Mr & Mrs M Jingree

# The Old Rectory

## Inspection report

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Wigan
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17 April 2018

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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 Old Rectory is a residential care home for 10 people, including people living with dementia and people requiring personal care. The home is a large detached property in Standish and has eight single rooms on the first floor, of which four have en suite facilities and on the ground floor, there is a shared room. Bathrooms and toilets are situated on the first floor and toilets are available on the ground floor.

At our last inspection on 11 October 2015 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection; at this inspection conducted on 16 and 17 April 2018 we found the service remained Good.

There was a registered manager at the home. 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 told us they felt safe living at the home and were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

There were sufficient staff available to ensure people's wellbeing, safety and security was protected. An appropriate recruitment and selection process was in place which ensured new staff had the right skills and were suitable to work with people living in the home.

Staff had a good understanding of systems in place to manage medicines, safeguarding matters and behaviours that are challenging to others. People's medicines were managed so they received them safely.

Relatives we spoke with said they felt welcome to visit at any time; they felt involved in care planning and were confident that their comments and concerns would be acted upon. The provider took account of complaints and comments to improve the service.

Risk assessments were in place for a number of areas and were regularly updated, and staff had a good knowledge and understanding of people's health conditions.

Feedback received from people who used the service and their relatives was overwhelmingly positive and people were encouraged to contribute their views. People were positive about the staff who supported them and told us they liked the staff and were treated with dignity and kindness. People told us they felt safe living at the home.

People were satisfied with the food provided at the home and the support they received in relation to nutrition and hydration. There was an open and transparent culture and encouragement for people to provide feedback.

People told us they were aware of how to make a complaint and were confident they could express any concerns and these would be addressed.

Staff told us they enjoyed working for the organisation and spoke positively about the culture and management of the service. They also told us that they were encouraged to openly discuss any issues.

Further improvements had been made to the design and decoration of the environment. There was a homely and peaceful atmosphere with due consideration given to the needs of people with dementia.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

| | |
|---|---|
| **Is the service safe?**<br>The service remains Good. | **Good** |
| **Is the service effective?**<br>The service has improved to Good. | **Good** |
| **Is the service caring?**<br>The service remains Good. | **Good** |
| **Is the service responsive?**<br>The service remains Good. | **Good** |
| **Is the service well-led?**<br>The service remains Good. | **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.

This comprehensive inspection took place on 16 and 17 April 2018 and the first day was unannounced. The inspection team consisted of one adult social care inspector from CQC.

Before the inspection we reviewed information available to us about this service. The registered provider had completed a Provider Information Return (PIR) in September 2017. The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

We also reviewed any safeguarding alerts; share your experience forms and notifications that had been sent to us. A notification is information about important events which the provider is required to send us by law.

During the inspection, we spoke with two people and two visiting relatives. We spoke with the registered manager, the provider and three care staff. Additionally, we spoke with two local authority professionals and a healthcare professional prior to our inspection.

We reviewed three people's care records, looked at three staff files and reviewed records relating to the management of medicines, complaints, training and how the registered persons monitored the quality of the service. We used all this information to inform our judgement.

Good

# Is the service safe?

## Our findings

People and their relatives told us they trusted the staff and felt safe living at The Old Rectory. One relative commented, "[Person name] has been here for nearly four months and I am very pleased with the home so far. I think the place is run well and [person name] is safe." A person told us, "People are really friendly here and the staff are good; I do feel safe."

Policies in relation to safeguarding and whistleblowing reflected local authority procedures and contained relevant contact information. Staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they witnessed or had an allegation of abuse reported to them. One staff member said, "Signs of abuse might be things like a change in behaviour or unexplained bruising; I would speak to my manager but know I can also contact the local authority, CQC or the police." The registered manager was aware of their responsibilities in regards to responding to safeguarding concerns. We saw there was a log of safeguarding incidents in place and one safeguarding alert had been raised in 2018 which had been managed well.

Systems were in place to identify and reduce the risks to people living in the home. People's care plans included detailed risk assessments which provided staff with the information needed to help keep people safe. Risk assessments were individual to the person concerned and provided staff with a clear description of any risks and guidance on the support people needed to manage these risks. Staff understood the support people needed to promote their independence and freedom, whilst mitigating risks, and we observed several instances were staff followed these principles when assisting at mealtimes.

Accidents and incidents were managed appropriately and there was a log of any incidents, including a tracker sheet for each person, and the action taken to reduce the risk of a reoccurrence.

The provider had a system in place for determining safe staffing numbers. People told us and we observed during inspection there were enough staff available to meet people's needs and to keep them safe. This was confirmed in discussion with relative's visiting on the days of the inspection. One relative told us, "I feel there are enough staff and they are all very polite, helpful and friendly; if you ask them anything they will do it."

There was a safe recruitment and selection process in place and staff had been subject to criminal record checks before starting work at the service. These checks are carried out by the Disclosure and Barring Service (DBS) and helps employers to make safer recruitment decisions and prevent unsuitable staff being employed. We saw detailed recruitment records were kept for each staff member.

Systems were in place that showed people's medicines were managed consistently and safely by staff. Medicines, were being obtained, stored, administered and disposed of appropriately. At the time of the inspection no controlled drugs were being used. We looked at four people's medicines against their medicine administration records (MAR's) and saw people were receiving their medicines as prescribed by their GP. Where people had been prescribed medicines on an 'as required' basis, protocols were in place including how to recognise signs of pain. A recent audit inspection of medicines had also been carried out

by a relevant healthcare professional and they had expressed  no concerns regarding the management of medicines.

The environment was clean and free from any mal-odours; cleaning schedules were in place for all areas of the home and cleaning products were stored safely. Bathrooms had been fitted with aids and adaptations to assist people with limited mobility. There was an up to date fire policy in place; fire risk assessments were undertaken and each person had a personal emergency evacuation plan (PEEP) in situ.

Environmental and premises related audits were in place, including a daily 'walk around' of the building, beds, mattresses, bed rails, furniture, hoists/slings, food preparation areas and fridge temperatures, fire equipment. We saw evidence that all required equipment and building maintenance checks had been undertaken within the required timescales.

Good

# Is the service effective?

## Our findings

People's relatives told us staff had the knowledge and skills needed to provide an effective service. One relative said, "I can't praise them highly enough; from coming in and up to now I can't fault them. The staff are fantastic and [person name] got into a routine and put weight on."

All staff completed training as part of their probationary period and induction records were kept for each staff member. Staff told us they completed a period of induction and shadowed other staff prior to completing their induction. Staff we spoke with told up they all felt ready and skilled enough to work with the people who used this service by the end of their induction period. One told us "I had an induction and did some shadowing shifts at first; I looked at care files and did training in MCA/DoLS, medicines, moving and handling, health and safety, fire safety, food hygiene, COSHH, and equality and diversity. I found this to be very useful, although I was already working in social care before coming here."

The provider had an effective robust system in place to record the training that care staff had completed and to identify when training needed to be repeated. Training provided included manual handling, first aid, medication, fire safety, health and safety, food hygiene, safeguarding, MCA/DoLS, infection control, dementia, equality and diversity, COSHH.

Staff continued to receive supervision approximately every two months, or more often if necessary, and an annual appraisal. The areas discussed during supervision included a review of the previous supervision notes, personal development and training, any current concerns, teamwork and standard of work completed. One staff member said, "Supervisions are happening regularly and I find these useful because I can catch up on any issues although we do discuss things with the manager on a daily basis."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw appropriate DoLS authorisations were in place to lawfully deprive people of their liberty for their own safety and a log of any authorisations was kept. Staff had a good understanding of these pieces of legislation and when they should be applied. One member of staff told us, "DoLS is needed for people who can't leave the building safely for example if they were alone; we have best interest meetings and we document the reasons why we think a DoLS is needed and this is done under the mental capacity act if a person does not have the capacity to make decisions."

People had risk assessments in place regarding nutrition and hydration and were assessed so they were supported to eat and drink enough to meet their individual needs. People's food preferences and needs were recorded and menus planned to reflect this. Specialist diets were catered for based on health and cultural needs and personal preferences. The kitchen was appropriately stocked with fresh food and dry goods. People were asked each day what they wanted to eat which we observed during the inspection.

Fridge temperatures were checked twice daily and food temperatures were also recorded. Measures were in

place to avoid cross contamination in the kitchen. The home had recently been assessed by the local authority and had received a food hygiene rating score (FHRS) of five which is the highest score possible. One person told us, "I like the food but prefer snack type foods; staff make these for me and it's good and I enjoyed lunch."

People continued to receive healthcare support as necessary and this was recorded in their care files. Visits from external professionals included, doctors, district nurses, social workers, speech and language therapists (SALT), podiatrists and opticians. Health records were up to date and contained suitably detailed information. Staff implemented the recommendations made by health professionals to promote people's health and wellbeing.

We observed staff continued to seek verbal consent from people prior to providing support to them, which ensured people had given consent to the care being offered before it was provided. We also saw consent to care and treatment had been sought prior to people receiving support which was recorded in people's care files.

We found work had been carried out to improve the overall living environment, since the last inspection. This included signage to communal areas, bedrooms and bathrooms/toilets that was dementia friendly. We spoke with the registered manager about any on-going refurbishments and saw that a plan was in place for 2018 which included replacing bathrooms, renewing beds and mattresses. The registered manager also told us about the need to replace the lounge carpet with a more plain carpet to assist people living with dementia.

Good

# Is the service caring?

## Our findings

Comments received from people and their relatives about staff attitudes and approach remained positive; one relative said, "I know [person name] is happy and I always see her looking well." A second told us, Staff are always very caring and kind. [Person name] has been looked after very well and interactions are always positive; all the family think the same."

The service continued to have a visible person centred culture and we observed people were treated with kindness and dignity during the inspection. Staff took time to stop and speak to people on an individual basis and held conversations that were relevant to each person, for example about what clothes they wanted to wear that day or what they wished to eat.

Staff understood it is a person's human right to be treated with respect and dignity and to be able to express their views. We observed them putting this into practice during the inspection. For example one person was feeling tired and wished to have a rest in their own bedroom and we saw staff respected this choice and supported the person to their room. People confirmed staff were always very polite and included them when making decisions about how they wanted their care provided. One person told us, "Staff are very friendly; always smiling and polite. It's lovely here; staff listen to me and act on what I say."

Staff were respectful when talking with people, calling them by their preferred names. We observed staff knocking on people's doors and waiting before entering. We saw staff spoke with people while they moved around the home and informed people of their intentions when approaching people. During our observations we saw many positive interactions between staff and people who used the service. Staff spoke to people in a friendly and respectful manner and responded promptly to any requests for assistance. We saw staff communicated well with one another and passed on relevant information to each other regarding the care they were providing. We observed that people using the service appeared clean and well groomed.

We looked to see how the provider promoted equality, recognised diversity, and protected people's human rights. We found the service aimed to embed equality and human rights through good person-centred care planning. Support planning documentation used by the service enabled staff to capture information to ensure people from different groups received the help and support they needed to lead fulfilling lives, which met their individual needs. For example if people had been referred to the home who required an alternative diet the service had responded appropriately.

We found there were appropriate policies in place which covered areas such as equality and diversity, confidentiality, privacy and dignity.

Staff understood it is a person's human right to be treated with respect and dignity and to be able to express their views. We observed them putting this into practice during the inspection. People confirmed staff were always very polite and included them when making decisions about how they wanted their care provided. One person said, "All the staff are friendly here; very good." A second said, "Staff can't go wrong in my opinion; very respectful."

People's care plans included information about their needs regarding age, disability, gender, race, religion and belief. Care plans also included information about how people preferred to be supported with their personal care. Staff we spoke with were able to tell us about people's preferences and routines. One staff member told us, "[Person name] can sometimes take a little time to understand what is happening and 'get going' so I make them feel comfortable and keep talking to them every step of the way until they feel better. I always ask for their consent before doing anything and I make suggestions and give them options so they can choose, whilst at the same time being mindful of their body language, especially because they can't always tell you."

We found people's care files were held in an office where they were accessible but secure and staff records were also held securely. Any computers were password protected to aid security.

Good

# Is the service responsive?

## Our findings

People's care plans confirmed an assessment of their needs had been undertaken by the service before their admission to the home. People and their relatives confirmed they had been involved in this initial assessment, and had been able to give their opinion on how their care and support was provided. Following this initial assessment, care plans were developed detailing the care, treatment and support needed to ensure personalised care was provided to people. One relative commented, "I am fully involved in all discussions." A second told us, "The manager always involves me in all discussions about [person name]."

We found the provider was meeting the requirements of the Accessible Information Standard (AIS) by identifying, recording and sharing the information and communication needs of people who used the service with carers/staff and relatives, where those needs related to a disability, impairment or sensory loss.

People's care plans provided information to staff on how to manage specific health conditions or acquired conditions such as chest infections. Individual care plans had been produced in response to risk assessments, for example where people were at risk of developing pressure ulcers. Records of professional visits were kept in people's care files, including doctors, nurses, specialist nurses and other healthcare professionals.

Care plans contained information about how to provide support to people, what they liked and disliked and their preferences. People told us staff adapted care to suit their individual preferences. For example, some people preferred to get up late and others liked to get up early; this was known and respected by staff and was observed during the inspection. One person told us they wished to have a rest in the afternoon in their own room we saw staff respected this choice.

A range of activities were on offer and a schedule of planned activities was available for people to see. During the inspection we observed the activities provided included; a group dancing/singing session, a birthday celebration and a knitting activity. Some people living with dementia had access to soft toys, such as a teddy bears and dogs, which we saw provided comfort to people. One person told us, "I like to help out at mealtimes with laying the tables," and we observed this to happen during the inspection.

The provider took account of complaints and compliments to improve the service. A complaints log, policy and procedure were in place and people told us they were aware of how to make a complaint and were confident they could express any concerns. One person said, "I know how to complain but there isn't anything I can think of to complain about." A relative told us, "If I have had any issues [manager name] has always been available and I have no concerns."

People were asked about where and how they would like to be cared for when they reached the end of their life and this was recorded in their care files.  We found that a number of people did not want to complete their end of life plan and this was recorded.

Good

# Is the service well-led?

## Our findings

There continued to be 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 who used the service and their relatives praised the registered manager and said they were approachable and visible. It was clear from our observations the manager was visible and actively involved in supporting people and staff during the inspection.

People and their relatives told us they were encouraged to share their views and provide feedback about the service. Questionnaires had been sent out in 2018 and we saw several compliments had been made about the quality of care at the home since the last inspection. Resident and relative meetings were held quarterly and people were encouraged to have their say on the day to day running of the home, including what they wanted to eat and the activities they wanted to undertake.

There was an up to date certificate of registration with CQC and insurance certificates on display as required. We saw the last CQC report was also displayed in the premises as required.

People were provided with a guide to the service prior to accepting support; this included the home's philosophy of care based on respect, dignity, autonomy, confidentiality, the recruitment of quality staff and supporting relatives.

The service had a business continuity plan that was up to date and included details of the actions to be taken in the event of an unexpected event such as the loss of utilities, fire, loss of IT/telecoms, an infectious outbreaks or flood.

Staff we spoke with commented positively on the culture and support they received at the service and felt valued in their job role. One staff member told us, "The manager is very supportive and there is no question that is too silly to ask; they give me good guidance and are always available. Staff meetings are happening regularly. It's good to be able to go through issues and good that we communicate. "

A range of audits and checks continued to be undertaken by the manager including housekeeping, the kitchen, social needs, building maintenance, fire and evacuation, infection control, health and safety and people's care files. There was a management structure in the home which provided clear lines of responsibility and accountability.

The registered manager was a member of the Skills for Care Registered Managers' Network and attended regular meetings to share good practice.

The provider had notified the Care Quality Commission of all significant events which had occurred in line

with their legal responsibilities. The service worked in partnership with other agencies to support care provision and development, such as the local authority, Psychiatry services and the care home liaison team. The service's compliments records included positive feedback from community professionals about cooperative working.