Allen Heath

The Old Rectory

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection was unannounced and took place on 14 April 2016. The service was registered to provide 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 13 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 our last inspection on 18 August 2015 we asked the provider to make improvements to ensure people who used the service were protected from avoidable harm or risk of harm. This was specifically in relation to the environment. At this inspection, we found that the provider had made, and was in the process of making improvements to the home. By doing this, the risks identified previously were minimised.

We had also asked the provider to make improvements in how individuals care needs were planned and assessed. At this inspection we saw that some improvements had been made however we saw information was missing that would have assisted staff to understand and respond to people's care needs better.

The provider had not been effective in the use of the audits to identify improvements that were needed. We asked them to make improvements so they had an effective and consistent way of analysing incidents and accidents to identify emerging trends. At this inspection we saw that some improvements had been made. However we did not see that an overall analysis of trends took place which would have brought each piece of individual information together.

People were not always supported to make choices. When they were unable to make decisions, it was not clear how the provider had acted in their best interests. The home environment lacked signage to enable people to find their way around the home. People enjoyed the food and were supported with their nutritional needs, but the meal time experience was not a positive one for everyone.

People's interests and hobbies were not always considered and there was little stimulation for people. Not everyone was aware how they could raise concerns and the way of doing this was not accessible to all the people who lived there.

We found that people were protected from harm and staff were aware of the different types of abuse that could happen and were confident in how to raise any concerns. Risks were managed and there were enough staff to keep people safe. Medicines were managed safely. Staff had the knowledge they needed to support people and people were supported to maintain their health.

People were treated with kindness and their dignity and privacy were promoted and respected. People were

encouraged to be independent and when possible were enabled to make choices and have some involvement with the planning of their care. Visitors were made to feel welcome.

There was a visible management presence and people spoke positively about the overall culture of the home.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

The home environment was clean and safe. People told us they felt safe and staff demonstrated they knew how to protect people from harm. Risks to individuals were assessed and these were reviewed when needed. There were enough staff to meet people's needs and keep them safe. The provider recruited staff in a safe way and people's medicines were managed safely.

Is the service effective?

Requires Improvement

The service was not always effective.

People were not always supported to make choice and when they were unable to make decisions, it was not clear how the provider had acted in their best interests. The home environment was not adapted to enable people to find their way around. People enjoyed the food and had their nutritional needs monitored, but the meal time experience was not a positive one for everyone. Staff had the knowledge they needed to support people and people were supported to maintain their health.

Is the service caring?

Good

The service was caring.

People were treated with kindness and their dignity and privacy were promoted and respected. People were encouraged to be independent and were enabled to make choices and have some control in their lives. Visitors were made to feel welcome.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Some improvements had been made to the care records, but important information was missing that would enable staff understand people's care needs better. People were unoccupied for periods of time and there was a lack of stimulation for people. People were not always aware how to raise concerns or make complaints.

Is the service well-led?

Requires Improvement

The service was not always well led.

Audits were not completed consistently to identify trends and drive continuous improvement. The provider did not actively seek out people's views to learn from these and develop a service which was reflective of people's wishes and encouraged ongoing improvements to the service. There was a visible management presence, but some people were not clear about their roles.

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.

This inspection visit took place on 14 April 2016 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. Their area of expertise was with older people and people living with dementia.

We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information we had received from the public. We also spoke with the local authority who provided us with current monitoring information. We used this information to formulate our inspection plan.

We also had a provider information return (PIR) sent to us. A PIR is a form that asks the provider to give some key information about the service. This includes what the service does well and improvements they plan to make.

We spoke with six people who used the service, three relatives, three members of care staff, the cleaner, the registered manager and the provider. We also spoke with two visiting professionals. Some people were unable to tell us their experience of their life in the home, so we observed how the staff interacted with people in communal areas.

We looked at the care plans of five people to see if they were accurate and up to date. We were unable to review any staff files as they had been taken to the company office for payroll changes to be completed. We were therefore unable to see the records about how staff were recruited and how staff were trained and supported to deliver care appropriate to meet each person's needs. However we did speak with staff about this. We also looked at records that related to the management of the service including the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive

improvement.

Good

Is the service safe?

Our findings

At our previous inspection, we found the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to make improvements to ensure they had done all that was reasonably practicable to prevent avoidable harm or risk of harm to the people who used the service. This was specifically in relation to the environment. At this inspection, we found that improvements had been made. We saw that cleaning took place when needed and that there was a rota to ensure each room was deep cleaned regularly. We saw that the toilet floor was cleaned promptly after there had been an accident. The cleaner told us they had a good supply of cleaning materials required to do the job. However, we did see there were still no paper towels or other means of drying hands in the bathrooms and bedrooms we visited. They told us that sometimes there was a delay in getting these supplied after they had been ordered. One person told us, "The home is clean; and the bedding is changed regularly." We also saw the provider was in the process of re-decorating the home. Some areas had been completed and others were being done. Work was in progress in the dining room and part of this area had been screened off to deter people from entering. We saw that radiators had protective covers to prevent people from potentially burning themselves on the hot surface.

People told us they felt safe. One person said, "There's lots to keep me safe, if I need support the staff are there for me." Another person told us, "Yes, I am safe. It's an organised home." Relatives also felt people were safe. They told us, "I know my relative is well looked after all the time." Another said, "Yes, I feel they are safe and well looked after; if I didn't they wouldn't be here." Staff were knowledgeable about safeguarding vulnerable people. They were able to tell us about the different types of abuse that could happen and how they would recognise this. One staff member said, "You'd know if something wasn't right with a person; they may be acting strangely and not being themselves; they may look frightened if people go near to them. If I was worried I'd go to the manager or person in charge." Staff told us they would be confident in reporting any concerns to the provider and were certain these would be acted upon.

Staff told us about the whistle blowing policy that was in place. This policy protects staff if they wanted to report any concerns, anonymously if they preferred. One staff member said, "I would go to the manager if someone was being abused, ill-treated or if I had concerns. I'm confident she would respond." Another staff member told us, "Looking after vulnerable people you have to safeguard them as they sometimes cannot do it themselves."

We saw that risks to individuals were assessed and managed. For example, when people needed two people to support them this happened and their care records reflected this. One person told us, "The staff always come to me in two's as they know I need two people to support me." Some people were at risk of developing sore skin and recommendations had been made for them to sit on pressure relieving cushions. We saw this happened and people's care records reflected what we saw. Some people were at risk of falling, and we saw that a risk assessment had been completed and amended to reflect the measures which had been put in place to reduce the risk. We saw that one person had a decrease in the number of falls. Records showed that the when people had fallen, accident reports had been completed and the situation had been assessed to identify if there had been any contributory factors that needed consideration. We saw that

referrals had been made to the falls team to see if there were any further actions needed to reduce potential risks.

People told us there were enough staff to meet people's needs. One relative said, "Staff are available when needed; if they're busy you may have to wait a moment or two, but yes, they're there when needed." One staff member said, "There are enough staff; it's quiet now but we always get more staff when there are more people. If we're helping people with bathing, the manager will come into the lounge; she is always supporting if needed." We saw people's call bells were responded to in a timely manner. The provider told us that staffing levels were determined by the number of people who used the service and the needs they had. They said, "The staff will let us know if there are any problems meeting people's needs." One staff member said, "We don't use agency staff here, we will cover the shifts when needed if someone is off. That's better as people will always know the staff."

We were unable to review any staff files as they had been taken to the company office for payroll changes to be completed. We were therefore unable to see the records about how staff were recruited. However staff told us the provider had safe recruitment processes in place. One member of staff said, "Everything [police checks and references] had to be completed before I started. I had to have a new police check as I was working in a new place."

People told us they received their medicines as prescribed. One person said, "Yes, I get my tablets four times a day." One relative told us, "They wouldn't take their medicines at home, so the staff know to make sure they've had them." One staff member told us how they had received training before they could administer medicines. They also said, "The doctor phoned and said to change one person's medicines and I recorded this." This demonstrated that staff understood that one aspect of managing medicines safely, was only to administer those that were on the record sheet. We observed staff administer people's medicines. Staff told people what their medicines were for, they ensured they were at eye level with the person, offered them water and watched while the person took them. We saw that medicines were stored correctly and safely so that only authorised people could have access to them.

Requires Improvement

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides the 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 capacity to make particular decisions, any made on their behalf must be in their best interests and least restrictive as possible. We checked whether the provider was working within the principles of the MCA.

During our discussions with the staff and visitors we were told that some people who used the service were not able to make certain decisions. One staff member said, "Some people don't understand the risks." One relative told us, "My relative finds it difficult to make choices because of their condition." In the care records we looked at for people who lacked capacity, we saw they did not have capacity assessments completed regarding specific decisions they were unable to make. For example in relation to the care and support they received. There was also no evidence as to how any decisions made on behalf of people who lacked capacity were made in their best interests. This demonstrated the provider had not ensured they were working within the MCA legal framework.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS). There were people who used the service that staff believed lacked capacity to make certain decisions and may have been restricted of their liberty. The registered manager told us there were no DoLS authorisations in place to authorise these possible restrictions. The provider told us that one application had been made, but our observations demonstrated that others should have possibly been considered. This demonstrated that the provider had not always considered if people were being restricted unlawfully.

We found that the home environment was not always adapted to meet people's needs. We observed one person on two occasions become distressed trying to find the bathroom. They opened several doors checking the cupboard under the stairs and then walking round in a circle. We also saw one person walking around asking for the location of their room. There was no directional signage within the home or information to support people to be independent.

We saw that there was a board to display the menu for the day. However, this was in the corridor and not easily viewed. It showed the incorrect day so people would not have known what they were having for lunch. People were offered hot drinks and biscuits during the day; but they were not given a choice of what drink they would prefer. The manager told us that everyone liked tea. However, given the nature of some people's condition, people were not enabled to make choices by having a sensory prompt to help them to do this. For example, smelling coffee or seeing the colour of a juice drink.

We observed the lunchtime meal and found that some people had a better experience than others. In the main dining area, the atmosphere was very subdued; we saw the people who used the service sat in silence mostly looking at each other or staring at nothing in particular. The meals were served by staff who only engaged in conversation with people when it was in relation to the task in hand. For example, "There's your pudding," "You've got your spoon there," and "Have you finished?" We saw that people were not able to make decisions about the amount of food they could have. For example one person requested a second desert, the member of staff said, "You've had your pudding and eaten it," to which the person replied, "I'm still hungry." The person was not offered anything else to eat.

People told us they enjoyed the meals. One person said, "The meals are very good." Another told us, "The food is tasty." One relative said, "The food always smells amazing; it's all homemade meals." Another relative told us, "They always seem to enjoy the meals and they've put a bit of weight on since being here."

We saw that people's specific dietary requirements were recognised. When people were at risk of choking they had been assessed by the speech and language therapist and we saw their recommendations were carried out. Staff were aware of who needed support to eat and any dietary requirements they had. We saw that people who were at risk of not maintaining a balanced diet had their food and drinks monitored so staff would be alerted if people were not eating or drinking. We saw that referrals had been made to the dietician when concerns were raised and their recommendations were acted on.

Staff told us they received an induction when they started working at the home. One staff member said, "I shadowed other more experienced staff for the first couple of weeks." Another staff member told us, "Since I've returned to work here, I have re-done all my mandatory training." Staff told us they received training to ensure they developed their knowledge and skills. One staff member said, "Now my job role has changed, I've had increased training." People told us they thought the staff knew them well and had the necessary skills to support them. One relative said, "I'm quite happy with the care they get; I never worry about them here."

People were supported to maintain their health. One person said, "So far I haven't had any health problems, but they would contact the doctor quickly if needed." One relative told us, "They acted straight away after I'd made them aware of my relatives condition." Another relative said, "They phoned me the other day and told me that my relative had to go to hospital." One staff member said, "One person had been crying because of the pain they were in. We called the nurse who reviewed their medicines with them. Now they have medicine which has helped them." We saw the chiropodist visited on the day of our inspection and treated people. They told us, "I visit every eight weeks to see people. The staff are always obliging and helpful." Another visiting health care professional said, "Usually they will contact us in a timely manner." We saw that when people had developed sore skin, referrals had been made to health professionals; their skin had healed and they were then discharged. This demonstrated how people received on going health care support.

Good

Is the service caring?

Our findings

People spoke positively about the care they received. One person said, "The staff are friendly." One relative told us, "I like the staff; they all seem to really care." Another relative said, "I've seen the staff put their arms around my relative and give them a kiss; I do feel they care for them." We observed staff talk with people in a kind way and were patient with people when they were confused or anxious.

People told us their privacy was respected. One person said, "The staff make sure the curtains are shut, and they keep me covered when helping with personal care." One staff member told us, "Some people prefer to be left in private when they go to the toilet, so we'll help them get there, leave and then go back when they are ready." We saw one person had spilt a drink on themselves and then removed their trousers; staff responded quickly by encouraging the person to get dressed and during this time kept other people away from the room the person was in. This showed that people's dignity was promoted.

People were encouraged to be independent and make choices. One relative said, "There was an occasion when my relative was given bread and butter pudding; they said they didn't like the currants, and so it was taken away and they had a jam tart instead." One staff member said, "We will ask people what they like and help them to make choices. Some people can select their clothes from the wardrobe. It's important we don't take their independence away." People were able to spend time on their own when they chose and we heard one staff member tell a person who used the service, "Ring when you need us."

Where possible, people were involved with the planning of their care. One person told us, "They do check what I want and what I need." One relative said, "Another family member was more involved with that than me as they tend to talk to them more." Another relative told us, "We did quite a comprehensive thing when they first moved in; we sat down and tackled a lot of it [the care plan]."

People told us the staff knew the people who used the service well. One relative said, "The staff do know what my relative likes and dislikes; and how they may react to things." We were told that people were involved in care planning. One person told us, "Mostly the staff do what I ask them to." One relative said, "I had a meeting here about a month ago and we talked about best care, medication and if this was the right place for my relative to be."

We saw that one person had been referred to and supported by an advocate when a certain issue arose. An advocate represents the interests of people who may find it difficult to be heard or speak out for themselves.

We saw people had visits from their relatives, and one relative told us, "I'm always made very welcome; everybody is lovely. They do have visiting times but I do think they are quite flexible." Another relative said, "I pop in all the time, I'm really happy with everyone here."

Requires Improvement

Is the service responsive?

Our findings

At our previous inspection, we asked the provider to make improvements in how individuals care needs were planned and assessed. We found that assessments and care plans did not always provide staff clear up to date information to ensure people's needs were met. At this inspection, we found that some improvements had been made, however some people's needs were not always documented.

We saw people's care plans had been re-written so they were more concise and organised. This meant information was clearer for staff to read and understand. However, we also saw that some information was missing that would have assisted staff to understand people's care needs better. For example, some people could become anxious when specific things were happening, and there was no guidance for staff to show them how to respond in the best way during this time. Staff told us the information in the care plans helped them to meet people's needs. One staff member said, "If we get five minutes, we like to read about people's lives. It enables us to talk to the residents, and if they are anxious, talking with them can help." This demonstrated that the information in people's care records was important and needed to be kept up to date and relevant to enable staff to meet people's needs.

We observed a situation which showed the provider was not always responsive. One person who used the service asked what the time was repeatedly, and the clock in the room where they were sitting was not working. We saw there were several clocks around the home, none of which displayed the correct time. We asked the provider to rectify this; they took the clock from the kitchen and placed it in the lounge which gave reassurance to the person. However, staff had not recognised or responded to the issue until this was pointed out to them.

We asked one person if there were activities to take part in that interested them, and they told us, "Most of the time, nothing." Two relatives said, "I'd like to see more activities." Another relative told us, "This is something that has slipped. There is a need for that type of thing." We observed people were unoccupied for extended periods and they did not have personal items of interest nearby to stimulate them. One person said, "I'd like to do some knitting." But they had no materials to do this. We observed one person was carrying a naked doll, they asked if they could make clothes for the doll, but again, there were no resources on hand to enable them to do this. We saw there were times when some people who used the service became annoyed and frustrated with other people. This was not always responded to, however when people had the support to interact and engage with others, people were calmer.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us there was no dedicated person to arrange activities with the people who used the service. The provider informed us they were trying to recruit into this job vacancy. One staff member said, "We have to try to incorporate it into our role, but there's not enough time." Another staff member told us, "We do sometimes play dominoes in the afternoon with people; that's if we get the time."

Some people we spoke with were unsure as to how they would be able to raise any concerns or make a complaint. One person said, "I haven't got any complaints; but wouldn't think how I'd do this; maybe I would put it on a card and hand it to them." However, there was no easy way of enabling people who had a sensory impairment to raise any concerns or issues. Other people told us they knew how to raise any concerns or complaints. One person said, "I would complain to the carers; but I've not needed to." One relative said, "I've not had to make any complaints, but if I needed to I'd speak with the manager or the provider first off; if I still wasn't happy I'd contact you."

Requires Improvement

Is the service well-led?

Our findings

At our previous inspection, we found there were shortfalls in how effective the audits were at identifying improvements that were needed. At this inspection, we found that some improvements had been made however we found that further improvements were still required to ensure the audits were more consistent in identifying trends and driving continuous improvement. For example, all the internal audits we saw were flagged as 'green' indicating that all areas were completed, with no areas for improvement required. However, we saw things around the home which would have indicated that they should have been 'amber', to reflect that the work was in progress. For example, the environmental improvements were underway, but not completed; an infection control audit identified no areas requiring improvement, however there were no hand towels and no stock supplies to replenish these.

At our previous inspection we found there was no effective and consistent analysis of incidents and accidents to identify emerging trends. At this inspection we saw that some improvements had been made. For example, the provider told us that they now analysed information collated from people's care records regarding falls each month. However we did not see that any analysis of overall trends happened. The provider had not examined all the information across the different areas to reflect on the wider picture and consider any ongoing improvements.

We asked people if they were given the opportunity to provide feedback and share their experiences of the service. One person said, "I've not been asked yet." They also told us they were unaware of any meetings for the people who used the service. One relative said, "I don't think they do relative's meetings. I do remember a survey a couple of years ago, but don't know what happened with this."

People spoke positively about the management at the home, but some were not clear who the registered manager was. One person told us they thought the provider was the registered manager. However, another person said, "Yes, I know the manager. I can speak to her whenever; she is around most of the time." We were told that the registered manager would respond to requests in a timely manner. However one visiting professional told us, "It would help if we were sent the information we requested beforehand."

We saw the provider had implemented some changes within the home. One relative had expressed concerns about the accessibility of the lift for people and the provider told us they were arranging for a call bell to be fitted by the lift door to alert staff if people needed to use the lift. We also saw that the floor covering in one person's room had been changed so it was more suitable for them.

Staff told us the registered manager was available and approachable. One staff member said, "The manager is available if needed. If you need to talk, then she is there, and she is flexible with shifts. She'll also step in and provide support." We saw the registered manager and provider had a visible presence and during our inspection visit we saw they spoke with the people who used the service and their visitors.

People were positive about the overall culture of the home. Two relatives told us, "There's a happy atmosphere here." One relative also said, "I know that [person who used the service] likes it here." One staff

member told us, "I like working here; the team are all nice." Another staff member said, "I would bring my dad to live here."

The provider reported significant events to us in accordance with their registration. This demonstrated the provider and registered manager understood their responsibilities of registration with us.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider did not ensure that people who used the service received individualised care that reflected their personal preferences. Regulation 9 (1).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider was not acting in accordance with the Mental Capacity Act 2005. Where people were people were unable to consent, mental capacity assessments had not been completed and best interests decisions had not been evidenced. Regulation 11 (1).