

The Old Rectory (Ewhurst) Co. Limited

The Old Rectory

Inspection report

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Date of inspection visit:

31 October 2016

18 November 2016

Date of publication:

27 January 2017

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 31 October and 18 November 2016. Our first visit was unannounced. At our last inspection in July 2014 the provider met the regulations we inspected.

The Old Rectory (Ewhurst) provides nursing care and accommodation for up to 35 older people. There were 32 people using the service at the time of this inspection.

The home had 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.

People felt safe living at the Old Rectory and spoke positively about the care provided to them. Staff knew people well and treated people with kindness, dignity and respect. Relatives and friends were welcomed and people were supported to maintain relationships with those who matter to them. People spoke about the relaxed and homely atmosphere and this was evident on both days we visited.

There were enough staff to meet people's needs and a consistent established team of staff provided continuity of care to the people staying at the Old Rectory. Individual care and support needs were fully assessed, documented and reviewed at regular intervals.

Staff had received training around safeguarding vulnerable people and knew what action to take if they had or received a concern. They were confident that any concerns raised would be taken seriously by senior staff and acted upon.

The service understood and complied with the requirements of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). Staff understood the importance of gaining people's consent before assisting them.

There was a system in place for dealing with people's concerns and complaints. The registered manager understood their role and responsibilities and positive feedback was received from people and staff about the senior staff team working at the Old Rectory.

There were systems in place to help ensure the safety and quality of the service provided. We found however that improved arrangements needed to be put in place for the recording, auditing and administration of medicines.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

Some aspects of this service were not safe. Further improvements were required to ensure that medicines were being managed safely.

Suitable numbers of care staff were provided to meet the needs of people who used the service.

Risks to people's health and welfare were identified and steps were taken to minimise these and keep people safe.

Staff were aware of safeguarding adult's procedures and would report all concerns appropriately.

Is the service effective?

Good ●

The service was effective. Staff were up to date with their training requirements and had the knowledge and skills to meet people's needs.

People were able to choose what they wished to eat and drink.

The service complied with the requirements of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS).

Staff supported people to access healthcare services to help make sure their physical and mental health needs were met.

Is the service caring?

Good ●

The service was caring.

Relationships between staff and people receiving support were positive and consistent feedback was received about the caring attitude of the staff.

Is the service responsive?

Good ●

The service was responsive. Care plans were up to date and these helped staff meet people's individual needs.

People were supported to take part in activities, be part of the local community and to maintain contact with family and friends.

People felt able to raise any concerns and the home responded promptly to these.

Is the service well-led?

The service was well-led. Staff were supported by the registered manager and their team who were approachable and listened to their views. The ethos of the home was positive and staff felt part of a team.

There were systems in place to monitor the quality of the service and make improvements where needed.

Good 

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.

Prior to our inspection we reviewed the information we held about the service. This included any safeguarding alerts and outcomes, complaints, previous inspection reports and notifications that the provider had sent to CQC. Notifications are information about important events which the service is required to tell us about by law.

This inspection took place on 31 October and 18 November 2016. Our first visit was unannounced. The inspection was carried out by one inspector. We spoke with 15 people who used the service and two relatives.

We also spoke with the registered manager and eight members of staff. We observed care and support in communal areas, spoke with people in private and looked at the care records for three people. We looked around the premises and at records for the management of the service including health and safety records. We reviewed how medicines were managed and the records relating to this.

Is the service safe?

Our findings

People told us that they liked living at the Old Rectory and felt safe there. Relatives said that they thought the home provided a safe environment for their family members who were well cared for. One person using the service told us, "People are looked after here." Another person commented, "They've got a standard here and they stick to it." A third person said, "Very good, we are well cared for here." A relative told us, "We are absolutely delighted, the quality of care is very good."

Medicines were stored safely and securely and the medicines supplied to the home in pharmacy dossetts were being administered correctly. We found however that the records for medicines supplied in their original containers did not consistently correspond with the quantities of medicines being kept on behalf of people using the service. We found one instance where the number of capsules left exceeded the number that should have been remaining. Multiple instances were found where supplies of boxed medicine had been carried forward to the current month but this had not been recorded. This meant that the quantities of medicines kept could not be accurately checked against the records to make sure people were receiving their medicines as prescribed. The audit systems in use additionally did not include regular checks of boxed medication to make sure people were receiving their medicines as prescribed.

Other aspects relating to medicines management were safe. Aside from the above discrepancies, administration records showed that people received their regular medicines when they needed them. Some people kept and managed their medicines independently and we saw that there were systems in place to make sure they were supported to do this safely.

People were protected by staff who knew how to recognise the signs of possible abuse. Training records showed that staff had completed safeguarding training and staff we spoke with confirmed this. They were able to describe the action they would take to protect people and to report any allegations of abuse. Staff were confident that senior staff would take appropriate action to keep the people at the Old Rectory safe. One staff member said, "I would go to the matron or the managers."

Assessments were carried out which looked at any risks to people's safety and how these could be reduced. These were completed for areas such as risk of falls, the use of bed rails, moving and handling, nutrition and skin integrity. Care plans were drawn up as appropriate following these assessments to help prevent or minimise the risk of harm to people using the service. For example, where a nutritional risk was identified for one person, care plans addressed the support and monitoring required to support their changing needs. Staff knew about the risks to people and the action they needed to take to protect and promote their safety.

We asked people if there were enough staff on duty to meet their needs. The majority of people spoken with said there were sufficient numbers on duty. One person told us, "There are ample staff." Another person said, "Usually enough staff." A third person commented, "If you press the bell it is unusual to wait for a long time."

Staff we spoke with told us that they felt the staffing levels were safe. One staff member said, "It's a good

level of staffing here, it allows us to give that personal care, that extra time." Another staff member commented, "Yes they are sufficient. We have got the time to spend with people but we'd always like more."

Staff recruitment procedures in the service were safe. Appropriate checks were undertaken by the organisation before staff began work. Staff told us they were subject to criminal records checks before they commenced work with people using the service.

There were arrangements in place to deal with foreseeable emergencies. Personal emergency evacuation plans documented the support people required to evacuate the building safely. The risks associated with the environment and equipment in use were assessed and reviewed. Safety checks were regularly carried out such as those for installed fire, gas and electrical equipment.

We looked at the homes system for reporting and monitoring incidents and accidents. These were recorded, reviewed and monitored by the managers with a monthly audit looking for any trends or patterns. Staff told us that any incidents or accidents were reported immediately and records we saw confirmed this with the action taken logged in each instance. For example, the GP being called and the next of kin being informed. Other actions taken included the provision of suitable adaptations to help prevent similar events occurring.

All areas of the home were seen to be kept clean and hygienic. No malodours were noted during our inspection.

Is the service effective?

Our findings

People were supported by staff who had the skills and knowledge to meet their needs. We saw staff completed training relevant to their role and responsibilities. This included mandatory training to keep people safe such as safeguarding adults, moving and handling, infection control and first aid. Staff confirmed that they had regular training and that courses were refreshed annually or as required. All of the staff spoken with said they had sufficient training to undertake their roles and one staff member told us, "They provide good training here." Some staff shared examples of recent training courses relevant to their roles and the more specialist needs of people they supported. For example, around dementia and nursing interventions. Some staff had also received training around healthy hydration practice. This was to effectively support the homes participation in the hydrate project which aimed to improve hydration among older people living in residential and nursing homes.

New staff were supported to complete an induction programme which was tailored to the home. They were supported by an experienced staff member who had supernumerary hours for the induction and on-going training of staff. A manual was used to structure and document the induction process including key information such as safeguarding, confidentiality, privacy and dignity. The service planned to implement the Care Certificate as part of their induction training for all new staff in 2017. This is a set of standards that have been developed for support workers to demonstrate that they have gained the knowledge, skills and attitudes needed to provide high quality and compassionate care and support.

Staff were also supported through regular supervision and appraisal sessions which considered their role, training and future development. In addition to these formal one to one meetings, staff said they could approach the managers informally to discuss any issues they had. Staff said they found the management team to be supportive.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager understood how the Deprivation of Liberty Safeguards (DoLS) applied to the people who used the service and had sought DoLS authorisations where required. We saw staff had received training around the MCA and DoLS and the staff we spoke with knew the importance of obtaining people's consent when supporting them. One staff said, "I always let them know what is happening, ask them if that is ok, always try to make eye contact and explain clearly." Another staff member said, "It's got to be their decision." Some staff spoke about the importance of giving people time and going back later if they said they did not want assistance at that particular time.

Records included assessments of capacity, for example, around the use of cot side equipment to help keep a person safe whilst in their bed. The assessments documented each person's ability to understand, remember, weigh up and communicate the information provided to them and look at what was in their best interests. We saw their family and friends had been consulted about the decision being made.

People were positive about the quality and quantity of food. One person said, "Very good, cannot fault it." Another person said, "The food quality is good, they give me far too much." Other comments included, "Very nice food", "The food is excellent", "We have soup to start every day" and "The food is pretty good."

People using the service were able to enjoy drinks before the main meal was served at lunchtime. We saw people were able to choose what they ate and alternatives were made available if someone changed their mind. People requiring support with their meals received assistance from staff and we saw that the managers were reviewing the way this was provided to make sure that it met people's needs and upheld their dignity.

People's individual weight was monitored. Care plans seen addressed people's nutritional requirements with screening assessments completed to help safeguard people from the risk of malnutrition. Food and fluid charts were used when identified as necessary to monitor people's nutritional intake.

People were supported to keep healthy and had access to appropriate health care professionals when needed. People told us they were happy with the support they received in order to keep healthy and said staff arranged visits from health care professionals as required. Records seen confirmed this. They said they were able to see their doctor either during their weekly visit to the home or when required. People using the service were also able to access a part-time physiotherapist with their own facilities including a therapy pool.

Is the service caring?

Our findings

Feedback from people using the service was positive about the quality of care and support people received. One person said, "You cannot get any better, the staff are lovely." Another person commented, "I have no complaints, they are very kind." A third person told us, "The night staff are outstanding, they are particularly kind and understanding."

One relative or friend told us they were particularly pleased with the caring and homely ethos within the Old Rectory saying, "Staff look after [the person] like a family member. The staff are very kind."

Our observations showed staff were kind, caring and compassionate. It was evident they knew people well, speaking to them in a kind and caring manner and made sure their privacy and dignity was respected. Staff spoke to people respectfully and gave them choice when making everyday decisions such as what they wanted to do, eat or drink. For example, we saw staff always checked with the person they were supporting before doing anything saying, "Are you ready" or "Is it ok if I do this?"

Staff spoke positively about the service provided and gave us examples of how they ensured the privacy and dignity of people using the service including knocking on doors and making sure the person received personal care in private. One staff member said, "It is good care here." All of the staff spoken with said that they felt able to recommend the home to their own family and friends.

Staff knew the people they cared for and were able to tell us about individual's likes and dislikes, which matched what was recorded in individual care records. One staff member said, "Every person here is different." Another staff told us, "We are very person centred here." Work was on-going to improve the information recorded about each person's social history. A revised format captured information about areas such as people's early years, their working life, favourite entertainments and family and friends. A senior staff member told us that they aimed to use these to help new staff get to know people and to aid daily conversation.

Minutes of recent meetings held with people using the service included discussion about activities, food, the home environment and any concerns or suggestions. The minutes addressed where action was required. For example, arrangements had been put in place for people to have a fish and chip supper and for scrabble to be included within the activities programme.

Activities were also used to help keep people connected to the local community and their family and friends. For example, a bonfire night party had been held with local children invited along with people's friends and relations. Compliments and thank you letters received were displayed following this annual event. A talk had also recently been given about local railway lines which many of the people using the service were able to remember using in their past.

People's end of life care was planned with them and their family or representatives. The service was aiming to seek accreditation in 2017 for end of life care through the Gold Standard Framework (GSF).

Is the service responsive?

Our findings

People's needs were regularly assessed and responded to. People's individual needs were assessed before they came to live at the Old Rectory. A basic pre-admission assessment form was completed that staff used to discuss with the person and/or their representatives about the support they required. Care plans were then written and developed as the staff got to know people and their support needs better.

We saw each care plan was reviewed regularly and kept up to date to make sure they met people's support needs. Records were kept to make sure that each plan was reviewed on a monthly basis and these were checked by managers. Each person's care plan addressed their activities of daily living such as mobility, nutrition, personal care and leisure. The plans were individualised, including detailed information that helped staff to effectively support and care for them.

We saw that people's relatives or representatives were kept informed about any changes to their health or support needs. Relatives and friends visited on both days of our inspection. The visitors spoken with confirmed they felt welcomed by staff.

Staff kept daily records in the care records documenting how care was delivered on each day. This information was shared with the staff team during the shift handovers to ensure continuity of care and that no important information was missed. Each shift worked to a written plan with important tasks highlighted with reminders for any appointments or events.

Regular activities sessions were held at the home. An exercise session was held at the home on both days we visited. A monthly activities schedule was shared with people using the service including film screenings, quizzes, pamper and cooking sessions. People were able to enjoy trips out into the local community with regular coffee mornings held at a local day centre. We saw that local school and nurseries were invited to attend events at the home along with regular religious services.

One person using the service said, "They do try to arrange things for you to do." Another person said, "There's enough for me to do, we've been out to various places." A third person commented, "They have beautiful gardens, there's enough to do." Two people using the service said they would welcome more activities in the evenings and at weekends. This feedback was shared with the registered manager at the time of inspection.

People knew who they could speak to if they had any concerns about the care they received. One person said, "I don't have any concerns but I know where to go." Another person told us, "I know who to ask, they sort it out." A third person commented, "I have no reason to complain." A relative told us, "Staff know what's going on, any issues are sorted quickly."

The home had a complaints policy which was available in leaflet form for people, relatives and staff to access. There had been no recent complaints raised formally with the home.

Is the service well-led?

Our findings

Overall comments made by people using the service included, "Extremely good, very high quality", "Top drawer" and "As care homes go, this is reckoned to be the best." One person told us, "I would not look for anywhere else."

The Old Rectory was led by an experienced registered manager with the support of a deputy manager, matron and senior staff members leading on each shift. People told us both the owners and managers were visible and approachable. One person said, "The owners take as much trouble as they can, they are very good that way." A relative said, "I can walk in here any time, I have confidence in the home. They are local people, well established."

Staff felt supported by the management. One staff member said, "The managers are all very good." Another staff member commented, "The communication is very good, we are a very good team." A third staff member told us, "It's a family atmosphere here, the owners give a lot to this place." Staff consistently told us that they worked well as a team and expressed confidence in the high quality of care provided to people staying at the Old Rectory. They told us that they felt able to approach the managers and senior staff if they had any issues or concerns. One staff member commented, "Not a problem, their door is always open."

The provider had a reward scheme recognising employees for their service in the workplace with individuals recognised for their long service initially after five years. Many of the staff we spoke to had worked at the home for a long period providing continuity of care to the people living there. A visitor commented on this, recognising it as strength of the service and important for their relative.

There were systems in place to monitor the quality of the service being provided. There was a quality assurance system in place that included regular audits of care records, medicine administration and health and safety. These documented where any action was required and we saw they were then monitored to make sure improvements had been made. As stated previously in this report, the audits of medicines required improvement to fully ensure people were receiving their medicines as prescribed.

People and relatives were provided with satisfaction questionnaires every year. Results from the last survey in 2015 were positive and there was detailed information about the action taken in response to any issues raised. Recent compliments recorded by the service included, "Thank you for caring for our relative these past two years so beautifully and respectfully" and "A very special place, a very happy home."

Regular meetings were held that enabled staff to discuss issues and keep up to date with current practice. We saw minutes of staff meetings as well as those held for nursing staff and managers. Discussion took place around people using the service, medicine administration, care planning and communication. Staff signed to record that they had read the minutes of each meeting.

The provider worked in partnership with other professionals to make sure people received appropriate support to meet their needs. Care records showed how the service engaged with other healthcare agencies

and specialists to respond to people's care needs and to maintain people's safety and welfare. An example of this was the Hydrate programme which the home was participating in.