

Chris Care Service (UK) Limited

The Old Rectory

Inspection report

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21 June 2023

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement



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

About the service

The Old Rectory is a care home providing personal care to older people, including people living with dementia. The service accommodates 10 people in a large, detached property with a mixture of ensuite and shared bathrooms. At the time of the inspection 10 people were using the service.

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

The provider managed medicines safely; however, some processes were not always robust in reducing people's risk. We made recommendations about the safe management of medicines.

Environmental risks were not always identified and mitigated effectively. We made recommendations about health and safety and dementia-friendly environments.

The provider and registered manager were responsive to concerns raised at the time of the inspection. They made some immediate improvements and had detailed plans in place for further improvements.

Healthy lifestyles were promoted, and systems were in place to make sure people's health needs were met. Menu planning met people's dietary needs and considered individual and cultural preferences. Staff had the skills and knowledge to deliver care effectively. People's needs were assessed and reviewed regularly, and staff were trained to provide support whilst promoting independence. People told us staff were polite and always asked before providing support.

Staff were trained to recognise potential risks and signs of abuse. Staffing levels were safe. Staff used personal protective equipment (PPE) appropriately when supporting people and infection prevention and control processes were in place.

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.

Care plans were personalised and showed the care and support people wanted and needed. People and relatives knew how to raise concerns and were confident these would be dealt with appropriately.

Managers ensured systems were in place to monitor the running of the service. The provider had procedures in place to receive feedback on how to improve support. Lessons were learned when concerns were raised, and these outcomes were communicated to staff. Staff worked well in partnership with other agencies to deliver effective support.

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

Rating at last inspection

This service was registered with us under a new provider on 5 September 2022 and this is the first inspection.

The last rating for the service under the previous provider was good, published on 4 June 2018.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Recommendations

We have made recommendations about the management of medicines and environmental risks.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 effective?

The service was effective.

Details are in our effective findings below.

Good ●

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 well-led.

Details are in our well-led findings below.

Good ●

The Old Rectory

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 Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by an inspector, a medicines inspector and 2 Experts 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.

Service and service type

The Old Rectory is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Old Rectory is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced. Inspection activity started on 20 June 2023 and ended on 21 June 2023. We visited the location on 20 June 2023.

What we did before the inspection

We sought feedback from the local authority and healthcare professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager, and the nominated individual, and received feedback from 5 support staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We spoke with 5 people receiving support and 5 relatives. We reviewed 3 people's care records. We reviewed records and audits relating to the management of the service, including infection control, environmental repairs, and medicines administration. We asked the registered manager to send us documents after the on-site inspection. These were provided in a timely manner and this evidence was included as part of our inspection.



Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. 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.

Using medicines safely

- Information regarding people's allergies was not always recorded correctly on relevant documentation. This meant there was a risk people might be given medicines to which they have previously reacted. After the inspection, the provider told us they had rectified this, and all records now contained allergy information.
- Staff were not always recording when thickened fluids were being given to people at risk of choking and aspiration and when they were recorded it was not always clear the correct level had been given. We recommend the service ensures staff record the level of thickener used each time.
- Instructions for medicines given when required 'PRN' were not always available and were not always person centred. After the inspection the service sent evidence this had been rectified.
- We noted there was no impact of harm on people at the time of the inspection.

We recommended the provider consider current guidance on safe medicines management and administration and takes action to update their practice accordingly.

- The service had systems and processes in place for the safe storage, administration, and use of medicines. People were supported by staff who followed systems and processes to order, administer, record and store medicines safely.
- Medication administration records for topical preparations such as creams and medication patches were completed accurately. Staff had clear instructions on where and how to apply these medicines.

Assessing risk, safety monitoring and management

- Some parts of the building were not suitably maintained or checked to make sure they were safe for people. For example, floors were uneven and in need of repair and some carpets were frayed and were a potential trip hazard.
- The home did not have a recent fire risk assessment completed by a relevant professional. Whilst it had been reviewed regularly, the last fire risk assessment was written in July 2016. We noted there had not been any significant structural changes such as an extension.
- We noted there was no impact of harm on people at the time of the inspection.

We recommended the provider consider current health and safety guidance and take action to update their processes accordingly.

- The provider gave feedback after the inspection specifying the actions already in progress to address the concerns we identified.
- Other parts of the service's environment were safe. There were a series of checks on the building, services, and equipment, to ensure it was safe to use.
- The provider had systems and processes in place to identify risks associated with people's care and support needs and actions were in place to reduce risks occurring.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The provider had systems and processes to make sure people were protected from abuse. These were made available to staff and others.
- Staff completed safeguarding training as part of their induction and received regular updates. Staff understood their responsibilities for protecting people from abuse and for reporting any concerns they had about people's safety and treatment.
- Allegations of abuse were reported without delay to relevant agencies and there was good partnership working with them to make sure allegations were investigated.
- People said they felt safe. One person told us, "I am happy here and I feel safe because the staff are all very good."

Staffing and recruitment

- Staff were recruited safely by the provider, and all relevant checks had been carried out prior to them commencing their employment. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staffing requirements were calculated based on occupancy levels and people's dependency needs and reviewed regularly by the registered manager. At the time of our inspection, staffing levels and skill mixes matched those required to meet people's needs and keep them safe.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- No restrictions were in place regarding visiting. We observed safe visiting arrangements were in place which helped to minimise the risk of the spread of infection.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The building was adapted to people's needs. However, bedrooms did not always display pictures or objects relevant to the person, to help people living with dementia identify their own room.
- Some areas of the home needed redecorating and refurbishing. We noted there was no impact of harm on people at the time of the inspection.

We recommended the provider consider current guidance on dementia-friendly environments and take action to update the accommodation accordingly.

- The building was designed appropriately, to enable people to have as much independence and personal freedom as possible.
- The provider and registered manager were responsive to concerns raised at the time of the inspection. They had made some immediate improvements and had detailed plans in place for further improvements.

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

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Some people had Lasting Power of Attorney (LPOA) arrangements in place for financial decisions. However, paperwork showing decisions had been made in people's best interests was not always available. After the inspection the service sent evidence this had been rectified.
- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS

authorisations were being met.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager ensured assessments had been completed prior to people moving into the service; these helped ensure the environment was suitable and staff could meet people's needs.
- The provider included people, and where appropriate, their relatives when assessments were completed.
- Staff asked people who used the service for important information about their likes, dislikes, and life history so these could be included in care plans.

Staff support: induction, training, skills, and experience

- People received care and support from staff who had the skills and training to meet their needs.
- Staff completed a period induction, shadowing other staff and getting to know people before starting to work alone.
- Staff training and competencies were refreshed at regular intervals. Staff we spoke with said they received training to help support people living with specific conditions.

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

- The provider ensured people were supported to maintain a balanced and varied diet which met their nutritional needs. Where needed, people's weights were monitored to identify and act on any changes.
- The registered manager recognised people's cultural and religious needs and ensured staff respected people's needs and wishes when supporting them at mealtimes.
- Staff were knowledgeable about people's needs and preferences. People were asked what meals they would like to see on the menu.
- Relatives felt staff were effective and responsive. One relative said, "When [my relative] moved in, staff spotted they weren't eating enough. Staff spoke to us and the doctor about it for help and information and [my relative's] health improved."

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

- The provider worked closely with a range of professionals and partner agencies, to ensure people received effective support.
- Support records showed advice given by health professionals was acted upon, and staff were prompt in raising concerns or issues.
- Staff provided support to people to maintain their oral health needs. Where this was identified as a need; this was recorded in support plans.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Staff treated people with real kindness, respect, and humanity.
- People benefited from staff who knew them well. This meant people's individual characteristics, likes, dislikes and personal preferences were recognised and respected by staff.
- The registered manager promoted equality and diversity. Staff had received training in equality and diversity and were able to explain what this meant for people.
- Relatives felt staff were responsive and caring. One relative told us, "When [my relative] was admitted, there were obvious improvements almost immediately; they became physically more able, and staff do so much with people."

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

- The provider ensured people, and where appropriate those important to them, took part in making decisions and planning of their care.
- The registered manager took the time to understand people's individual communication styles and develop a rapport with them. Staff gave people the time to listen, process information and respond.
- Staff respected people's choices and wherever possible, accommodated their wishes, including those relevant to protected characteristics, for example, due to cultural or religious preferences.

Respecting and promoting people's privacy, dignity, and independence

- The registered manager had processes in place to ensure people were treated with dignity and respect.
- The provider ensured they maintained their responsibilities in line with the General Data Protection to maintain peoples' privacy. Regulations (GDPR). GDPR is a legal framework which sets guidelines for the collection and processing of personal information of individuals.
- Staff knew how to support people because the relevant information, including people's ethnicity and religion, was recorded in people's care plans.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- The provider regularly reviewed care plans and kept information about people's needs up to date.
- Staff had a good understanding of people's needs and told us they were kept informed of any changes to people's care and support through handovers at each shift change.
- People and their relatives felt they had choice around their daily living arrangements, and this was respected by staff.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider assessed people's communication needs, and these were recorded in their care plans. Care plans were regularly reviewed.
- The registered manager told us information could be provided in alternative formats such as other languages, large print, or spoken format, if required. One person we spoke with said they had picture cards available to support with their communication.

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

- People were supported to keep in contact with family and friends by the registered manager. Relatives told us they could visit at any time and were always made to feel welcome.
- Staff provided people with person-centred support when helping with everyday living skills, hobbies, and meaningful activities. Staff ensured adjustments were made so people could participate in the activities they wanted to.
- People told us they felt independent and active. One person said, "I choose what I want to do each day. If I don't want to do activities I don't need to get involved. I feel independent here, and staff don't tell me what to do."

Improving care quality in response to complaints or concerns

- The provider had processes in place to seek feedback and respond to concerns when raised.
- The registered manager ensured complaints were analysed to try to identify learning and improve the

service.

- Relatives said they felt confident the provider would act on their concerns.

End of life care and support

- Where people had been willing to discuss their wishes for this stage of life, the registered manager ensured their care records reflected this.
- The registered manager liaised with relevant healthcare professionals to provide appropriate support and end-of-life care.
- Staff understood people's needs and followed best practice for end-of-life care. They respected people's religious beliefs and preferences.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Overall, the provider ensured the safety and quality of the service was effectively assessed. However, there were areas which needed further development. For example, the inspection highlighted areas of medicines management, and the management of risk, where actions needed to be taken by the registered manager.
- The provider and registered manager were responsive to concerns raised at the time of the inspection. They made some immediate improvements and had detailed plans in place for further improvements.
- Managerial lines of accountability were clear, and staff understood their roles and responsibilities.
- Supervisions and team meetings were used to discuss issues or concerns and drive improvements in the service. Staff were aware of the providers whistle-blowing policy and knew how they could use this to raise concerns.

Promoting a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider engaged with people about their care and support needs and worked in partnership with others including people's relatives, staff members and health and social care professionals.
- The registered manager and staff created an open and positive culture at the service, which was person-centred and achieved meaningful outcomes for people.
- Staff worked closely with people, and where appropriate their relatives, to understand their cultural beliefs and backgrounds.
- Managers were visible in the service, approachable, and took a genuine interest in what people, staff, relatives, advocates, and other professionals had to say.
- Relatives felt staff and managers were engaging and friendly. One relative told us, "Staff are very jolly; managers are beyond all measure of brilliance, and nothing is too much trouble. Managers are always available."

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; Continuous learning and improving care

- The registered manager understood their responsibilities to be open and transparent and had had robust processes in place for receiving feedback and suggestions on how to improve the quality of support.
- The provider and manager notified relevant agencies, including CQC, in a timely manner of incidents when they occurred.

- Staff and managers apologised to people, and those important to them, when things went wrong.
- The provider had clear plans for the future of the service and used lessons learned to inform service improvement decisions.

Working in partnership with others

- The provider displayed good partnership working with others to make sure people received the care they needed.
- The registered manager worked well with other healthcare professionals and advice was promptly sought and followed to make sure people's needs were met.
- Staff supported people to maintain links which were important to them such as with family, friends, and church groups.
- Healthcare professionals told us managers were responsive. One healthcare professional said, "My experience of the Old Rectory is positive. They are responsive and I have no current concerns."