

The Old Rectory Limited

# The Old Rectory Nursing Home

## Inspection report

Rectory Lane  
Capenhurst  
Chester  
Cheshire  
CH1 6HN

Tel: 01513397231

Date of inspection visit:  
28 June 2019  
11 July 2019

Date of publication:  
09 August 2019

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

The Old Rectory Nursing Home accommodates up to 31 people who require personal and nursing care. At the time of the inspection there were 22 people using the service.

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

The service did not have a manager registered with the Care Quality Commission (CQC). The provider had not ensured there was always someone in day to day charge of the service and did not have systems in place monitor and assess the performance of the manager. Systems had been introduced to assess and monitor the quality of the service but shortfalls in staff recruitment records had not been identified.

Parts of the environment had been improved to better meet the needs of people living with dementia. Focal points had been introduced and provided interest to people. Plans were in place to further improve the environment for people living with dementia and refresh the décor.

The systems and processes in place for assessing, monitoring and improving the quality and safety of the service had improved. Risks to the health safety and welfare of people were identified and mitigated in a timely way and records were better maintained. The culture of the service had improved and people were treated with dignity and respect.

People's health and social care needs were assessed, planned for and met. People received support to take their medicines when they needed them and to request support from health care professionals. People had the opportunity to participate in activities that they found stimulating and enjoyable and enjoyed the food on offer.

People were safeguarded from the risk of abuse. there were enough staff on duty to meet people's needs and the deployment of staff had improved. People were supported by staff with the right skills, knowledge and experience.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update.

The last rating for this service was requires improvement (published January 2019) and there were multiple breaches. The provider completed an action plan after the last inspection to show what they would do and by when to improve. Although at this inspection we found improvements had been made the provider was still in breach of regulations.

### Why we inspected

This was a planned inspection based on the previous rating.

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 safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### 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

#### 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 one inspector, an inspection manager 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.

The Old Rectory Nursing Home 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 did not have a manager registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

Day one of this inspection was unannounced. the second day of the inspection was unannounced but the provider knew we would be returning at some point.

#### What we did before the inspection

We reviewed the information we had received about the service since the last inspection. We sought feedback from the local authority and Clinical Commissioning Group (CCG) and Local Authority who work with the service. We used the information the provider sent us in the provider information return. 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 eleven people who used the service and two family members about their experiences of the care provided. We also spoke with the provider, the manager and twelve members of staff including nurses, care workers the administrator, maintenance person and ancillary staff.

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 five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures and audits were reviewed.

#### After the inspection

We continued to seek clarification from the manager about staff training, quality assurance, audits and action plans.

# 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 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.

### Staffing and recruitment

- Checks such as criminal records checks, known as Disclosure and Barring Service (DBS) records, had not always been carried out before staff started working at the service.
- Two staff employed in 2016 had started working at the service without an up to date DBS being completed. The manager confirmed these staff would not be deployed to work at the service again until a clear DBS has been received.
- The required identity and security checks had been completed for staff recently employed.
- On the first day of the inspection there was no manager in post and staff were not always present in the main lounge to offer support to people at meal times.
- On the second day of the inspection a manager was in post. They told us they had increased the staffing levels during the day to make sure there were enough staff to meet people's needs.

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

At our last inspection the provider had failed to robustly assess and mitigate the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained guidance for staff to follow to keep people safe.
- Staff had received training in moving and handling and followed good practice guidelines.
- People's care was monitored to help identify and mitigate risk.
- Staff assisted people to move, reposition and transfer in line with their assessed needs.
- Following the last inspection the service was inspected by the food standards agency and had achieved the highest rating of five stars.
- Improvements had been made to keep the environment free from hazards.

### Using medicines safely

- Medications were stored securely, and medication was only administered by trained nurses.
- People received their medicines when they needed them and Medication Administration Records (MAR)

were completed.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding referrals had been appropriately made and the provider had safeguarding policies in place for staff to follow.
- Relatives felt their loved ones were safe.

Learning lessons when things go wrong

- There were systems in place to monitor and review accidents and incidents.
- Action had been taken to reduce the risk of reoccurrence.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff had received the training and support they needed to carry out their role. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Most staff had completed training to enable them to carry out their role.
- Some training updates were overdue.
- New staff were inducted into their roles and agency staff profiles were obtained before they were deployed to work at the service. one staff member told us "I had a really good induction. I had to shadow care staff because I'd never worked in care before. I did three weeks shadowing".
- Staff had received formal supervision through meetings with their line manager and their performance had been assessed at an annual appraisal. One staff member commented "I've had supervision and an appraisal here. In my appraisal we looked at what I'm good at, any areas of development and what I would do to develop".

Ensuring consent to care and treatment in line with law and guidance

At our last inspection the provider had failed to ensure staff always worked in accordance with the Mental Capacity Act. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- People who needed the protection of a DoLS had one in place. Staff were aware of people's DoLS and the restrictions this may place upon the person.
- Staff were aware of the conditions placed on one person's DoLS and a care plan detailed how this would be met.
- Staff had a good understanding of the MCA in relation to supporting people.
- Where people had been assessed as lacking the capacity to give consent decisions had been made in their best interest.

Adapting service, design, decoration to meet people's needs

- Improvements had been made to the environment, however further improvements were needed.
- People's bedroom doors were all painted white and lacked signage to help people locate their rooms independently. The manager and provider gave assurances this issue would be addressed.
- A ramp and hand rail provided access to the garden and seating area at the rear of the building, but the rear garden was in a poor state of repair and was not in use. The manager and maintenance person told us work to improve the garden was planned to take place within the next two weeks.
- Some people's bedrooms were in need of redecorating and some furnishings and fittings needed updating.
- A range of additional seating had been provided and a bedroom had been converted back into a separate 'quiet' lounge. Staff and family members told us this had had a positive impact on people and people were more relaxed as a result.
- The communal lounges contained some focal interest and items of stimulation for people living with dementia.

Supporting people to eat and drink enough to maintain a balanced diet

- People who needed support to eat and drink were given the assistance they needed.
- People's nutritional needs had been assessed and planned for and their weight was monitored.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's needs were effectively assessed and planned for.
- People received additional support from external healthcare professionals where this was needed.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

At our last inspection the provider had failed to ensure people were treated with dignity and respect. This was a breach of regulation 10 (dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

- Improvements had been made to make sure people were supported and treated in a way that respected their dignity and privacy.
- A bathroom window opening onto a communal area had been blocked off and bedroom doors containing glass panels had been replaced with solid doors.
- Improvements had been made to the mealtime experience. People were informed of what the meals were, mealtimes were relaxed, informal and no longer task led.
- Dining tables were attractively set and people were encouraged to eat at the dining table.
- People were supported to maintain their appearance in line with their personal preferences.
- People were treated with kindness and compassion and staff knew when people needed emotional support. One relative told us their loved one had been 'very distressed and challenging' when they moved in but staff had been patient and supported them to settle.
- Staff had a good understanding of people's personal history and backgrounds.
- Visitors and family members told us they were treated well. Their comments included; "(Name) always looks clean and well cared for" and "I'm happy (name) is well cared for".
- Information was stored securely.

Supporting people to express their views and be involved in making decisions about their care

- Care plans reflected people's views.
- People and family members were given opportunities to express their views through regular care reviews, meetings and general daily discussions with the manager and staff.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was a personalised approach to care planning and the delivery of care. Care plans were reflective of people's needs, choices and preferences.
- People received individualised care, consistent and responsive to their needs.
- People were more relaxed and spent more of their time engaging with each other and staff.
- Care plans included information about people's life history, backgrounds, hobbies and interests. Staff used this information to occupy people and engage them in conversations which were meaningful and stimulating.
- Activity organisers were employed seven days a week. People were provided with a range of activities they found stimulating and enjoyable.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff had a good understanding of people's communication needs which were detailed in their care plan. Any aids or adaptations people needed to enhance their communication had been documented.
- A relative told us their loved one had been unable to speak when they moved in. They explained staff take their time to explain things, were patient and 'have a banter' with them.
- A range of pictures and photographs were used to help aid people's understanding.

### Improving care quality in response to complaints or concerns

- People and family members were provided with information about how to complain and they were confident about complaining should they need to.
- No complaints had been received by the service since the last inspection. one relative told us "I know if I am not happy with anything I can tell the staff and it will be dealt with".

### End of life care and support

- People were given the opportunity to discuss and plan their end of life wishes and family members were involved where this was appropriate.

- There was no-one receiving end of their life care at the time of our inspection. Staff understood the importance of ensuring people were supported to experience a comfortable, dignified and pain free death.

# 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 inadequate. At this inspection this key question has now improved to requires improvement. 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.

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

At our last inspection the provider had not ensured that records were always up to date and accurate or that the quality assurance processes were effectively implemented; identified shortfalls and drove improvement.

This was a breach of regulation 17 (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.

- There was no registered manager in place.
- There had been a period of two weeks between the registered manager leaving and the new manager starting work where there had been no manager in place and no one was in charge of the day to day management of the service.
- There were no systems in place to check the performance of the manager.
- The recruitment and personnel files for previously employed staff had not been checked so they had not identified that the required security checks for two staff had not been completed.

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 placed people at risk of harm. This was a continued breach of regulation 17 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager responded immediately during and after the inspection. They confirmed new audits were being introduced that would check all aspects of the quality of the service.

- Improvements had been made to the governance of the service however these needed to be embedded into practice and further improvements were needed.
- A clinical lead had been introduced and the newly recruited manager worked all their hours off the floor.
- Policies and procedures had been reviewed to ensure that they included up to date information about

current legislation and current practice.

- A rolling programme of audits had been introduced to identify shortfalls in the service and bring about improvements.
- An overview of the training staff had completed had been introduced so the provider could identify when training updates were due.
- Roles and responsibilities were defined and there was a plan available for the future development of the service.
- The manager shared information with the local authority on a monthly basis providing them with a summary of the number of incidents, accidents, pressure areas and other statistical data.
- Team meetings took place and the notice board in the office was used to display information that staff needed to be aware of. .

At our last inspection the provider had not ensured they had notified CQC of all the incidents that affected the health, safety and welfare of people who used the service.

This was a breach of regulation 18 (Notifications of other incidents) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 18 Registration Regulations 2009

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- When incidents had occurred the CQC had been informed as required.

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 had improved. People now received more person-centred care with positive outcomes.
- Staff enjoyed working at the service. Their comments included; "I love my job".

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 and other senior staff were open and honest about previous failings and areas that needed continuous improvement. They were enthusiastic to sustain the improvements made and to make further improvements to the service people received.
- The provider was working to an action plan to meet the shortfalls identified at a quality assurance monitoring visit by the local authority and CCG.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and their relatives had the opportunity to put forward their views and opinions about the service and the care provided at relatives meetings and through surveys.
- The service worked with external health and social care teams where this was required for people.
- Staff described the morale amongst the team as being positive.

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
Diagnostic and screening procedures	The provider had continued to fail to ensure that records were always up to date and accurate or that the quality assurance processes was effectively implemented; identified shortfalls and drove improvement.
Treatment of disease, disorder or injury	