

The Old Rectory Residential Home Limited

The Old Rectory

Inspection report

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15 November 2017

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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

This unannounced inspection took place on 13 and 15 November 2017. The Old Rectory provides accommodation for up to 26 people. People who used the service had physical health needs and/or were living with dementia. At the time of our inspection, 14 people were using the service.

There was 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.

At the last inspection on 13 March 2017, we asked the provider to take action to make improvements for risk management, assessing capacity to consent, providing personalised care and management systems. Some of these actions were completed and others required some further improvement.

Some risk assessments had been put in place and staff understood how to support people safely. However, not all risk was considered and learning from when things go wrong was not always implemented. People were not always supported to have maximum choice and control of their lives and staff did not always understand the safeguards in place to support them in the least restrictive way possible. We made a recommendation about improving risk management and one about improving staff understanding around restrictions made in people's best interests.

Management systems had been implemented and actions were taken when areas for improvement were highlighted. Further management systems were in development to fully embed quality improvement; for example care plans audits.

There were improvements in the monitoring of people's food and fluid to ensure that they remained well. The provider had good links with other organisations and healthcare professionals to maintain people's health. They also developed effective relationships with external organisations to improve standards.

People's care plans had been improved to include personal preferences and staff understood how to meet these. People were engaged in activities and leisure pastimes and a record of their life histories assisted with planning these.

Staff had received the training they needed to enable them to support people well. There were systems in place to assess their competency. They also had regular appraisals.

People had caring, supportive relationships with staff. They ensured that people's dignity and privacy was upheld. They knew people well and understood how to comfort them if they were distressed. There were enough staff to meet their needs promptly and keep them safe. Safe recruitment procedures were followed.

The environment was planned to meet people's needs and there were effective infection control processes in place.

Visitors were welcomed at any time. People and relatives knew the registered manager and felt there was an open door policy where they could raise concerns. There had been no complaints received.

This is the second consecutive time the service has been rated Requires Improvement under this registration.

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 not consistently safe. Risks to people health and wellbeing were not always assessed or reviewed when things went wrong. People were protected by staff who knew how to keep them safe from harm and how to report any concerns. They received their medicines as prescribed and there were systems in place to store them securely. There were sufficient staff to ensure that people were supported safely. Safe recruitment procedures had been followed when employing new staff. There were infection control procedures in place.

Requires Improvement ●

Is the service effective?

The service was not consistently effective. People's capacity to consent to some decisions were not always considered and staff didn't have knowledge about legal safeguards which were in place. Staff received training and support to enable them to work with people effectively. People were supported to maintain a balanced diet and records were kept when needed to ensure that they had enough food and fluid. Effective partnerships with healthcare professionals ensured that people had their health monitored. The environment was planned to meet people's needs.

Requires Improvement ●

Is the service caring?

The service was caring. Staff had caring, respectful relationships with the people they supported. People were supported to make choices about their care and their privacy and dignity were respected and upheld. Consideration was given to people's cultural needs and human rights. Relatives and friends were welcomed to visit freely.

Good ●

Is the service responsive?

The service was responsive. Care was planned to meet personal preferences. People were encouraged to pursue and develop interests and hobbies. There was a complaints procedure in place.

Good ●

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.
There were some effective quality improvement systems in place and further ones being implemented. People and relatives knew the manager well and reported that they were approachable.
The staff team felt well supported and understood their responsibilities.

The Old Rectory

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.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of safe, effective, responsive and well led to at least good. We discussed the improvements that they had made when we completed this inspection. We had also taken action against the provider because they had not displayed their inspection ratings on their website as required. We have served a fixed penalty notice for failing to meet this standard and the provider has paid the fine.

At this inspection we found that improvements had been made but some further improvements were required. We found that risk management and meeting the requirements of the Mental Capacity Act (2005) had improved and the provider was no longer in breach of the regulation. However, we have made two recommendations for further improvement.

We found the provider had made improvements in training and developing staff and in recording people's preferences in care plans. We also found they were providing activities and suitably recording and monitoring how much people ate and drank. We saw that the management systems of the service had been developed and that further improvements were planned.

The Old Rectory is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The Old Rectory accommodates 24 people in one building and has accessible gardens for people to use.

This inspection site visit took place on 13 and 15 November 2017 and was unannounced. It was completed by two inspectors across both days.

The inspection was also informed by feedback from the local authority contracts management team. We used this information and knowledge from notifications to formulate our inspection plan.

On this occasion we did not ask the provider to send us a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. However, we gave the provider the opportunity during our inspection to share this information with us.

We used a range of different methods to help us understand people's experiences. People who lived at the home had varying levels of communication. We spoke with four people and also observed the interaction between people and the staff who supported them throughout the inspection visit. We also spoke with five people's relatives about their experience of the care that the people who lived at the home received.

We spoke with the registered manager, the provider, two senior care staff and two care staff. We reviewed care plans for five people to check that they were accurate and up to date. We also looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement. We looked at the accident and incident monitoring, the maintenance and environmental checks and some procedures including complaints and managing medicines.

The provider was implementing new technology in the service to have an online quality monitoring system and so some of the management information was not available during the inspection visit. We asked the provider to send us additional information which they did within the required timeframe. This included additional audits and assessments such as fire risk assessment and infection control audits. It also included records of training, supervision and recruitment for four staff as requested.

Is the service safe?

Our findings

At our last inspection we found that risks to people were not always assessed and managed to reduce the risk of harm. At this inspection we found that some improvements had been made. One person told us, "I can walk on my own with a frame; but the staff watch me and make sure I am not unattended in case I am unsteady". Staff we spoke with understood how to support people safely. We saw that some risk assessments were in place for people and followed by staff; for example, we saw that some people were assisted to move by staff in line with their plan. We also saw that staff supported people who were anxious or distressed in line with an individual plan for them. For example, distracting the person by starting a conversation about their family. However, we also found areas where improvements were required. We saw that some other risk assessments were not up to date and some were not in place. For example, one person had sore skin from pressure before they recently moved into the home. Staff we spoke with understood that the person needed to be moved at night to reduce the pressure on their skin but could not say if they should be moved to reduce pressure in the day. We saw that they sat for a period of more than four hours in one position. There was no risk assessment in place or plan to say how often the person should be moved to reduce the risk of sore skin recurring. Another person had a risk assessment in place which detailed how to move them safely after an injury. We observed that the person was not moved according to this plan. When we spoke with the registered manager they described how the person's condition and independence had improved and confirmed that the risk assessment was no longer relevant. When we spoke with them they recognised that the risk assessment needed to be updated. This demonstrated that the systems in place to assess and monitor risk were not always regularly reviewed.

There were systems in place to review these when things went wrong. We saw some actions had been taken to reduce the risk of repetition; however, not all incidents were considered. For example, falls and accidents were recorded when they happened and analysed on a regular basis. However one person had two incidents occur when they were out independently. Their risk assessment for this was not reviewed with them to consider how the risks could be reduced after each incident had occurred.

We recommend that risk management systems are reviewed to ensure that all risks are considered and that risk assessments are up to date and take account of any accidents or incidents that have occurred.

People received their medicines as prescribed and when needed. One person said, "I take all of my tablets in the morning and the staff are very well organised with it. It has been set up with the pharmacist and my doctor". We observed that people were given their medicines individually and that time was taken to explain what it was for. Some people had medicines prescribed to take when needed; for example, for pain relief or to reduce anxiety. Staff we spoke with knew when people required additional medicines and could describe this to us. We saw that there was also clear and detailed guidance available to support them. Records were clear and administration was recorded in a detailed way. Medicines were stored in locked trolleys and managed safely to reduce the risks associated with them.

Staff understood how to recognise and report suspected abuse. People we spoke with told us that they felt safe. One person said, "I feel safe and I have never seen or heard anything bad like shouting". One relative

we spoke with told us, "The staff are lovely and have a way of speaking with people which keeps them calm and means the home has a friendly atmosphere; there is never any trouble". Staff knew what signs of abuse could be and told us how they would report any concerns. One member of staff said, "Safeguarding is about ensuring people's safety and if there was any abuse I would report it to the manager. If I was still worried I would report to the local authority". We spoke with the provider who told us that they had liaised with the safeguarding authority to resolve any concerns raised.

There were enough staff to meet people's needs safely. One relative we spoke with said, "I think there are enough staff. I don't see people waiting for help and if anyone asks for assistance staff get to them in a reasonable time". We saw that staff were always available in the communal areas to meet people's needs. The registered manager told us that some care staff were covering kitchen duties while a new cook was recruited. They said, "Either I do it or two other care staff who both have food hygiene qualifications and are confident cooks. They are additional staff on the rota when they are in the kitchen". We reviewed staff rotas and saw that this was evidenced on them. This meant that the provider ensured that there were sufficient staff to meet people's needs.

Infection control procedures were in place to ensure that people were kept safe from harm. One member of staff told us, "I do go into the kitchen to prepare tea. I have done food hygiene training and so I am aware that I should wear an apron and a hat and about washing hands. We have different coloured aprons for being in the kitchen and when we are supporting people so that we cannot get confused and spread infection". One healthcare professional told us, "This home is always clean with no odour. Staff always wear protective equipment when they are assisting me to support people. I know they haven't had any outbreaks of infection which evidences good measures in place". We saw that there was a very good hygiene rating from the food standards agency which demonstrated that food was managed well. There were also regular infection control audits and reviews in place.

The provider followed recruitment procedures to ensure that staff were safe to work with people who used the service. One member of staff we spoke with told us that they had DBS checks before they started work. The DBS is the national agency that keeps records of criminal convictions. Records that we reviewed confirmed that these checks had been made as well as references from previous employers.

Is the service effective?

Our findings

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. At our last inspection we found that the provider was not compliant with the Act because people did not always have capacity assessments in place for some decisions. At this inspection we checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that some improvements had been made and some further improvements were required. We saw that when people were unable to make some decisions for themselves that the provider had considered their capacity and made decisions in their best interest. However, they had not recognised all of the restrictions that people had to ensure that they were safe. For example, a gate on the stairs and sensor mats which alert staff when people stand on them. Some people had representatives who had legal responsibilities for them, for example, in relation to their finances and this was not recorded as part of the best interest decision making process.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether any conditions on authorisations to deprive a person of their liberty were being met. We saw that one person had an approved DoLS which had a condition on it. When we spoke with staff they were not able to tell us who had a DoLS in place and were not always aware of any conditions. One member of staff said, "I don't know who has a DoLS; I would need to ask the manager". We saw that the provider had set up a system to ensure that the condition was met because staff recorded when the person was encouraged to participate in activities. However, staff did not always understand the principles of what this meant for the person in terms of restricting the person's liberty and why the safeguard was in place. Staff told us and records confirmed that they had attended training in MCA. When we spoke with staff about the training and how the MCA impacted people they supported they were not all able to explain it. This demonstrated to us that the provider had not fully considered how effective the training had been to ensure they were complying with the MCA.

We recommend that the provider reviews the competence of their staff in understanding the requirements of the Mental Capacity Act in general, and the specific requirements of the DoLS to ensure that people are supported in line with the Act.

At our last inspection we found that staff did not always receive the training they needed to do their jobs well and at this inspection we found that this had improved for other aspects of training aside from MCA. When we spoke with staff about the training they received they told us that they felt that they had enough to support people well. For example, one member of staff told us how they were trained to understand how to move people safely and what equipment they would use. We spoke with the registered manager who told us how they had developed staff's skills in moving people safely since completing a qualification which meant that they could train staff in it themselves. They said, "It is better because I can tell them and show

them about individual people's needs. I can also check their competence to ensure that they are doing it correctly". Records that we reviewed confirmed that staff's competency was checked and that they had completed all of the training required.

People had enough to eat and drink and there were systems in place to monitor them if they were at risk. This was an improvement since the last inspection. One social care professional we spoke with told us, "When the person I support moved here they had lost weight but we are really pleased that they have now put weight on. Their weight is regularly monitored". A relative told us, "[Name] has put weight on since moving here and is weighed regularly". We saw that records were kept of people's food and drinks if needed so that they could be monitored.

People had good meals and were offered a choice. One person said, "I like the food and there is always a choice". One relative told us, "The food looks and smells nice and there are always good size portions". Some people required specialist diets and staff we spoke with were knowledgeable about this. When people required support to eat this was given in a respectful manner. People were offered drinks throughout the day of the inspection visit. One person said, "There is always plenty of tea". This meant that the provider ensured that people had enough to eat and drink and maintained a balanced diet.

People's needs were assessed and outcomes were clear, including working to best practice. For example, there was guidance for staff about supporting people who took warfarin so that they understood the impact this could have on their health or in an emergency. The provider worked in partnership with other organisations to ensure that people's needs were met. One member of staff said, "The district nurses check the person's blood and we follow the amended plan and dosage that they put in place for taking the warfarin". One health professional told us, "The staff and the manager communicate well with us and refer appropriately. They are proactive in working with us to meet people's needs".

People had their healthcare needs met. People we spoke with told us about regular appointments with nurses, opticians and chiropodist. One relative told us, "When my relative was not well they took immediate action to ensure they were seen by a doctor and kept us informed". On the day of the inspection one person told us that they felt unwell and when we spoke with the registered manager they had already called the GP for advice. The provider told us that the G.P came for a regular visit monthly and that they were also responsive to visit people if there was an urgent need. Records that we reviewed showed that people's healthcare was monitored and reviewed. This meant that people were supported to maintain good health and to access healthcare services.

The environment was planned and adapted to meet people's needs. One relative told us, "It is a lovely environment and they constantly upgrade and redecorate". There was work in progress during the inspection visit and the provider explained that they were replacing the flooring with a non slip vinyl to reduce the risks of people falling and also to be able to clean it more efficiently. One member of staff showed us the garden that people could use and described who went out independently on nice days and who required support. This demonstrated to us that the provider ensured that the environment was adapted for people.

Is the service caring?

Our findings

People had caring relationships with the staff who supported them. One person told us, "The staff are kind and respectful". One relative we spoke with said, "The staff are really good with people. I have seen them get down beside people to comfort them when they are distressed. It is kind". We saw that the staff knew people well and we observed that they comforted people. For example, one person spent time with staff on their own in a different room until they felt less distressed.

Staff knew people's life histories and their families. We saw that when families visited they were greeted warmly and updated on the person's wellbeing. One relative told us, "We can now come to visit at any time and that is a great improvement". Another relative said, "We like it because it has a warm and homely atmosphere".

People's dignity was promoted and they were treated with respect. One person we spoke with told us, "I have a key for my own room which is important to me". A relative said, "[Name] is always nicely presented in the clothes that they choose". People's choices around equality and diversity were considered and respected. One member of staff told us how one person was supported to make choices about their clothes and presentation which staff supported them with and the other people at the home accepted without comment because they understood the person's preferences. Another person's cultural needs were considered and arrangements were made to ensure that they had meals which met cultural preferences. One member of staff was also able to have some social conversation with them in their first language and we saw that this made them smile.

People were involved in making choices about their care. We saw that some people chose to stay in bed later and this was respected. We saw that people were asked where they wanted to have a meal, if they required assistance with it and which drink they wanted. Some people saw an advocate regularly to assist them to make their own choices. An advocate is independent of the service and will speak for them if needed.

Is the service responsive?

Our findings

At our last inspection we found that people were not always provided with activities based on their interests and at this inspection we saw that this had improved. One person we spoke with said, "I like reading and doing puzzles and the manager bought me some puzzle books. We also play some games and that keeps me busy". One relative told us, "When my relative moved in they asked me to fill in some information about them; including what they like to do and their life history and background. I know they put some cowboy films on the TV for them". The provider showed us records that had been completed for people which included their interests.

We saw that people did take part in activities that were provided; for example, games and a quiz. Some people had a daily newspaper and liked to read that in a quieter space. Other people told us that they liked to spend time talking with their friends and watching television. One relative said, "They have entertainment sometimes and the church comes for services. I know my relative isn't religious and doesn't join in but a lot of people do".

People had care plans in place which described their preferences for support; this was an improvement since the last inspection. Staff understood people's preferences and supported them in line with it. One member of staff said, "We read the care plans for information". Another member of staff said, "We have a handover at the end of the shift where we discuss how everyone is". We observed the handover meeting and saw that there was a record kept of the discussions. It included any changes in people's wellbeing and appointments etc. that they had. This showed that the provider planned personalised care with people and that they monitored when their needs changed and altered care to address this.

People and their relatives knew how to complain if they needed to. One person told us, "I haven't ever thought to but I could speak to the manager if I needed to". We spoke to the registered manager and to the provider who told us that the complaints procedure had been updated since the last inspection and that they had also added a suggestions box in the reception. We saw that no complaints had been received since the last inspection but that the procedure was in place.

There was nobody being supported at the end of their life when we visited and so we did not inspect this at this time.

Is the service well-led?

Our findings

At our previous inspection, we found that improvements were required to ensure that the service was well led. At this inspection, we found that some of the improvements had been made and some further improvements were required to demonstrate that quality improvement systems were fully embedded and could evidence sustainability to drive improvement.

After the last inspection the provider failed to display their rating on their website and in a conspicuous position within the service in line with their registration. At this inspection we saw that the rating was not displayed in the home and we asked the provider to do so. They did then display the rating in the home on the day of the inspection visit as requested.

When we undertook this inspection visit we asked the provider to supply us with evidence which demonstrated that the required improvements had been made. They were able to demonstrate improvements since the last inspection to show that they were no longer in breach of regulation. For example, they had reviewed policies and procedures for complaints and safeguarding. There was a registered manager in place and they now complied with the requirements of their registration. They had ensured that we received notifications in line with their registration with us and were no longer in breach of this regulation. At the last inspection we saw that there were restricted visiting times and this had now been lifted. One relative told us, "At one point there were restricted visiting hours but there aren't now. Its better now; a great improvement".

The provider demonstrated that they worked in partnership with other agencies effectively. After our last inspection the provider had an action plan review with the local authority contracts monitoring team. The provider told us that they had fulfilled the actions set in this plan and we saw evidence that it was being followed.

The provider showed us that they had invested in a new management system which was in the process of being implemented. They said, "It will be more efficient because as you input the information it will provide an action plan for you to follow". We saw that some audits and assessments were completed and were effective. One member of staff who was administering medicines told us, "The manager checks the medicines administrations records and if there are any gaps they will follow up with you". We saw that infection control audits and environmental checks highlighted when improvements were required and that these were then completed. There were further improvements required. For example, the information in care plans was not always consistent and some risk assessments were not up to date. The provider stated that their new system would include care plan audits and a full service development plan. This demonstrated to us that some quality improvement systems were established and that the provider recognised where further development was required.

Relatives felt able to raise concerns and give feedback through an open door policy. One relative we spoke with said, "I can ask the manager or the provider any questions and go into the office any time. I have no concerns with how they communicate with us". Another relative said, "The provider communicates well

with us". The provider told us that they didn't hold relatives meetings because they were a small home and relatives were encouraged to call in with any concerns.

Staff were supported to do their jobs well. One member of staff said, "I can't fault working here. There is a friendly atmosphere and good management presence and support". Another member of staff said, "They communicate well with us and I feel supported". Staff told us that they had regular appraisals and we saw records that confirmed this.