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The Old Rectory Retirement Home

Inspection report

The Old Rectory, Lanfranc Gardens
Summerhill
Canterbury
Kent
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Tel: 01227768004

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The Old Rectory Retirement Home provides accommodation and personal care for up to 20 older people. There were 13 people living at the home at the time of the inspection. At the last inspection on 14 January 2015 the service was rated Good, although we had concerns about the security of the premises. At this inspection we found that this was no longer a concern and the service remained Good.

People were safe at the service. Staff knew about abuse and to report any concerns that they had. Risks to people were well-managed and staffing levels were sufficient to ensure people received the care they needed. People's medicines were administered by either the registered manager or senior staff and there were systems in place to ensure that this was done safely.

Staff had the training and support they needed for their roles. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Nutritional needs were being met and people received input from healthcare professionals when needed.

There were positive relationships between people and members of staff. Staff adapted their communication and involved people and their families in decisions about their care. People's privacy and dignity was maintained by members of staff.

Care was person-centred. People had individual care plans in place which provided staff with information about specific goals, preferences, needs and abilities. Activities were provided in the service and local community and the feedback of people and their family members, including complaints, was welcomed.

There was a positive culture at the service and staff members were motivated by their roles. The leadership of the service had changed since the last inspection; we found that staff morale was good and staff felt supported, valued and listened to. The registered manager had been in post for around four months and we were told had made many positive changes to the service which had improved the quality of care people received. They had a visible presence and were known to people, relatives and staff. There were quality assurance processes in place to monitor and review the care being provided.

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 Good.

The premises were now secure, ensuring people's safety.

People received their medicines when they needed them and in a way that was safe. They were stored safely.

People were protected from the risks of avoidable harm and abuse by staff who knew how to recognise and respond to abuse.

There was sufficient staff to meet peoples' needs. The provider carried out appropriate checks when employing new staff.

Is the service effective?

Good ●

The service remains Good.

Staff understood the importance of gaining consent and giving people choice.

New staff received an induction and all staff received support and training.

People's health was monitored and staff ensured people had access to external healthcare professionals when they needed it.

Is the service caring?

Good ●

The service remains Good.

Staff spoke with people in a caring, dignified and compassionate way.

People were treated with kindness, respect and dignity.

People's records were stored securely to protect their confidentiality.

Is the service responsive?

Good ●

The service remains Good.

People's care and support was planned in line with their individual care and support needs. People were supported to take part in activities where they wished.

There was a complaints system and people knew how to complain.

Views from people and their relatives were taken into account and acted on.

Is the service well-led?

Good ●

The service remains Good

Leadership of the service was good. There was an open, positive culture where staff felt supported and listened to.

Quality assurance surveys, regular audits and checks were undertaken at the service to make sure it was safe and running effectively.

Records were accurate, up to date and were stored securely.

The Old Rectory Retirement 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 checked 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 comprehensive inspection took place on 21 March 2017 and was unannounced. It was carried out by one inspector 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.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at previous inspection reports and other information we had about the home including statutory notifications, safeguarding information and complaints. A notification is information about important events which the provider is required to tell us about by law, like a safeguarding incident or a serious injury.

Throughout the inspection we met and spoke with seven of the people who lived at the home and observed how they interacted with each other and with staff and what they did during the day. People were able to tell us about living at the home and we spent time with them during the course of the inspection.

We reviewed a variety of documents. These included three people's care files, staffing rotas, three staff recruitment files, medicine administration records, minutes from staff and resident meetings, audits, maintenance records, risk assessments, health and safety records, training and supervision records and quality assurance surveys.

We spoke with three members of staff to seek their views and opinions of the service, as well as the registered manager and provider. In addition, we received feedback from three family members of people who lived at the service.

Is the service safe?

Our findings

People were protected from harm and abuse. People felt safe; everyone we spoke to told us they felt very safe. One person told us, "I feel very safe and secure here. The staff are all lovely, very kind and they treat me very well. I have everything that I need, my room is lovely and I can look out over the gardens. I wouldn't want to live anywhere else." A visiting relative commented, "I know when I leave that my relative is in very good hands. Everyone here is kind and caring. I am very confident that we would not find a better place for my relative."

At the last inspection, the inspector was able to gain entry to the premises without the knowledge of staff. The provider wrote to us shortly after the last inspection to tell us that this issue had been resolved. We found that this was the case at this inspection. The premises and equipment had all of the necessary checks and inspections in place to support people's safety.

The service took appropriate action to manage accidents and safeguarding incidents. Staff members were prepared to report any suspected abuse and knew about the procedure for this. Staff told us they were confident that any concerns they raised would be taken seriously and investigated by the management team, to ensure people were protected. Staff were aware of whistle blowing and knew they could take concerns to agencies outside of the service if they felt they were not being dealt with properly. There were systems in place to manage risks at the service. There were individualised and general risk assessments in place as well as a continuity plan, to provide staff with important guidance on action to take in the event of an emergency.

There were enough staff members on shift to meet people's needs and keep them safe. Staff felt that the staffing levels were good and reflected people's needs. People told us that staff made sure their call bell was within reach and that when they buzzed, staff came quickly, both during the day and night. People told us they thought the staffing levels were good and everyone we spoke to said they were very well looked after. The registered manager worked a variety of hours throughout the week, this included both office based hours and time working with people. The registered manager made sure that there was always the right number of staff on duty to meet people's assessed needs and kept staffing levels under review. Staffing levels were consistent and regular to help provide continuity. Suitable pre-employment checks, such as Disclosure and Barring Service (DBS) checks and references from previous employers were carried out, to ensure staff were of good character.

People told us they received their medicines when they needed them, and records confirmed this. All medicines were stored securely in locked cabinets in line with current guidance. Clear records were kept of all medicine that had been administered. Clear guidance was in place for people who took medicines prescribed 'as and when required' (PRN). There was detailed written criteria for each person who needed 'when required' medicines. Records were in place for people who required topical medicines to be applied; these guided staff to ensure they were applied to the correct area and the correct amount was used. Regular medicine audits were carried out by the manager or senior staff; we saw clear records of the checks that had taken place. Since their appointment, registered manager had worked hard to ensure that medicines were

well organised and managed in line with best practice guidance. This ensured people received their medicines safely and when they needed them. People told us there were never any problems with receiving their medicines and staff were clear about how to administer and the importance of accurate record keeping.

Is the service effective?

Our findings

People told us that staff looked after them well. Staff worked effectively together because they communicated well and shared information. Staff handovers made sure that they were kept up to date with any changes in people's needs.

Staff were trained and supported to have the right skills, knowledge and qualifications necessary to give people the right support. New staff received an induction and all staff received continued support in the form of training, supervision and appraisals. Staff told us that since the manager had been in post they have had good on line training and had enjoyed covering a variety of subjects. Staff told us that they found the supervision introduced by the new manager to be 'invaluable' and gave them the opportunity to discuss any issues or concerns that they had about caring for and supporting people, and gave them the support that they needed to do their jobs more effectively. One member of staff said that they felt cared for and valued working at the Old Rectory. They said "I have worked here for many years; we're like one big family. The new manager is very approachable and I now feel more valued and respected, now that we have training and supervision. There wasn't any before. The Provider is very kind and caring and treats the staff and residents with respect. We can talk to them about anything. I wouldn't want to work anywhere else."

We observed staff providing care and support to people throughout our inspection. The staff team knew people well and understood how they liked to receive their care and support, and what activities they enjoyed. Staff were able to tell us about how they cared for each person on a daily basis to ensure they received effective individual care and support. People had clear, personalised communication guidance in place.

The management and staff were aware of the need to involve relevant people if someone was unable to make a decision for themselves. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS)." Applications had been made for DoLS authorisations for people who needed them.

People's health was monitored and when it was necessary health care professionals were involved to make sure people were supported to remain as healthy as possible. People were supported to see doctors, nurses and other specialists they needed to. People who had specific medical conditions, such as diabetes, had detailed personal guidance for staff to follow.

People were supported and encouraged to eat a healthy and nutritious diet. Staff were aware of what people liked and disliked and gave people the food they wanted to eat. Throughout the inspection regular drinks and snacks were offered by staff. People told us that the food was very good and there was plenty of it. People commented, "the cook has been here a long time; she is lovely and the food is very good", "the food is lovely and they cook is very good" and another told us that their specific needs were well catered for; "I have to have my food pureed now. The staff always make it as interesting as they can."

People's bedrooms were personalised with their own possessions, photographs and pictures. They were decorated as the person wished. Toilets and bathrooms were clean and the building was maintained. Lounge and dining areas were suitable for people to take part in social, therapeutic, cultural and daily living activities. There was a relaxed, friendly atmosphere at the service.

Is the service caring?

Our findings

There were positive relationships between people and members of staff. People gave wholly positive comments about the staff team and the care they received. These included; "The staff are excellent. They are very caring and their kindness is very truthful, very genuine. The care here is excellent and I am very happy here", "I am extremely well looked after. They really help you. They are very kind people here, they really are" and "it's a hard job. They do wonders and are ever so patient. We are all treated with dignity and respect. It's home from home really and everything is done for you." People were clearly comfortable in the presence of staff and we observed staff members adapting their communication to meet the needs of each individual. People were relaxed and looked to staff for reassurance if they felt unsettled or anxious.

Staff knew about people's background, their preferences, likes and dislikes. Staff knew about people's family and previous occupation and interests. During the inspection we observed many kind and caring interactions, where it was evident that staff knew the person well, and how they would respond. One person who had recently moved into the service told us how welcome they had been made to feel by both staff and people living at the service. They told us that staff had gone out of their way to help them settle in.

People told us they were very happy living at the Old Rectory and they could choose to spend their time wherever they wished. They told us they were given privacy when they chose to spend time in their own rooms. People could have visitors when they wanted. People were moving freely around the home, moving between their own private space and communal areas at ease. People were treated with dignity and respect. We saw that staff took care to ensure that people were treated in a dignified manner. Tasks such as personal care were discussed discretely with people and carried out in private.

People were given personalised care. Some people had specific needs and routines that were accommodated well by the staff. Staff supported people in a way that they preferred. People looked comfortable with the staff that supported them. People and staff were seen to have fun together and shared a laugh and a joke. Staff talked about and treated people in a respectful manner.

There was no one receiving end of life care at the time of the inspection. However, written records had been made about people's wishes, where known. Care files noted if people had a Do Not Attempt Resuscitation order in place. This helped to ensure that people's end of life choices were respected.

People's care plans told us how their religious needs would be met if they indicated they wished to practice. People's information was kept securely and well organised. Staff were aware of the need for confidentiality and meetings were held in private.

Is the service responsive?

Our findings

People received the care they needed and the staff were responsive to their needs. The service had a clear person-centred care culture. Staff had developed positive relationships with people and their friends and families. Relatives told us that staff kept them up to date with any changes in their loved one's health.

Many people had lived at the service for several years. When people were considering moving into the service they, and their loved ones, where appropriate, had been involved in identifying their needs, choices and preferences and how these should be met. This was so that the provider could check whether they could meet people's needs or not. One member of staff told us that they chat as much as possible about people's pasts, "They love talking about when they were younger and talking you through all the photos that they have on display in their rooms. Reminiscing seems to make them very happy so we encourage it as much as possible." One person had moved into the service a few days earlier and told us they found everything to be 'just right' so far.

Staff demonstrated a good understanding of the people they supported. They knew people's care needs well, and told us that they felt the new care plans were more informative. They also knew a lot about people's lives; family, past, background, which they were able to use to facilitate interesting conversations with people. One staff member told us "It would be easy to assume that we know what our residents want or need, but it's important that we make sure that it's what they want." Within people's plans were life histories, guidance on communication and personal risk assessments. In addition there was guidance describing how the staff should support the person with various needs, what they needed help with and how to support them. Care plans gave staff an understanding of the person and were personalised to help staff to support the person in the way that they liked. Care plans contained information about people's preferences and likes and dislikes. Health care plans were in place detailing people's health care needs and involvement of any health care professionals. Care plans were kept up to date and reflected the care and support given to people during the inspection. The registered manager told us that since starting in this role, they had re written each care plan with the input of people, families and staff. They told us about their plans to further involve people and their relatives with further reviews and increased detail. Staff recorded details about people's day and ensured that monitoring sheets were completed when necessary. This meant any changes could be monitored and action taken if needed.

People were supported to take part in a range of activities and staff supported people to undertake a choice of leisure activities. There was a noticeboard in the dining room that detailed activities planned for the month. Activities included; games, puzzles, bingo, keep fit, armchair exercises, reminiscence, memory quizzes and cake decorating amongst others. People told us that they enjoyed being able to choose whether or not they participated in anything and that staff always gave them the opportunity. One person told us, "I'm very old and tired and I love my room. I prefer to stay here. It is very peaceful; it's a lovely sunny room looking out into the garden. I have everything I need here and the staff bring me anything that I want. I like to read the paper in the mornings and then have a little nap after lunch. I do join in the activities sometimes, but I'm happy in my room. The staff make sure I have my newspaper every day and we get a monthly plan of activities. The staff always ask if I want to go down for the quiz or bingo or whatever it is."

There was also a notice displayed for events at the local church and we were told that they also visited the service. A residents shop had been introduced and proved popular with people.

People told us they had no complaints, but if they did they would have no concerns telling staff, the manager or the owner. One person told us, "The Manager is very approachable, very kind and friendly. X comes around every morning to see if we are ok or need anything. X is very good".

The registered manager told us that any comments were used to help develop and improve the service. There were policies in place for complaints and that information on how to raise complaints was available. Complaints and compliments were recorded, along with the action that had been taken by the service as a result.

Is the service well-led?

Our findings

There was a registered manager at the service. 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.'

Since our last inspection a new manager had been appointed. During this inspection there was a positive culture. People, relatives and staff all told us that the manager and owner were very supportive, kind and approachable. Everyone we spoke to told us that the manager had made changes that had improved how the home ran. Staff told us that they felt better supported and more involved. They told us that they felt listened to because the manager had explained why there were so many changes around records and monitoring. One member of staff told us, "It's a nice, happy atmosphere to work in." Our observations showed that staff were professional, caring and respectful during this inspection. People and relatives passed positive comments about all of the staff team.

The registered manager made sure that staff were kept informed about people's care needs and about any other issues. Staff handovers and team meetings were used to update staff on people's changing needs. There were a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely and to the required standard. The manager showed us that they had begun working through and updating these with current guidance and expected to complete them soon. Staff knew where to access the information they needed.

The registered manager had good oversight and direction of the service; they said they felt supported by the provider who visited weekly and was available on the phone. They had introduced a number of audits which reviewed aspects of care both weekly and monthly, such as medicines, care plans, accidents and incidents, health and safety, fire safety and equipment. The audits identified any shortfalls and action was taken to address them. Systems were in place for quality monitoring checks, which were completed by the provider. We reviewed these and recommend that the provider considers using a more up to date and concise document to record these visits, which would provide a more meaningful audit.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. This enables us to check that appropriate action had been taken. The registered manager was aware that they had to inform CQC of significant events in a timely way and had done so.