

The Old Rectory Nursing Home (Doncaster) Limited

The Old Rectory Nursing Home

Inspection report

Church Street
Armthorpe
Doncaster
South Yorkshire
DN3 3AD

Tel: 01302832032

Date of inspection visit:
18 August 2021
25 August 2021

Date of publication:
06 October 2021

Ratings

Overall rating for this service	Requires Improvement ●
Is the service safe?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

The Old Rectory is a care home providing nursing and personal care. It can accommodate up to 36 people. Some people using the service were living with dementia. There were 27 people using the service at the time of the inspection.

People's experience of using this service and what we found

There was a quality monitoring system in place. However, areas we found that required attention had not been identified by the provider's quality assurance systems. The registered manager had identified shortfalls in their audit process and were working to improve this.

We were not fully assured that infection prevention and control (IPC) systems were effective. We found the environment was not always maintained to a good standard of cleanliness. We also identified some areas were not well maintained and therefore could not be effectively cleaned. For example, storage units, chairs and missing and damaged wall tiles. The provider actioned this immediately and provided us with an action plan to ensure all areas were addressed.

Medication systems were in place for staff to follow. Medicines were stored correctly, and we observed safe administration of medicines by staff. However, we identified a lack of information to evidence people's best interests were considered when decisions were made about their care and treatment, and they lacked the mental capacity to make the decision themselves. We discussed this with the general manager who agreed to address this with the registered manager.

We observed adequate staff on duty to meet people's needs. Staff understood safeguarding procedures and whistleblowing, and all stated they would report any issues immediately. Risk assessments were in place and contained information to ensure risks were managed. Incidents and accidents were recorded appropriately, the registered manager was introducing a more robust overview to effectively analyse and monitor incidents in the home to ensure lessons were learnt.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 12 December 2019).

Why we inspected

We received concerns in relation to IPC and medicines management and governance. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those

key questions were used in calculating the overall rating at this inspection. The overall rating for the service has stayed the same.

The overall rating for the service is requires Improvement this is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

We have found evidence that although the provider has made some improvements, these need to be sustained and embedded into practice. We have identified a breach in relation to governance at this inspection. Please see all sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Old Rectory on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

The Old Rectory Nursing Home

Detailed findings

Background to this inspection

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of CQC's response to care homes with outbreaks of coronavirus, we as part of this inspection conducted a review to ensure that the Infection Prevention and Control (IPC) practice was safe and the service was compliant with IPC measures.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

The Old Rectory is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced. Inspection activity started on 18 August 2021 and ended on 25 August 2021. We visited the home on 18 August 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We received feedback from the local authority and professionals who work with the service. The provider had completed a provider information return prior to this inspection. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service and seven relatives on the telephone about their experience of the care provided. We spoke with ten members of staff including the registered manager, general manager, nurses, care staff, ancillary staff and the director. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records, medication records and incidents and accidents. We looked at a variety of records relating to the management of the service, including policies and procedures and audits.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- The provider had systems in place to manage the control and prevention of infection. Staff were kept up to date with latest guidance and requirements. However, we found the environment was not always maintained to a good standard of cleanliness. We found several corridors, storerooms, sluices and cupboards, were cluttered and unorganised so not able to be effectively cleaned. We also identified some areas were not well maintained so could not be effectively cleaned. For example, a storage unit in the dining room, refrigerator, bath chair, lounge chairs and missing and damaged wall tiles.
- Personal protective equipment (PPE) was provided. Staff said there was a good supply of personal protective equipment available in the home.
- We observed staff wore masks at all times and wore appropriate PPE when delivering personal care, washed their hands and followed infection, prevention and control practices.
- The provider carried out a full IPC audit following our findings and produced an action plan. Many of the issues were addressed immediately.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our previous inspection we found a breach of regulation 12 (Safe care and treatment). The provider had failed to robustly assess the risks relating to the health safety and welfare of people. At this inspection we found the provider was no longer in breach.

- Risks were identified, and the care plans detailed actions to take to mitigate and manage risks. Staff understood people's needs and risks associated with their care.
- Accidents and incidents were analysed to identify any themes or trends to mitigate risk and ensure lessons learned. The management team understood how to use them as learning opportunities to prevent future occurrences. The audit systems were being improved at the time of our inspection.
- Environmental checks were carried out to ensure safety.

Using medicines safely

- Medication procedures were in place to ensure people received medicines as prescribed. The provider had recently changed to an electronic system. However, not all information was on this system and some information was difficult to find.
- Where people lacked capacity, we found the principles of the mental capacity act had not always been followed. We found best interests' decisions were not fully documented to ensure medicines were administered in people's best interests. The general manager agreed to address this with the registered

manager.

- Staff received training in medicine management and further training was being accessed. This was to ensure staff were competent and confident to use the new electronic system.

Staffing and recruitment

- Appropriate recruitment checks were conducted prior to staff starting work, to ensure they were suitable to work with vulnerable people.
- There were enough staff employed to meet people's needs. Staff agreed with this. We saw staff were available and there were always staff seen in communal areas and responded to people's needs in a timely way.

Systems and processes to safeguard people from the risk of abuse

- People were safe. Relatives told us staff were very good and kept people safe.
- The provider had a safeguarding policy in place. The registered manager and staff knew the process to follow to report any concerns. Safeguarding concerns raised had been reported appropriately following procedures to safeguard people.
- Staff understood the importance of the safeguarding adult's procedure. Staff knew how to recognise and report abuse.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people and how the provider understands and acts on duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.

At our previous inspection we found a breach of regulation 17 (Good governance). There were insufficient and inadequate systems in place to monitor and improve the quality of the service. At this inspection we acknowledged improvements had been made but the management systems required embedding into practice.

- There were systems in place to monitor the service. The monitoring systems had identified some issues. However, they had not identified all the issues we found. For example, IPC and best interest decisions. Therefore the quality monitoring systems were not always effective in ensuring improvements were identified, implemented, sustained and embedded into practice.
- Health care professionals gave mixed feedback. They said issues were identified and put right but were not always sustained. They said the new registered manager and the management team were working together to improve the quality assurance systems and ensure they were embedded into practice.

The systems in place to monitor and improve the quality of the service were not effective. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- People received person centred care. the support we observed was individualised. People told us the staff were lovely. Relatives praised the staff. One said, "[Relative] is well looked after, the staff are lovely."
- Staff felt supported and listened to. Staff told us there had been a number of manager changes, but felt the new registered manager was settling in, and they were now working as a team they felt supported and felt able to approach the registered manager.
- The provider promoted honesty and transparency from all levels of staff and management. The provider had fulfilled their duty to inform the relevant bodies.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was clear about their roles and responsibilities and understood regulatory requirements. Staff told us they felt supported by the management.

- Specific incidents were reported to CQC as necessary.
- The provider acknowledged the service needed to improve further and was working with the management team to continue to drive improvements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People who used the service and their relatives told us they felt involved in the day to day running of the home. All relatives we spoke with praised the care staff.
- Staff meetings were held to get their views and to share information. Staff told us meetings were held regularly and were effective.

Continuous learning and improving care. Working in partnership with others

- The registered manager and management team demonstrated an open and positive approach to learning and development. They were committed to driving improvements to ensure positive outcomes for people they supported and staff.
- The management team had developed links with others to work in partnership to improve the service. This included commissioners, health care professionals and relatives.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<p>The provider had failed to ensure that the systems and processes established and operated to assess and improve the quality and safety of the service provided were sustained and embedded into practice.</p> <p>Regulation 17 (1) (2) (a) (b) (c)</p>