Oakprice Limited

The Old Rectory

Inspection report

The Old Rectory
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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 15 bedded care home for people with learning disabilities. It specialises in caring for people with autism spectrum disorder and health, emotional and behavioural needs. The provider is Oakprice Care Limited, a family run business. People who live there range from young adults to older people, and live within four separate units. At the time of our inspection there were 15 people living at The Old Rectory.

At the last inspection on 8 December 2015, the service was rated Good overall. However, we rated the 'effective' domain as requires improvement because there were two breaches of regulations found at that inspection. This was because consent arrangements for people who lacked capacity were not fully in accordance with the Mental Capacity Act 2005, as best interest decisions made were not always recorded. Also, because new staff did not receive a comprehensive induction when they started working for the service to enable them to carry out their duties. This inspection found improvements had been made in both those areas and the service was now meeting all the requirements of the regulations.

At this inspection we found the service remained Good.

Why the service is rated good:

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People's rights were protected because improvements had been made in the policies and recording systems the service used for people who lacked capacity. They had improved their documentation to demonstrate involvement of professionals and relatives in best interest decision making.

Improvements had been made in induction arrangements for new staff. They received a more comprehensive induction, and worked alongside more experienced staff. This meant they got to know people well and how to meet their needs before working with them unsupervised. Staff received regular training and supervision which enabled them to feel confident in meeting people's needs and recognising changes in their health.

The service continued to provide safe care to people. People were supported to have maximum choice and control of their lives. Measures to manage risk were as least restrictive as possible to protect people's freedom. There were enough staff to meet people's needs and support them with activities and trips out. Medicines were safely managed on people's behalf. There were effective staff recruitment and selection processes in place.

People received effective care and support from staff who received regular training and updating. Health and social care professionals were involved in people's care to ensure they received the care and treatment which was right for them. People were supported to maintain a balanced diet, and to keep active.

People had built strong relationships with each other and with staff who were caring and compassionate. There was a happy atmosphere in the home and people told us they liked staff who were always kind. People's privacy and dignity was respected. A visiting professional said, "I love going to The Old Rectory, it's got a nice homely feel, and there is a good mix of older and younger people."

People enjoyed a wide variety of hobbies and interests and were part of their local community. They received personalised care and support that met their individual needs. Care plans were personalised to reflect people's preferences and provided detailed information about the support they needed.

The service was well led by a registered manager who was open and approachable. People had lots of opportunities to have their say and their views and suggestions were taken into account to improve the service. Staff spoke positively about good communication and teamwork and had opportunities for professional development. A number of methods were used to assess the quality and safety of the service and staff made continuous improvements in response to their findings.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good

The service has improved to Good.

New staff received a comprehensive induction, so they got to know people and how to meet their needs. Staff received regular training and supervision which enabled them to feel confident in meeting people's needs and recognising changes in their health.

Staff demonstrated a good knowledge and understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, and acted in accordance with them.

People were supported to access healthcare services. Staff recognised changes in people's health, sought professional advice appropriately and followed that advice.

People were supported to lead a healthy lifestyle and to improve their health through good nutrition, hydration and exercise.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Good

The service remains 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 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 was a comprehensive inspection and took place on 23 and 24 May 2017. An adult social care inspector completed the inspection.

The registered manager completed a Provider Information Return (PIR) in April 2017. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and at other information we held about the home and notifications we had received. A notification is information about important events which the service is required to send us by law.

We met with all 15 people and received feedback from two relatives. We spent time observing staff interactions with individuals. We met with 10 members of staff, which included the registered manager and a director of the company. We reviewed four people's care files, three staff files, and looked at staff training records, and at records relating to the management of the service. We sought feedback from commissioners, and health and social care professionals who regularly visited the home and received a response from three of them.

Good

Is the service safe?

Our findings

The service continued to provide safe care to people. People were very relaxed and comfortable with the staff who supported them. One person said "I feel safe here. It's my home." A relative said, "It's 100 per cent safe, I have complete and utter trust in the staff."

People were prompted to treat one another with kindness and respect and staff set boundaries about expected behaviours. Staff responded appropriately to people's needs and interacted respectfully to ensure their human rights were upheld. For example, staff communicated with people in a way they understood in order to meet their needs.

To minimise the risk of abuse to people, all staff undertook training in how to recognise and report abuse. Staff reported any concerns to the registered manager, and said they were confident that action was taken in response to protect people. Since the last inspection, two safeguarding concerns about altercations between people had been notified to the Care Quality Commission and the local authority safeguarding team. With each notification, the registered manager outlined steps taken to reduce the risk of recurrence, protect people and keep them safe. Staff had sought the advice of the person's GP and liaised with a specialist mental health professional.

Risk assessments were carried out to ensure people received care and support with minimum risk to themselves and others. Staff had undertaken conflict resolution and breakaway training. This helped them support people who sometimes experienced behaviours which others living at the service and staff found challenging. Several people had comprehensive behaviour support plans, which guided staff practice. These identified 'triggers' and changes in behaviour, which might alert staff to an increasing risk that a person was becoming upset or agitated and gave detailed guidance about how to respond. For example, by engaging with the person, making eye contact and encouraging them to listen, by distracting them with an activity and praising positive behaviours. Staff were vigilant in monitoring changing levels of risk and intervened proactively to prevent any behaviours escalating.

Accident and incidents were reported and appropriate steps were taken to minimise risks. For example, updating people's positive behaviour support plans. At staff handover and staff meetings, staff discussed strategies to support people in a consistent way and minimise impact on others living at the home. This meant proactive steps were taken to reduce the risks of recurrence.

People received their medicines safely from staff who were trained and assessed to administer medicines. People's medicine administration records were correctly signed when they were administered or refused. Prescription sheets were checked by senior staff each day to monitor they were correctly completed.

Staff had worked closely with health professionals to support people who needed 'as required' medicines to help manage challenging behaviours. These are medicines only used sometimes in certain situations. as the situation arises. A professional praised how staff used positive behaviour support methods successfully and had managed to reduce or stop the use of 'as required' medicines for most people, which they described as,

"a significant achievement." The most recent external pharmacy audit in 2016 confirmed good medicines management practices and did not identify any areas for improvement.

Environmental risk assessments were completed and showed measures taken to reduce risks. Regular health and safety checks of the environment were carried out with actions taken to undertake repairs and maintenance as needed. For example, a service improvement plan showed improvements had been made to the hot water system. This meant the hot water people used was within the 44 degrees limit recommended by the health and safety executive, which minimised scald risks. A part time maintenance person had recently been employed, so repairs, maintenance and decorating could be completed in a more timely way. In unit four, the newest unit, staff identified to us, not having a phone line as a risk. This was because they worked alone in that unit, so needed to be able contact other staff if they needed help. We discussed this with the registered manager who was aware of this. They explained the telephone provider was having technical difficulties installing a landline. Meanwhile, they arranged for staff to use a mobile phone to keep in contact with one another.

People had enough staff to assist them with their care needs, take part in activities and go out. For example, where a person's risk assessment showed they needed one to one staff support, for their safety and the safety of others, this was always provided. Each day, there were at least seven staff on duty. At night there was a combination of waking and 'sleep in' night staff. Staff confirmed they felt staffing levels were adequate and that people's needs were met promptly. The registered manager and two of the provider's family members worked flexibly in the service, whenever extra help or support was needed. For example, when a person wanted to go shopping and needed two members of staff to accompany them, the registered manager went with a member of staff.

The service had appropriate recruitment systems which helped prevent unsuitable people from working with people who used care and support services. A relative said, "I like the balance of older experienced members of staff with younger staff with lots of energy and enthusiasm, they do really well in selecting staff."

Good

Is the service effective?

Our findings

At the previous inspection in December 2015 we found the provider was not meeting their legal requirements with regard to consent for people who lacked capacity. This was because consent arrangements for people who lacked capacity were not fully in accordance with the Mental Capacity Act 2005, as best interest decisions made were not always recorded. We also identified improvements were needed in the induction arrangements for new staff to help prepare them to carry out their duties. Both of these requirements have now been met.

People's legal rights were protected because staff understood the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. 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. DoLS provides legal protection for those vulnerable people who are, or may become, deprived of their liberty. The safeguards exist to provide a proper legal process and suitable protection in those circumstances where deprivation of liberty appears to be unavoidable and, in a person's best interests. We checked whether the service was working within the principles of the MCA and DoLS found they were.

Staff had received training and demonstrated a good understanding of the MCA and DoLS including what constitutes restrictive practices, such as having locked doors and continually supervising people. The registered manager had made deprivation of liberty applications to the local authority DoLS assessment team for everyone living at the home. This was because they identified people may be deprived of their liberty due to the level of supervision they needed for their safety and wellbeing. Two people had authorisations in place, which staff acted in accordance with and the remaining people were awaiting assessment. Where necessary restrictions were placed on people for their safety and wellbeing, staff had considered the least restrictive option.

Relatives and professionals confirmed they were consulted and involved in best interest decisions made. For example, records showed relatives were involved in a best interest decision to use a harness to keep a person safe when they travelled by car. Further improvements were needed in documenting day to day best interest decisions, and in recording how staff support people to make as many decisions for themselves as possible. The registered manager planned to address this through further staff training and the introduction of local authority documentation developed to support this.

People received effective care, from staff that had the knowledge and skills they needed to carry out their roles and responsibilities. People and relatives thought the staff who worked at the home had the right skills and knowledge to support them. A relative said, "Staff are skilled at working with him and they work with him consistently. They get the right training and they have stuck to his care plan." Staff recognised and responded to changes in people's health and wellbeing. Health professionals said staff contacted them proactively and followed their advice.

When staff first came to work at the home, they undertook a period of induction. New staff worked alongside more experienced staff to get to know people. They were supervised to ensure they felt confident and were safe and competent to carry out their role before working one to one with people. The staff induction incorporated the national Care Certificate, a nationally recognised set of standards that health and social care workers are expected to adhere to in their daily working life. Records of staff induction were seen, as were regular reviews of progress. A newer member of staff who recently completed the staff induction said, "Everybody is so supportive."

Most staff had completed health and social care diplomas at level two and above, and several staff were doing higher qualifications. Staff undertook regular update training such as fire safety, health and safety, and infection control. In addition they had completed specialist training specific to people's individual needs, such as autism, and caring for people with epilepsy. Staff received support through regular one to one supervision, and had an annual appraisal to discuss their practice and identify any further training, and professional development needs. Staff commented positively on the training and development opportunities available.

People received ongoing healthcare support. Staff worked closely with local GP's, community nurses and members of the learning disability team to maintain and improve each person's health. Records showed people had an annual health check and regular health, dental, optician and chiropody appointments. Each person had detailed care plans about how to meet people's health needs and staff recognised changes in a person's physical or mental health and sought professional advice appropriately. For example, staff worked with an occupational therapist to support a person to improve their mobility, they followed guidance given about exercises and the use of specialist mobility equipment. Staff were also arranging for the person to attend a local hydrotherapy pool, which they thought would help the person improve their mobility.

People were supported to improve their health through good nutrition. Monthly menus incorporated people's food choices and included a range of fruit and vegetables. People's care plans included details of their individual food and drink preferences. People were offered drinks throughout the day, and several people made their own with staff support. Meals were freshly prepared each day and people had their main meal in the evening with a lighter snack at lunchtime. A person enjoyed helping a staff member prepare a quiche for lunch. Another person was looking forward to faggots for dinner and were going to help prepare the vegetables. Mealtimes were very sociable, people and staff ate together and people sometimes enjoyed a takeaway. In one unit, pizza was the favourite takeaway.

Care plans and staff guidance emphasised the importance of people having a balanced and nutritious diet to maintain their general well-being. Some people were trying to lose weight and there were low fat yogurt and crisp options available. Staff recognised changes in people's nutrition with the need to consult with health professionals involved in people's care. Speech and language therapists worked closely with people with communication problems and swallowing difficulties. For example, staff cut a person's food into small bite size pieces and reminded them to chew and swallow each mouthful before moving onto the next in accordance with their care plan.

Good

Is the service caring?

Our findings

The service continued to provide a caring service to people. People were relaxed and comfortable with staff who were attuned to their needs. People's comments included: "Staff are kind and friendly" and "I like living here." A relative said, "It's like home from home. We feel so welcome when we go." A visiting professional said, "It's got a nice homely feel."

The atmosphere was relaxed, calm and happy with lots of smiles, fun, good humour, and gestures of affection. Staff knew people really well, such as what made a good day for them and things that might upset a person. They spoke with pride about the people they cared for and celebrated their achievements. Staff comments included; "Staff treat people like their own family" and "We really care about the residents. They are so important."

People were involved in decision making about their care and were offered day to day choices. Staff sought people's agreement before carrying out any care and treatment and supported people to make as many day to day decisions as possible. For example, a staff member described how they supported a person to choose what to have for breakfast by showing them four boxes of cereal, so they could choose which one they wanted. Where a person indicated they did not wish to do something staff suggested, and their choice was respected.

Staff had developed positive, kind, and compassionate relationships with people and their care was personalised. Each person had a 'My Essential Lifestyle Plan' which captured the person's positive attributes, such as what others liked and admired about the person and what was important to them. For example, that one person had a lovely smile and was friendly and helpful and enjoyed spending time with their family.

People were encouraged to maintain relationships with their friends and family. For example, staff supported one person to meet their girlfriend regularly and care plans included details of people's 'circles of support,' so staff knew who was important to the person. Staff also reminded people of family and friends birthdays and helped them to buy gifts and cards.

Some people had limited verbal communication skills and staff had undertaken Total Communication training. They used a variety of non-verbal communication methods to help people to communicate effectively. For example, Makaton (a form of sign language) to interact with one person, who had lots of signs that were individual to them. Staff could recognise how a person was feeling from their non-verbal cues such as body language, gestures and vocal sounds and they responded appropriately. A detailed communication plan identified each person's preferred communication methods. For example, for one person, staff were instructed to use simple short sentences and provide visual and verbal prompts. For example, when preparing the person for a shower, staff gathered up their towels and toiletries and sprayed water on the person's palm to indicate they were about to have a shower.

Staff described ways in which they maintained people's privacy, dignity and independence when assisting

them with personal care. For example, by passing one person their flannel to prompt them to wash their own hands and face. When another person wanted to use the bathroom, the person took staff by the hand and led them towards the bathroom, and staff responded immediately and assisted them in private.

Staff were kind and compassionate. For example, a staff member explained a person had recently lost both parents in quick succession and became very upset when they saw their photographs on display in their room. So, they arranged to compile a photograph album, so the person could choose when they wanted to look at them. During the inspection, the person became upset and asked to see their brother. A member of staff rang straightaway and arranged for them to meet up, and the person was happy again.

Good

Is the service responsive?

Our findings

The service continued to be responsive to people's needs. Staff knew people very well and provided person centred care and support which took account of their needs and wishes. One person speaking about what they liked about the home said, "I have made friends." Another person told us they were looking forward to visiting London and were excited to see "Big Ben."

A relative said the person was working toward goals they never thought they could achieve. They said, "Staff are fantastic, he used not be able to get in the car, there is no problem with that now. He is also enjoying doing arts and crafts, something he hasn't done before." Another relative said how impressed they were that staff had taught the person to recognise when they needed to use the toilet, when previously they had been incontinent. This had significantly improved the person's quality of life and independence. Their relative said, "It's amazing, they did it with patience, love and tolerance." A professional speaking about how people have progressed since going to live at The Old Rectory said, "The residents are really happy. I know some of them from previous placements, I can see the difference. More opportunities to pursue regular occupational activities and significant reductions in level of distress behaviour."

Each person had one or two named keyworkers, which they had a say in choosing. For example, staff they had taken a liking to or who shared some of their interests. Each keyworker took a lead role in supporting the person, helping update their care plan, and being available for a chat, advice, and to help them with buying clothes and making plans for the forthcoming month. For example, one person was interested in learning to play the guitar and their keyworker was helping arrange guitar lessons. Another person's keyworker explained how they used a person's iPad to download different styles of beards for them to look at, so they could choose which style they wished to grow their beard.

People were supported to develop and improve their independent living skills, according to their ability. For example, by doing their own laundry, tidying their room, vacuuming and helping with the recycling and grocery shopping. Staff praised and thanked a person who brought their cup to the dishwasher when they had finished their drink. One person proudly told us about how they could now go on their own to the local shop. They had built up their confidence over time with the support of staff, so could now go to their local shop independently, which was a great achievement for them. Three people were attending college part time and pursuing options to gain work experience when their education finished. One person told us about their plans to work in the canteen at Bicton College, and another person was growing vegetables and preparing vegetable boxes for sale.

People spent lots of time in their local community going to places of interest to them. One staff said, "Everyone is out nearly every day." A visiting professional said, "There is always something going on, staff keep people active and busy." Activities formed an important part of people's lives. One person told us they liked playing computer games, reading, colouring and going for walks. Another person liked looking at magazines and using the swing in the garden. Others enjoyed doing arts and crafts, cooking, baking and outside entertainers. Several enjoyed regular visits by a massage therapist, who did hand and foot massage which also had therapeutic benefits.

Care plans were personalised, up-to-date and were clearly laid out. They included information about people's life history, their hobbies and interests and their physical and mental health. Staff confirmed people's care plans were accurate and said they found them helpful.

There were regular opportunities for people to raise issues, concerns and compliments. This was through on-going discussions with staff and the registered manager. People were made aware of the complaints system in a format appropriate to them. The service had not received any complaints since our last inspection.

Good

Is the service well-led?

Our findings

The service continued to be well led. People, relatives, staff and professionals all gave us positive feedback about leadership at the home. A relative said, "It's well run and organised."

The ethos of home was to provide person centred care and promote choices for people. There was a clear management structure in place, three team leaders and an administrator supported the registered manager. A team leader was on duty each day and co-ordinated the staff team working in all four units, they monitored how staff were getting on and provided any support and advice needed. They did some staff supervision and appraisals and wrote monthly reports about their areas of responsibility, which were discussed with the registered manager. Staff spoke positively about teamwork and good communication. Staff comments included: "We all work as a team," and "There is a good mix of age and experience."

Staff were kept up to date through regular staff meetings. Minutes showed incidents were reviewed and any changes in approach agreed. Other issues discussed included policies, menus and activities and ideas and suggestions.

People's and relative's views were sought day to day, and at regular meetings. Minutes of individual meeting highlighted people were consulted regarding plans for the forthcoming month, menus and activities. Responses to an annual 'smiley face survey' of people's views showed they were 'very happy' or 'happy' with all aspects of their care.

The service worked with other health and social care professionals, so people's needs were met. This also helped staff keep up to date with best practice, current guidance and legislation. The service had evidence based policies and procedures which guided staff in their practice. These included policies on safeguarding, Mental Capacity Act, health and safety and infection control.

People's care records were kept securely and confidentially, and in accordance with the legislative requirements. All record systems relevant to the running of the service were well organised and reviewed regularly.

The registered manager and other senior staff completed checks on a regular basis as part of monitoring the quality of the service. For example, they reviewed people's care plans and risk assessments, incidents and accidents and did regular health and safety checks. The provider had a service improvement plan which identified areas needing further improvement, and identified actions needed and progress to date. For example, they had replaced fire doors to meet current fire regulations and updated health and safety risks assessments.

The registered manager had notified the Care Quality Commission (CQC) about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe. The rating from the previous inspection was displayed on the provider's website and in the various units, as required by the regulations.

In the provider information return (PIR), the registered manager highlighted plans underway to develop a sensory room that people from all units could access via a separate entrance. A sensory room is a special room designed to help people develop their senses through special lighting, music, and objects. Staff had suggested this, when they saw how several people benefitted from using sensory rooms in others places they had visited. They were in the process of researching which equipment individuals would particularly enjoy. The registered manager said they hoped to have this completed by Christmas 2017. This showed the service was committed to continuous improvement.