

The Old Rectory Limited

The Old Rectory Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

About the service

The Old Rectory Nursing Home is a care home providing personal and nursing care. There were 20 people living at the service at the time of the inspection most of whom were older people living with dementia and other age-related conditions. The service can support up to 35 people.

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

There had been no provider or effective management oversight of the service between March and August 2020. Systems in place to monitor and assess the quality of the service and drive improvement had not always been applied in line with the provider's own timescales. Audits had not always taken place or action plans formulated to bring about improvements. Therefore, shortfalls in the quality of the service provided had been allowed to continue unchecked and placed people at risk of receiving care that was unsafe.

The service had not always followed national guidance in relation to infection prevention and control. Not all staff wore PPE appropriately. The service was clean and hygienic, and people's relatives felt their loved ones were safe.

Not all staff had completed the required training that the provider considered to be mandatory. The manager explained this was partly because their training provider had not been providing face to face training during the COVID-19 pandemic. They gave assurances that any gaps in training would be addressed. The recruitment of staff was safe and there were enough staff on duty to meet people's needs. People received their medicines when they needed them from trained nurses. Risks to people's health and safety had been assessed and mitigated and equipment had been serviced and maintained. Accidents and incidents were recorded and reviewed in order to minimise the risk of reoccurrence.

People's relatives spoke highly of the staff team who they described as kind and caring.

Rating at last inspection (and update)

The last rating for this service was Requires Improvement (published 9 August 2019) and there was a continued breach of regulation. The service remains rated requires improvement. This service has not been rated higher than requires improvement for the last three consecutive inspections.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 28 June 2019 at which a breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve the governance of the service. We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has not changed. This is based on the findings at this inspection.

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

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified a continued breach in relation to good governance at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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 well led.

Details are in our well led findings below.

Inadequate ●

The Old Rectory Nursing Home

Detailed findings

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.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

The Old Rectory Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 did not have a manager registered with the Care Quality Commission. A registered manager 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

We gave two days' notice of the inspection because we needed to ensure that we took into account any precautions in place due to the management of the COVID-19 pandemic.

We gave notice of the inspection on the 19 August 2020 and visited the service on 21 August 2020.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in their action plan. We used all this information to plan our inspection.

During the inspection

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 which included people's care records and medication records. A variety of records relating to the management of the service, including audits, policies and procedures were also reviewed. We spoke with the manager, a senior carer, a carer, an administrator and two domestic staff.

After the inspection

We spoke with the relatives of three people about their views of the service. We continued to seek assurances from the manager who sent us copies of records including peoples care plans, risk assessments, audit documentation and the dates of staff training and supervision.

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 as requires improvement. At this inspection, this key question has remained the same. This meant people were not safe and were at risk of avoidable harm.

Preventing and controlling infection

- Aspects of practice did not follow national guidance for preventing and controlling the risk of infection. Some staff were observed not wearing PPE appropriately or sanitizing their hands after direct contact with people or touching used cutlery and plates.
- The premises were clean and hygienic and the majority of staff working at the service had completed 'Hand Hygiene' training.
- People's relatives told us they were pleased with the infection control procedures in place. They explained when they visited the service they were supplied with PPE, had their temperatures taken and had to keep to social distancing guidelines.

Following the inspection, the manager gave assurances that improvements would be made. They explained they had made arrangements with the local infection prevention and control team to provide additional support and training to staff.

Staffing and recruitment

- Most staff had completed the majority of the training they needed to meet people's assessed needs however; there were significant gaps in the number of staff who had completed moving and handling training. The manager told us due to social distancing and other COVID-19 restrictions in place, their training provider had stopped providing face to face moving and handling training. They gave assurances that this was an area they had prioritised for improvement.
- Recruitment processes were safe.
- Staff and people's relatives felt there were enough staff on duty to meet people's needs. Our observations confirmed this.

Assessing risk, safety monitoring and management

- Risk relating to the health conditions of people living at the service had been highlighted and a risk assessment in place to assist staff to meet their needs. However, these had not always been regularly reviewed to ensure they were up to date.
- Checks were carried out on equipment and utilities. The manager told us that the fire risk assessment had not been reviewed on time due to the COVID-19 restrictions in place. Plans were in place for this to be completed.

Using medicines safely

- The use of 'as required medicines' had been documented in people's care plans however; the guidance for staff to follow was not always up to date.

- Medicines were stored safely and administered on time. Medication administration records (MAR) had been completed when medicines had been administered.

Learning lessons when things go wrong

- Accidents and incidents had been documented and care plans were reviewed to look at how risks could be minimised in the future.

Systems and processes to safeguard people from the risk of abuse

- Incidents and accidents which required safeguarding referrals to appropriate external agencies, were made in line with the Local Authority guidelines.
- Staff were aware of local safeguarding procedures and what concerns they would need to escalate further.

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 as requires improvement. At this inspection, this key question has deteriorated to inadequate. This is the third consecutive inspection the service has not been awarded a rating higher than requires improvement since November 2018.

This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

At our last two inspections the provider had not ensured that records were always up to date and accurate or that the quality assurance processes were effectively implemented and drove improvement. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The provider had not had any oversight of the service since March 2020. There had been no arrangements in place for the responsibilities of the nominated individual to be undertaken between March and August 2020. The provider had not made sure there had been adequate management presence and oversight of the service between March and August 2020. There had been no registered manager in place since June 2019.
- The systems in place to assess the quality and safety of the service people received and drive improvements were not effective. Audits had not always been completed and those that had, lacked details and contained gaps.
- Action plans to address shortfalls identified in the quality of the service had not always been formulated when shortfalls had been identified. Those that had, were not robust and did not always include dates for when actions would be completed or by whom. There was a lack of oversight and management accountability.
- Staff did not always have access to clear guidance to follow when supporting people, because care plans did not always accurately reflect people's up-to-date needs.
- People and their relatives had not been provided with the opportunity to give their views of the service because customer satisfaction surveys had not been sent out in line with the providers own timescales.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This was a continuing breach of regulation 17

(Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A number of relatives told us that during the period the service was closed to visitors they were able to call the service between 2pm and 4pm each day. This enabled them to get feedback on their loved one's wellbeing. They were happy with the quality of the care their loved ones were receiving but felt that management could be more proactive in keeping them informed.
- No staff or management team meetings had taken place between March and August 2020. The manager explained this was due to social distancing guidance but they were looking at making alternative arrangements so they could be held safely.
- The provider was working to an action plan to meet the shortfalls identified by the local authority and CCG following quality audits undertaken.
- In line with national COVID-19 guidance the manager returned to work at the beginning of August 2020 after shielding for four months. The service had been hit extremely hard by COVID-19 during April and May 2020. The manager told us operating the service during this time was very challenging with many staff off sick, self-isolating or off sick due to confirmed COVID-19. They also told us some audits did not take place during the height of the pandemic as the service was largely run by agency staff at that time.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The atmosphere and culture amongst the staff team and within the service was positive. Staff were dedicated to providing consistent care and had worked long hours during the pandemic. This was so people could be supported by staff who knew them well, when other staff could not work due to COVID-19 restrictions.
- Relative's spoke highly of the caring nature of the staff team who they trusted.
- The service made referrals to external health and social care teams when people's needs changed. This helped to mitigate risk and improve outcomes for people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager recognised there were areas that needed to improve and gave assurances that improvements would be made.
- The manager shared information about accidents, incidents and other information about people's care with the local authority on a monthly basis.
- When incidents had occurred the CQC had been informed as required.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

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	The provider had not ensured the systems were robust enough to demonstrate safety was effectively managed. Records were not always up to date and accurate. The quality assurance processes in place were not effectively implemented.

The enforcement action we took:

We issued conditions to the providers registration.