The Old Rectory (Nunney) Limited

The Old Rectory Nunney Limited

Inspection report

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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

We undertook an unannounced inspection of The Old Rectory on 17January 2018 and 24 January 2018. When the service was last inspected in August 2016 there were two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found improvements were needed in the environment of the home and in the recruitment of staff.

The Old Rectory provides care and accommodation for up to 24 people in one adapted building. At the time of our inspection there were 12 people living in the home.

The Old Rectory is a "care home". People living in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Currently there is no registered manager for the service this is a legal requirement. However, a manager has recently been appointed and is planning to make an application to be the registered manager of this service. 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.

At the last inspection a breach of Regulation15 was found in relation to the environment of the home. At this inspection improvements had been made in the environment which had been appreciated by people living in the home, particularly making outside space more accessible and pleasant to use. One person said, "The garden is lovely now they have done it and we used it a lot in the summer it is much better now we can get out."

At the last inspection we had found concerns about recruitment practices of the service. On this inspection we looked at recruitment records and were satisfied the correct procedures had been followed.

There was a failure to ensure all staff had completed necessary training in order for them to demonstrate their knowledge and help in meeting people's care needs in a safe and effective manner.

There was a lack of governance of the service around the provider having oversight of the quality of care being provided specifically having robust and effective audits of the care arrangements so they could identify and drive improvements.

Staff had a good knowledge of people as individuals but this was not always reflected in care plans to ensure care was consistently being provided in a person centred way.

Medicines were administered at the time required and we found no concerns around storage and

administration, other than where given covertly. We have made a recommendation in relation to some aspects of the current medicines management.

The service had been subject to an inspection by the fire service. They had found that the service was not fully complying with fire safety legislation and had made some conditions. We asked the provider to provide us with full information as to how they had and were planning to meet the conditions. They had failed to provide us with this information. We have contacted the fire service to advise them of this failure.

People described the service as caring and a number of people spoke positively about the relationships they had with staff and how they were treated with respect. One person said, "I'm happy and get on well with all the staff, they're very kind, it's such a nice atmosphere and you can ask them anything." Another said, "I get treated how I like to be treated with respect."

People told us they felt safe and staff recognised and were confident about reporting any concerns about the safety and welfare of people.

The service was responsive to people's changing care needs and had good arrangements for getting support from outside professionals such as community nurses. People received good support from health professionals.

Activities provided by the service were varied and people said how they enjoyed the, "Opportunity to do something." The home had made real efforts to improve the opportunity for people to use the village facilities and be part of the local community.

People enjoyed a varied and nutritious menu and said how much they enjoyed the food. One person said, "The food is lovely and I always get a choice."

People and staff spoke of an open and approachable management and provider.

We have identified two breaches of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe

People did not benefit from a robust system to protect their rights when medicines were administered without their knowledge.

The provider failed to provide assurances they had, or were, in the process of meeting shortfalls in complying with fire safety legislation.

People were supported by staff who had received pre-employment
checks to ensure they were suitable for the role.

People benefitted from staff who understood their responsibility to report any concerns about possible abuse.

Is the service effective?

Requires Improvement

The service was not always effective

All staff had not received training and demonstrated they had the knowledge they required to meet people's needs effectively.

A condition required of a DoLS authorisation had not been met.

People had benefitted from improvements to the environment.

People benefitted from receiving meal which were nutritious and met their needs.

Is the service caring?

Good

The service was not consistently caring

People did not always benefit from staff having an understanding of their needs with regards to equality and diversity.

People had established warm and supportive relationships with staff.

People were able to maintain relationships with family and friends which were important to them.

People were treated with kindness and there was respect for people's dignity and privacy.

Is the service responsive?

Good

The service was not always responsive

People's end of life or palliative care needs were not recorded as part of the person's care plan.

People's care plans did not always reflect a person centred approach to the providing of care.

People benefitted from improvement in the activities provided by the provider.

Is the service well-led?

Requires Improvement

The service was not consistently well led

There was a lack of formal provider oversite and governance of the service.

People benefitted from an open and approachable manager and provider.

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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 inspection took place on 17 and 24 January 2018 the first day was unannounced and the second day was announced.

This inspection was carried out by one inspector and an expert-by-experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed the information that we had about the service including safeguarding records, complaints and statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

We used a number of different methods such as undertaking observations to help us understand people's experiences. We spoke with eight people who used the service and four people's relatives. We also spoke with five members of staff. This included the manager, care staff, activities co-ordinator and cook.

During the inspection, we looked at five people's care and support records. We also reviewed records associated with people's care provision such as medicine records and daily care records. We reviewed records relating to the management of the service such as the staffing rotas, policies, incident and accident records, recruitment and training records, meeting minutes and audit reports.

Requires Improvement

Is the service safe?

Our findings

At the previous inspection we found a breach of Regulation 17 with regard to the recruitment practices of the home. Recruitment records showed the correct procedures had been followed. This meant improvements had been made and perspective employees were thoroughly checked to make sure they were suitable to work with people who lived at the home.

We looked at the arrangements for the safe administrations and management of medicines. One person was being given medicines without their knowledge. There was no evidence a pharmacist had been consulted as to the safe and effective way to administer medicines in these circumstances. There was note on the person's administering record for one medicine stating "Covert Medication as per GP." This had been hand written with no signature of the GP or staff member who had written the note. There was a written note signed by family member agreeing to medicines being administered covertly and this person was subject to a DoLS authorisation and the covert administering of medicines formed part of the authorisation. This meant there was a potential medicines were being administered incorrectly.

One person told us they were able to manage their own pain medication; " I have my paracetamol here myself and can take them when I need to, they are perfectly alright about it."

Another person had their medicine's left for them to self-administer. They were left in a medicine's pot which the person told us they put in a bin once they had self-administered the medicine. There was an assessment undertaken evidencing the person was safe in self-administering. However, this arrangement was not being reviewed to ensure the person was still able and safe to self-administer their medicines.

People received their medicines at the appropriate time. One person said, "I always get my medicines when I need them it is one less thing to worry about." There was safe storage particularly for those medicines which required additional security. Administering records were completed as required.

We recommend the provider reviews published national guidance as to practice around the recording and changes made to administration records, and in relation to reviewing frequency where people have been assessed as being able to self-administer their medicines.

A visit was undertaken by the fire service in May 2017. This resulted in a number of actions needing to be taken by the provider to ensure they met safety requirements in relation to fire safety legislation. At the time of the inspection we were provided with an action plan completed in May 2017. We requested an update on how the provider was ensuring they met the requirements made by the fire service. This was not provided. This meant we were unable to make an informed judgement as to the provider meeting the safety requirements. We advised the fire service of our visit and lack of response from the provider.

People told us that they felt safe because staff were helpful and met their needs. One person told us, "I feel completely safe, because there's help at hand." Another person said, "I feel very safe, yes, you've only got to ask for something and they'll get it for you." A third person said, "I am very content and feel safe and well

looked after, anyone who's here is very fortunate."

Staff demonstrated an understanding of their role and responsibilities in ensuring people were not placed at risk of infection and risks of cross infection were alleviated. Staff told us there was always protective clothing available when required.

We observed the home was clean and free of any odours. There was a housekeeper employed who had a daily routine around cleaning the home. However, there was no structured programme and recording, particularly around deep cleaning, to ensure all aspects of cleaning and maintaining cleanliness of the home was undertaken.

Staff we spoke with had a good understanding of issues of potential abuse and all said they would not hesitate to report any concerns. They were very clear about their responsibility to keep people safe. All were confident that concerns raised would be taken seriously and fully investigated. One staff member said, "I would not hesitate in reporting if I saw something no matter who it was." Another told us they had spoken to the previous registered manager about a concern and they had taken immediate action to address the concern. This demonstrated there was a positive culture in protecting people from abuse.

People were supported by enough staff to meet their needs and keep them safe. One person said, " They usually come pretty quickly when you need them, sometimes there's a wait if there's only two of them on duty and if they're with somebody else, then you have to wait for a bit, but not all that often." Another person said. "Occasionally, very rarely, I've had to wait and I get a bit cross but I do know they can't help it at times, you can't really fault them for it." A third person told us, "The night staff are very good and helpful, they always come quite quickly."

Staff felt the staffing arrangements with the current number of people were appropriate. One staff member told us, "They will always get more staff if we need them." Another said it was "Very busy at times." There were a minimum of two staff on duty at all times with an additional morning staff member whose main role was supporting people when they wanted a bath. However, we noted there was no formalised system other than dependency assessments to help in making an informed judgement about the numbers of staff who should be on duty at any one time. In discussion with the provider they recognised that with increasing occupancy they needed to be assured they had the necessary numbers of staff available to meet people's needs safely.

Risks to people's personal safety had been assessed and plans were in place to minimise the risks. All of the care plans we looked at contained risk assessments for areas such as falls, mobility, skin integrity and malnutrition. All of these had been reviewed monthly. When risks had been identified, the plans contained clear guidance for staff on how to reduce the risks of harm to people. The guidance was personalised and where relevant, referred to people's medical condition. There were personal emergency evacuation plans available in the event of an emergency such as fire.

The manager was open to looking at incidents and events which could result in changes in working practice and improve the safety of people living in the home. Staff recognised their responsibilities in reporting any concerns about areas which could affect or impact on the safety and wellbeing of people.

Requires Improvement

Is the service effective?

Our findings

At the previous inspection we found a breach of Regulation 15 in relation to the decorative state of parts of the home namely lack of accessible and poor condition of the outside space, garden and patio area, the decorative state of a communal bathroom and toilets. At this inspection improvement had been made to all these areas of the home. The garden and patio had been re-designed and people told what an improvement it now was. One person said, "They've made a lovely garden, and I love to sit out in the garden in the better weather." The bathroom and toilets had also been decorated. This meant the provider had addressed the breach and improved the facilities and environment for people.

Training records showed a number of people had completed what are considered core skills training there were a significant number of staff where it was not recorded they had completed specific core skills training. For example one staff member employed since 2016 who had responsibility to administer medicines had not received any formal medicines training. There were however competency assessments. The housekeeper employed since September 2017 told us they had not received any infection control training. Records evidenced that seven out of 15 staff, all employed over six months and up to two years, had not received safeguarding training and six of the 15 staff all employed since 2016 had not received fire safety training. One staff member was not able to tell us what observations might lead them to believe a person had been subject to rough handling or physical abuse. Another staff member was unable to tell us what their response and actions would be if the fire alarm sounded. This lack of training around potential abuse and fire safety potentially placed people at risk.

The lack of what is considered core skills training was discussed with the provider as part of the inspection feedback. They acknowledged this was part of their failure to ensure oversight of the service. This meant the provider could not evidence or be assured staff had the necessary skills and knowledge to undertake their duties effectively.

This was a breach in Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A staff member told us they had completed an induction period. As part of their induction they worked with another member of staff and also looked at policies and procedures.

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. Where people lack mental capacity to take particular decisions, any made on their behalf must be in their best interest and as least restrictive as possible.

One staff member was able to tell us about the MCA and had an understanding of the importance of mental capacity and respect for people's ability to make decisions. There were no people who lacked capacity to the extent that best interest decisions needed to be made. There was a system in place to undertake best

interest decisions. The manager was aware of these arrangements and their role in identifying people who required support because of a lack of capacity.

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).

There was one person who was subject to a DoLS. A condition of the authorisation was that in relation to the covert administering of medicines there was a "Need for a substantive care plan. It should identify the reasons for the covert administration and also be signed by the GP and pharmacy." This condition had not been met.

When people needed specific equipment such as bed rails these were used with the consent of the person. People also gave their consent to the taking of photographs.

Staff received regular one to one supervision and yearly appraisals. Staff were positive about the opportunity through supervision to discuss any concerns and their experience of working in the home. .

The environment had been adapted to meet the needs of older people. Rooms and communal areas were well equipped with specialist chairs and there were rails in corridors to support people when moving around the home independently. In bathrooms there was specialist bathing equipment and as with other equipment these had been regularly serviced and maintained.

The style of the home decoration was dated in appearance and some areas would benefit from updating to provide greater choice for prospective people who chose to come into the home. Some areas were showing signs of wear and tear specifically carpets in communal areas. We noted there was no improvement or business plan setting out how the home aimed to maintain, improve and update its appearance where necessary.

People had a pre-admission assessment which looked at their needs and helped the provider decide if the home was suitable for the person. From this assessment a care plan was completed which provided information and guidance to staff about how care should be provided to the person. This was all part of the care planning process. As part of the assessment care needs related to physical, social and mental health were looked at. However, this was from a perspective of physical needs rather than other cultural, gender, spiritual needs which were not explicitly identified in the assessment. This meant there was a risk people's equality and diversity needs would not be met and care would not be person centred.

People told us they had access to a visiting optician, chiropodist, and hairdresser as needed. One person told us how they had had a number of health checks since they had been living in the home. Another person said, "I can see a GP whenever I need to."

Those people we spoke with expressed confidence in the staff caring for them, and said that if anything had happened such as illness or a fall, they'd received prompt attention and good access to medical care. One person told us how the home had responded to their particular health needs and said "When I came here they got the doctor to see me and it's much better, I'm very pleased."

People told us how much they enjoyed the food. There were two choices of main course which were selected from that morning, We noticed that staff came to speak to each person about their preference. One person said, "The food is wonderful, there's plenty of it and I like the choices - today I'm having fish pie".

Another person said, "The food is excellent, there's enough choice and nothing to complain about at all". A third person said, "The food is very good and my only complaint is that I'm over fed. I've put on weight since I've been here and need to cut back myself. I've decided to have a bit less."

One person told me how they'd been involved in choosing the menu and said, "We've all been picking a dish for the day" However, people spoke of meals being cold and we noted how food was served from an unheated trolley. On the second day a "hostess" trolley was made available but required electrical testing. This was for domestic use and did not have the capacity for the holding of meals for the 12 people currently living in the home. Two people spoke of there needing to be more choice of vegetables and fresh fruit.

The chef told us they catered for particular diets and food supplements were available for people if there were concerns about people's appetite and weight. One relative told us, "They've been helping with food and they've got this supplement from the doctor too. I think the food is really good." Records showed where people had been provided with food supplements either from a GP or dietician.

Good

Is the service caring?

Our findings

People living in the home, and a relative we spoke with were very positive about staff attitudes, kindness and compassion. One relative told us, "They do go the extra mile, and I've known them to come in on their own time to do things for people such as sitting with a lady who hadn't got any family and was passing away, so that she wouldn't be on her own, holding her hand."

People told us they found staff caring and kind. One person told us, "I'm happy and get on well with all the staff, they're very kind, it's such a nice atmosphere and you can ask them anything." Another person said, "I'm well looked after, I found it a bit difficult to adapt at first from being at home but the staff are very good."

There was varied staff understanding of equality and diversity. One staff member demonstrated a real understanding specifically in relation people's sexuality and choices. However, another member of staff had no real understanding of how diversity needed to be addressed in respect of people's differing needs. This meant where people may have specific needs related to equality and diversity they may not be met.

Interactions we observed were respectful and demonstrated caring and respect for individuals. However one member of the care team was using a lot of generic terms of endearment such as "sweetie" and "my love." This was commented on by another member of staff. We spoke with the staff member who used these terms and they told us they always used these terms as part of their daily conversation. However, they confirmed they had not checked with people whether they wished to be addressed in this manner.

People told us they were treated with dignity and their privacy was respected and a number spoke of their experience when being supported with personal care. One person said, "They always knock and check if it's alright to come into my room." Another person said, "I have a bath three times a week and need help with that, but I'm never made to feel uncomfortable or embarrassed." A third person said, "I have a bath once a week (with the support of the same staff member), we chat about everything and it makes it enjoyable and there is no embarrassment at all." A fourth person told us, "I prefer to be in my room, and have my own space, but I can go to the dining room or sitting room when I want to and the staff understand that."

People told us they could have visitors when they wished. One person spoke of how they were able to maintain their contact with family members and how this was important to them. They said, "It helps me feel I am still part of the family and not cut off." Relatives we spoke with all said how they were made to feel welcome. One told us, "They always keep me informed and if there is anything I need to know they are always available to talk with about anything."

Staff spoke of people in a warm and compassionate way and interacted with people in a friendly and warm manner. They were able to explain how people preferred their care to be given. Staff were knowledgeable about the people they cared for, explaining how people liked to spend their day and what their likes and dislikes were.

People were able to be as independent as they wished. One person told us, "I do a lot for myself and staff understand that is what I want." Staff were able to tell us how people were encouraged to be as independent as possible. They told us how for one person they always encouraged them to get up but how they were left to get themselves ready for the day and said "We just help them if it is needed and most of the time they are pretty independent."

We were given examples by people and relatives how the service had responded in a caring and timely way to people's needs. For example we were told by a person, "When I fell over, the staff helped me and made sure I got to hospital straightaway" and a relative said, They looked after (relative) very well, giving the extra care needed and getting the doctor in regularly – the antibiotics have just been changed."

Good

Is the service responsive?

Our findings

People who wished to move to the home had their needs assessed to ensure the home was able to meet them. This assessment was then used to create a plan of care once the person had moved into the home. However, whilst people spoke of staff who had an understanding of their needs there was a lack of recorded information which focused on the person as an individual such as daily routines, preferences, life history and likes and dislikes. This meant there was risk people did not always receive care which was centred on their specific needs and wishes due to incomplete records.

Despite the lack of recording and assessment people told us they had choices about their everyday care and were involved in planning or changing their care informally. One person said, "I can ask for a bath or a wash, and I can choose my clothes, they help me." Another person said, "I said to them this morning that I need more help, so they helped me." A third person said, "I have particular ways I like things done and they do understand that."

Care plans were comprehensive and contained up to date, accurate information but reflected a task focused approach. Care plans were reviewed and updated at least once a month to ensure they contained relevant information. People had the opportunity to attend a yearly review of their care needs and to have a family member or representative present. This meant people's views formed part of the reviewing of their care arrangements.

There were arrangements to support people at the end of their lives or if they needed palliative care. However, there were no specific end of life or advanced care plans to record their wishes. A relative told us how important it was to feel that their relative and the family's wishes about treatment and End of Life care were discussed and respected. They said, "We have been able to talk to them and the doctor and decided together what (relative) wants and that's respected. They will do everything they can to keep (relative) here to respect their wishes. For one person it had been arranged they had a "Just in Case" box. This provided palliative care medicines specifically pain relief, in the event this was needed by the person towards the end of their life and could be set up by the community nurses quickly.

Whilst there were differing views about the activities provided in the home there was a consensus this had improved. Some people spoke positively about the range of activities for example those associated with the improved garden area whilst others said there was not enough choice or some activities were "Childish". One person told us, "I'm so pleased to have some things to do, and to be asked what you'd like it makes you feel glad to be alive." Another person said, "There's hoopla, singing, the children from the nursery come in every week and it's lovely to see them….at Christmas we did decorations and had carol singers." A third person said, "I'd like there to be more things to do with nature and preserving nature, getting outside."

One person told us how staff encouraged people to take part in any village activities or visit the local shop. Another person told us how they liked to sit outside and enjoy the fresh air something they had always done. They said, "It is so nice to still be able to do the things I used to do even living in a home."

There was a complaints procedure in place and people told us they knew how to make a complaint. It was also displayed in the home and people received a copy when coming to live at the home. No complaints had been made since our last inspection. One person told us, "I've no complaints, nothing could be improved, only sometimes they're busy, but whatever you ask for they will do." A relative told us, "We're very happy, communication is excellent, they keep us up to date about everything and it's easy to talk to the staff. I've never had a complaint."

Requires Improvement

Is the service well-led?

Our findings

Whilst some audits around specific areas such as the environment, infection control and medicines had been completed there was a lack of a comprehensive and thorough quality monitoring system. The areas we found required improvement such as the training of staff, lack of recording and care plans had not been identified. For example the infection control audit had recorded: "All staff have received training on standard infection control practice." This audit was therefore inaccurate.

The provider agreed there had been little oversight of the service and they had not identified where there were shortfalls we have noted in this inspection. The provider had not ensured there were effective and robust systems in place for the monitoring of the quality of the service. These being part of processes to assess, monitor and mitigate the health, safety and welfare of people. The provider had failed to provide up to date records when requested in relation to fire safety. There was no written business or improvement plan in place to help in setting goals around improvement of the service.

This was a breach in Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and staff spoke of a supportive and caring provider. A manager had recently been appointed to the service and staff were positive about their approach. One told us, "It is hopefully change for the better." and described her as, "Here when you need her." Staff spoke of a, "Family" environment which they thought was what the provider wanted to provide: "Somewhere your Mum or Dad would come to live."

The provider told us they wanted to improve the service by increasing training and providing care which was more person centred. One area currently lacking was staff undertaking the Care Certificate. This is a nationally recognised training for staff in care homes. The provider told us they wanted to introduce this for all staff.

Efforts had been made to engage with the local community particularly schools and community groups. The home had also made an effort to engage more with community events such as the village fair when the home held an open day with the new garden area being the focus for visitors.

People told us that they were asked about their views and questionnaires had been given to people. These showed a positive response as to the quality of care and supportive and caring staff.

Staff told us that whilst they felt communication was good, however there were no regular staff meeting. They described morale in the home as good. One told us "It is like a family here that why staff stay."

There was a management structure in the home, which provided clear lines of responsibility and accountability.

There were systems in place to review accidents and incidents and identify any improvements such as

referral to outside agencies for support and advice and any changes to the person's environment.

The service had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.

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 The provider failed to ensure governance of the service and there were robust and effective systems to assess and monitor quality of the service and they were fit for purpose.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing There was a failure to ensure all staff had completed training to demonstrate they had the knowledge required to meet the responsibilities of their role.