

The Old Rectory Nursing Home (Doncaster) Limited

The Old Rectory Nursing Home

Inspection report

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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 inspection was unannounced and took place on 19 April 2016. The inspection was undertaken by one adult social care inspector.

The Old Rectory Nursing Home provides personal and nursing care and is registered for 36 older people including those living with dementia. On the day of the inspection 33 people were receiving care services from the provider. The home had a registered manager who had been in post since January 2015. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People had positive views about the staff and the support they were given for their particular care needs. Staff were kind and caring in their approach and people and staff interacted in a positive way. People told us they found the staff to be approachable and relaxed in manner and they could speak to them at any time.

People told us they felt safe and well cared for and staff were able to demonstrate they had sufficient knowledge and skills to carry out their roles effectively to ensure people who used the service were safe. People were cared for by staff that demonstrated knowledge of the different types of potential abuse to people and how to respond to actual or suspected abuse.

The assessments of people's capacity to consent had been completed. People's rights and freedoms were respected by staff. Staff understood people's individual care needs and had received training so they would be able to care for people in the best way for them. There were good links with health and social care professionals and staff sought and acted upon advice received so that people's needs were met.

People using the service were positive in their feedback about the service. People told us they enjoyed meal times and were positive about the choice of food they received. People said their privacy and dignity was maintained and we made observations that supported this.

People received care that met their individual needs. People were encouraged to express their views and give feedback about their time at the service. People said staff listened to them and they felt confident they could raise any issues should the need arise.

Staff spoke highly of the management team and felt supported. Staff spoke highly of the teamwork within the service. The quality of service provision and care was continually monitored and actions taken where required.

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 provider had arrangements to respond to suspected abuse. Staff received training in safeguarding adults and a clear policy was in place for staff to follow.

Safe recruitment processes were in place. Appropriate checks were undertaken before staff started work in the service. Sufficient numbers of staff were on duty to meet people's needs.

People received their medicines safely. Staff who administered medicines were qualified to do so.

Is the service effective?

Good ●

The service was effective.

People were looked after by staff trained to meet their needs.

People's mental capacity was assessed in line with the Mental Capacity Act 2005. Staff always asked for people's consent and respected their response.

People's nutrition and hydration needs were met.

Is the service caring?

Good ●

The service was caring.

People were looked after by kind and caring staff.

Staff respected people's choices and preferences in how they wanted to be looked after.

People's rights to privacy and dignity were valued and respected.

Is the service responsive?

Good ●

The service was responsive.

People received care which met their individual needs.

People were supported to make everyday choices and were supported to engage in their personal interests and hobbies.

People and their relatives were supported by staff to raise any comments or concerns about the service.

Is the service well-led?

Good ●

The service was well-led.

People were cared for by staff that felt supported by the management team.

The management team had systems in place to check and improve the quality of the service provided and take actions where required.

There was an open culture in which people were encouraged to express their views and contribute to the development of the service.

The Old Rectory Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 inspection took place on 19 April 2016 and was unannounced. The inspection was undertaken by one adult social care inspector.

As part of our inspection we looked at the information we held about the service. This included, the last inspection report, notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law.

The provider had completed a Provider Information Return (PIR). This is information we asked the provider to tell us about what they are doing well and areas they would like to improve.

We spoke with four people that lived at the home, two relatives, the registered manager, four staff and two visiting healthcare professionals. We looked at the care records of six people and the recruitment, training and supervision records for five staff. Other records we viewed included audits and monitoring records completed by the manager, regular reports completed by the provider and safety officers and analysis of questionnaires.

Is the service safe?

Our findings

People told us they felt safe living in the home and some people were able to tell us they understood what to do if they didn't. One person told us, "I could tell any one of the staff here if I didn't feel safe. They are all very nice, I know they would deal with it." We saw that information about keeping safe was on display in the home. Relatives told us they had no concerns about their relations safety. One relative said, "I know my relative is safe and well cared for."

The registered manager had arrangements to respond to suspected abuse. Staff received training in safeguarding adults and a clear policy was in place for staff to follow. Staff we spoke with had a good understanding of what constituted abuse and who to report concerns to. Staff understood what whistleblowing meant and the provider had a policy in place to support staff who wished to raise concerns in this way. Whistleblowing is a route staff can use to raise concerns they may have with staff behaviour or practice concerns. One member of staff said, "I would have no hesitation in reporting anything regarding abuse."

People were supported by staff who understood and managed risks effectively. Risks were recorded in detail in people's care plans including specific steps to take to keep people safe. For example, one person was not steady on their feet and at risk of falls. Their environment had been risk assessed to ensure it was as safe as possible. They had been supported to rearrange their bedroom so they were less likely to trip on anything, and specialist advice had been sought with regards to making sure the person was safe when in bed.

We saw that people lived in a home that was safely maintained. We saw that the home was well maintained and all staff spoken with and records looked at confirmed that all safety checks of the premises and equipment used had been completed and were up to date. The provider had a health and safety lead person who was responsible for ensuring the home was kept safe and all risks in the environment were identified and managed effectively. Staff spoken with knew the procedures for handling any emergencies in the home such as fire and medical emergencies. The provider had employed an external organisation to liaise with the local fire authority to ensure compliance and best practice.

People said there were enough staff to meet people's needs. One person told us, "Yes there is enough staff, I don't have to wait for anything." We saw that the home was well staffed during our inspection. Staff said there were enough staff and that cover was always available if they were sick or on annual leave. Staff spoken with said all the required recruitment checks were undertaken before they started working and that they received an induction into their role. Staff told us that Disclosure and Barring Service checks (DBS) were undertaken before they commenced work and updated periodically.

People's medicines administration records (MARs) included a picture of them, which reduced the likelihood of error. Medicines were locked away as appropriate and room temperatures had been logged and fell within the guidelines that ensured the quality of the medicines was maintained. Staff who administered medicines were qualified to do so safely. Medicines were recorded and records detailed what medicines were prescribed and how and when it was administered. Medicines were stored safely and appropriately. A

sample of stock was checked but not all matched with the records that were held. We spoke to the registered manager about this. They showed us that a recent audit had highlighted this issue and the registered manager was taking this up with individuals during supervision.

Is the service effective?

Our findings

People were supported by knowledgeable staff who effectively met their needs. One person told us, "Staff are smashing, they know what I like." Staff spoke positively about their work, one staff member told us, "It's very satisfying work."

Staff received mandatory training during their induction. This included moving and handling, safeguarding and mental capacity. On-going training was then planned to support staff's continued learning and was updated when required. This included training that was specific to the needs of people living at The Old Rectory, for example, dementia training. Staff told us, "Training is really good and helps me to improve my daily practice," The registered manager encouraged staff to discuss recent training during their one to one meetings to identify if there was any learning that could be shared in order to improve the quality of the service.

Staff felt supported through regular one to one meetings with the registered manager. Staff told us they discussed people's care plans, their achievements and changes in needs as well as any ideas or concerns staff had. The registered manager told us they also used one to ones to check staff's knowledge of different policies and procedures, fill in any gaps in staff's knowledge and challenge performance standards.

People received co-ordinated care. We saw evidence in people's care plans that demonstrated people had been visited by their GP and other health care professionals. For example, people's files held information in relation to the advice sought from the speech and language therapist. People were visited by other professionals when there was a change in their needs and support plans were adjusted to reflect the advice that was given. We saw information that supported joint working. This included joint assessments before people came into the service and subsequent reviews. The registered manager told us, "We have a good working relationships with the community teams and referrals are dealt with quickly." Two visiting healthcare professionals told us that the home worked well with them. One said, "I have always found it a good place to come, communication is excellent and so is staff knowledge of patients. It's all very positive."

Staff demonstrated good knowledge of how they obtained consent from people on a day to day basis, when providing care and support. One person told us about how staff discussed things with them and helped them in making day to day decisions about their lifestyle. They told us, "Staff never take anything for granted, they always ask me what I want."

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. We saw that mental capacity assessments were in place for the people that may have limited capacity to make major decisions about their care. Staff had received training to enable them to understand how to protect people's rights.

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). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager told us that applications for DoLS had been made to the local authority for people that required this and authorisations had been granted for eight people to date. We saw that staff were working within the conditions of the DoLS authorisation, and knew that the authorisation would require reviewing.

People were involved in decisions about what they would like to eat and drink and encouraged to eat a healthy diet. People told us, "They ask what we want on the menu," "They cook us nice meals," and "I have something different if I don't like what there is." Staff told us, "We encourage people to eat fruit, vegetables and salad but respect choice. A relative told us the food at The Old Rectory was good. They said "I am here every day and the food is not just good it's consistently good." Kitchen staff were aware of dietary preferences and people's health needs, for example diabetes.

People's records highlighted where risks with eating and drinking had been identified. For example, one person's record showed staff had sought advice and liaised with a speech and language therapist (SaLT) when staff identified their needs had changed and they may be at risk of choking. Recommendations had been discussed with the person concerned, recorded in their care plan and risk assessment, and followed in practice. If the person decided not to follow the recommendations, staff explained the risk and gave advice about how to be as safe as possible, but respected the person's decision.

Is the service caring?

Our findings

People said that they liked the staff and felt well cared for. One person said, "I am looked after very well here." We saw instances when staff were patient and took their time to listen to what people wanted to say. One relative said, "The staff are very good and kind." A visiting healthcare professional told us, "Staff knowledge of people is very good, I have no concerns with the care delivered here." People told us that the staff were caring and treated them with respect. One person said, "They are all lovely."

People, their relatives and visiting health care professionals felt there was a warm and friendly atmosphere at the home. One person said, "It's a lovely place to be." Another said, "They [staff] make me laugh and are very kind." A visiting health care professional felt that staff had a really good rapport with people living there. Staff had built up positive relationship with people, we saw them chatting with each other, there were lots of smiles and laughing. Staff offered people choices and were patient and calm in their approach. Staff were proud of the work they did and spoke fondly of people they cared for. One staff member told us, "They can tell you lovely stories, I could talk to them for hours."

People were involved in making choices about their care. One person said, "I do things at my pace, I get up and go to bed when I choose." Another person said "They [staff] ask and explain things to me." This was confirmed by a health care professional who found that staff always showed respect to people and ensured that questions were directed to the person. This allowed them to make decisions about their care and treatment. Staff told us it was important to get to know people and how they liked things done. They told us they would use people's preferred method of communication to allow them to make choices. Where people had hearing problems staff would either write things down or ensure they faced the person so that they could lip read. Where people had difficulty choosing what they wanted to wear they would show them different options to establish their preferences.

We saw that the staff treated people in a caring and respectful manner. People were clearly comfortable with the staff, they responded to staff interaction by smiling, laughing and chatting to them. When staff assisted people to mobilise using equipment, they explained what they were doing and why. They encouraged people's independence and respected their abilities. The atmosphere in the service was very calm and relaxing.

We saw that people's choices, independence, privacy and dignity was promoted and respected. For example, staff knocked on bedroom and bathroom doors before entering. Each bedroom and bathroom door guided staff to knock before entering. When staff spoke with people about their personal care needs, such as if they needed to use the toilet, this was done in a discreet way which could not be overheard by others. One staff member supported a person with their drink and encouraged their independence when carrying out this task.

There were no restrictions of when people were able to receive their guests. In addition to this, one relative told us that they were had become a volunteer at the home. They described this as being part of "the good

being done here." Some of the people also had made friends with each other and enjoyed each other's company. One person said, "We all get along."

Members of staff were aware of the principles of care. One member of care staff said, "I love my job, giving people happiness and comfort gives me happiness and satisfaction in return." A nurse said, "[The care] is about treating people with respect and dignity and treat them as a person."

The premises maximised people's privacy and dignity as all bedrooms were for single use only; toilets and bathing facilities were provided with lockable doors. People were able to have a key to their own door, if they so wished, to enhance the privacy of their own room. Communal rooms and quiet lounges were available, as well as their bedrooms, for people to receive their guests.

Is the service responsive?

Our findings

People received personalised care which was responsive to their needs and their views were listened to and acted on. One person commented, "I am very happy here." One person's relative said about the service, "It really is a fantastic place." Another person who used the service told us, "It's excellent, I get what I want when I want it." The registered manager and staff responded to people when they were showing signs of anxiety or distress. They spoke with them in a caring manner which helped to reduce people's distress. One staff member told us that they knew people well and the triggers to their anxiety. They said that they were able to pick up any changes in their wellbeing and take prompt action to engage people to reduce their anxiety before it could escalate.

People's needs were assessed before they moved into The Old Rectory; this was to ensure that the home was a suitable place and there was a sufficient number of suitably qualified staff to look after people's needs. One relative said, "A visit to the home and meeting staff was all it took for us to be convinced it was the right place."

We saw there were care plans in place, to help guide staff in caring for people appropriately. Of the six care plans we looked at we saw that the majority were reviewed and updated on a regular basis, to ensure the information in them was up-to-date, and that people and their families were involved in these reviews. However we saw one care plan which had last been reviewed in January 2015. This was not in line with the monthly frequency expected by the provider. The registered manager had identified this issue at a recent audit and informed us that the issue was being resolved through staff supervision. One family member said, "I am invited and involved in reviews and meetings." The registered manager explained there was a multi-disciplinary approach to reviewing people's care, to ensure all areas were covered. Care plans contained information which was specific to each individual and were written in a simple and easy to understand way. The input of different health professionals was also recorded and reflected in care plans, to ensure staff were aware of any interventions suggested.

People told us and we saw that they got to do things they chose and enjoyed and which reflected their personal interests. People spent time individually reading newspapers and books and listening to music. There was an activities co-ordinator who devised and encouraged a number of different activities, to help keep people entertained and stimulated throughout the week. One person told us, "There is something for everyone, I can choose the things that I do." Relatives shared this viewpoint, explaining that there were a number of different activities and entertainment events which took place at the service. People who used the service, staff and relatives were all in agreement that trips to the local theatre had proven to be very successful. One member of staff told us, "The more we go the more people we take, it's wonderful."

Staff told us that they always received a handover at the beginning of their shifts. They said these handovers were comprehensive and included updates on any incidents or accidents, changes in people's needs and any concerns about people's health or well-being. One member of staff told us, "The handover is very thorough."

It brings us all up to date with people and their needs."

People were able to raise any concerns or issues they may have at the service. One person told us, "I would complain to the manager if I felt the need to." People's family members also told us that they were familiar with how to make a complaint, or provide the service with feedback. One family member said, "I am able to give them feedback about care or any other aspect of the service." Staff members told us that people and their families were encouraged to give feedback and complaints, and explained that information was available around the service to help with this.

The registered manager told us that they welcomed any feedback people gave them, whether it was positive or negative. They showed us that the service had a complaints policy which was given to each person, as well as a record of all complaints and compliments received. We saw that the service hadn't received many complaints since our last inspection. Those that had been received had been logged, investigated and resolved appropriately.

Is the service well-led?

Our findings

The Old Rectory had a registered manager who had been in post for a year. The registered manager was supported in managing the service by the owner. Staff told us the registered manager had a consistent approach which was appreciated by staff. One member of staff said, "The manager is very good. She has been very clear about her expectations." Another staff member told us that the registered manager provided any support they required to do their jobs. They told us, "We can go to her if we have a problem. There is an open door policy which leads to better communication and better teamwork."

There were programmes in place to help staff develop their skills and abilities, so that they could continue to provide high quality care. One staff member told us, "There is a lot of time and effort put into training and development." The registered manager told us that the provider had supported their development through a nationally recognised level five management award. Other staff explained that as their skills developed, they gained a better understanding of people and their conditions. One staff member told us, "It keeps me motivated, I couldn't work anywhere else." This provided people with continuity of care, and allowed staff to develop positive relationships with people and get to know their specific needs and wishes.

We saw evidence that the home had regular meetings for staff groups including nursing, care, activities and cleaning staff. The notes of the meetings demonstrated that staff were asked for their views and ideas about how the service could improve. The minutes of these meetings were publically displayed so that visitors and people who used the service were aware of discussions around service improvement.

Healthcare professionals told us the registered manager had driven improvements in the care people received. They said this had given them increased confidence that people received the care and treatment they needed. One healthcare professional told us, "The manager is aware of the current issues of every person living here. We have a good rapport."

The provider had a quality assurance system in place, which required the manager to carry out regular monitoring and checks on the quality of service people experienced. We found audits covering care records, health and safety, food safety, medication, finance and the environment amongst other areas. This meant that the quality of service provision was regularly monitored. We saw that any issues highlighted in the audit received a plan of action. Therefore any issues were addressed quickly. For example a recent environmental audit had identified that some areas of the home, in particular skirting boards, handrails and some walls, were in need of decoration. Accidents and incidents were also monitored by the registered manager to ensure any trends were identified and appropriately recorded.