did not feel that the registered provider would take on board all of their concerns. During this inspection people told us that the registered manager and the registered provider had been responsive to their concerns, their comments included; "My impression is that concerns are being dealt with", "They've changed the flooring to improve the smell. It's much improved now", "There's more staff. It's better". At this inspection the complaints policy was displayed on the wall at the entrance to the building. The registered manager told us that no complaints had been received.

At the last inspection we saw that the most recent report by Health Watch had drawn attention to the exterior of the building due to a large plant growing from the roof, and pot holes in the drive leading to the building. These concerns were also echoed by people's relatives. During this inspection we found that work had been done to the exterior of the building and had remedied these issues.

Is the service well-led?

Our findings

People commented that they knew who the registered manager was and that they would feel confident in approaching her. People's relatives spoke positively about the registered manager and the registered provider, their comments included; "The manager and provider are about quite often, particularly the manager", "Yes I know the manager and would approach her with any issues" and "I know the manager. Yes she's visible within the service". One person's relative told us, "I would definitely recommend this place to anyone". Staff commented that their morale had improved because of changes made by the registered provider, particularly around staffing. One member of staff commented; "Staffing is much better which has made a difference. Things are much better and everyone seems happier".

There was a manager in post who had been registered with the CQC since June 2015. However at the time of the inspection the registered manager had handed her notice in. The registered provider had identified a replacement, who was due to become manager following the registered manager's departure. This meant that since 2012 there had been four managers in post within the service.

During our previous inspection in November 2015 we found that there was a breach of Regulation 17 because there were ineffective systems in place to monitor and improve the quality of the service. At this inspection we spoke with people who commented that improvements had been made and were still underway. Their comments included; "Efforts to improve the physical environment have been tremendous", "The décor is much improved" and "There's more staff now. It's better". One member of staff also commented, "I've been frustrated over the flow of resources, but now they're much more forthcoming", whilst another told us, "The provider is much more visible. We all have their number to contact if there's an issue".

At the last inspection we found that the registered manager did not have a formal action plan in place to ensure that improvements identified by external agencies such as infection control and the fire service, were rectified. Prior to this inspection we spoke with the fire service who told us that the registered provider was now compliant with their recommendations. During this inspection we saw that the registered manager had addressed all the concerns raised by the infection control team.

During the last inspection the registered provider had closed one of the lounge areas and was changing this into an additional bedroom, without considering the impact this may have on people's social wellbeing. At this inspection we saw that this space had been reopened as a sensory room. Staff told us that they felt this had impacted positively on the atmosphere within the service. One staff member commented, "We told managers we didn't think they should close the lounge. Now it's reopened I think it's much better for people".

At the last inspection we saw that audits were being completed however, follow up action was not always taken to rectify the issues identified. During this inspection we found that the registered manager completed a number of audits which included accidents and incidents, people's weights and care records. These records indicated that follow up action had been taken, for example people had been referred to the GP and

dietician where required, or changes had been made to care records. We found one example where alterations had not been made to a person's care record, which the registered manager then rectified.

At the last inspection we found follow up action had not been taken to make improvements based on people's feedback. At this inspection we found that previous areas of concern had since been addressed. People's relatives confirmed that they had the option of attending feedback groups, and commented that they felt their feedback was taken on board.

The registered provider has a legal responsibility to ensure that ratings awarded by the CQC are clearly displayed, where they can be seen by people. At this inspection we found that the registered provider had failed to display the ratings from the last inspection, and still had the ratings from the previous inspection on display. We directed the registered manager to the relevant information to ensure that they were clear of their responsibilities.

This is a breach of Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the registered provider had failed to display their current rating.