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# The Old Rectory - Hevingham

## Inspection report

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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

This inspection took place on 6 September 2016 and was announced.

The Old Rectory-Hevingham provides accommodation and support to a maximum of nine people with a learning disability or autistic spectrum disorder. It does not provide nursing care.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were safe living in the home. Risks to people were identified and well managed, this included risks associated with the environment and premises. Staff demonstrated an awareness of adult safeguarding and knew how to report concerns.

Most areas of medicine administration were managed safely. However, medicines for external application were not stored securely and there were some gaps in the administration records for these medicines. The registered manager had taken some action to address these areas.

There were sufficient staff to meet people's needs, and staff had been recruited following safe recruitment practices. New staff received a comprehensive induction that supported them to carry out their role. Staff had the knowledge and support to meet people's needs effectively. They received regular training and the service supported staff to embed their learning in to practice.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and report on what we find. Staff and the management team were knowledgeable about the MCA and DoLS and the service was following the legal requirements.

People were supported to maintain their health, this included supporting people to eat healthily and maintain a balanced diet. The service took action to ensure people received the health care they required.

Staff were committed to ensuring people living in the home had a good quality of life and were as independent as possible. People were cared for by kind and caring staff who knew them well. People felt listened to and staff encouraged people to be involved in decisions regarding their care.

People and their relatives were involved in the planning and reviewing of their care. This helped to ensure the support provided was individual and responsive to people's needs. The support provided took in to account people's diverse needs.

There were plenty of activities and outings on offer to people living in the home.

People and relatives told us they had positive relationships with the registered manager, which meant they felt comfortable in raising any concerns or issues.

There was a homely, open, and inclusive atmosphere within the home and a clear ethos of team working. Staff felt involved and consulted on the running of the home.

People, relatives, and staff were positive about the support and leadership of the registered manager and provider. The registered manager encouraged staff to commit to providing a good quality service. They undertook quality checks and audits to ensure this was the case.

## 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 was safe.

Staff understood their responsibilities regarding adult safeguarding and knew how to recognise and report concerns.

Staff were recruited following safe recruitment practices and there were enough staff to meet people's needs.

External medicines were not stored securely and there were some gaps in the administration records for these medicines.

### Is the service effective?

Good ●

The service was effective.

Staff were provided with the right support and training to ensure they provided effective care that met people's individual needs.

The service was meeting the legal requirements set out under the MCA and DoLS.

People were supported to maintain their health and access relevant health care professionals. People were supported to eat healthily and to maintain a balanced diet.

### Is the service caring?

Good ●

The service was caring.

Staff were caring and committed to ensuring people had a good quality of life.

People were supported by staff who knew them well and encouraged them to be involved in decisions regarding their care.

### Is the service responsive?

Good ●

The service was responsive.

The support provided was individual and tailored to people's

specific needs.

Staff supported people to participate in activities and access the local community.

People and relatives felt comfortable and able to raise concerns if needed.

**Is the service well-led?**

**Good** ●

The service was well led.

The service was committed to providing good quality care. This was supported by a homely, open, and inclusive culture.

Staff felt supported by the registered manager. They, people, and relatives spoke highly of the registered manager's leadership.

Quality monitoring and audits were in place to help monitor and develop the service.

# The Old Rectory - Hevingham

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 6 September 2016 and was announced. The provider was given 24 hours' notice because the location was a small care home for adults who are often out during the day; we needed to be sure that someone would be in. This inspection was carried out by one inspector.

Before the inspection we reviewed the Provider Information Return (PIR). This is a report that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information that we held about the service. Providers are required to notify the Care Quality Commission about events and incidents that occur including injuries to people receiving care and safeguarding matters. We reviewed the notifications the provider had sent us.

During our inspection we spoke with five people who used the service and three support staff. We also spoke with the registered manager, who was one of the owners of the home, and the other partner. After our inspection visit we spoke with three relatives and one health and social care professional.

We looked at four people's care records, two staff recruitment files and staff training records. We checked the medicines records for two people. We looked at quality monitoring documents and accident and incident records. We also looked at records of compliments and complaints.

# Is the service safe?

## Our findings

The people and relatives we spoke with told us people were safe living in the service. One person told us, "I'm alright here." A relative said, "Very safe, [name] loves it there." Another relative said, "I don't think [name] could be in a better place."

The staff we spoke with had a good understanding of how to recognise, prevent, and report harm to ensure that people were protected from the risk of abuse. Staff told us there was guidance in the staff office regarding their responsibilities and how to report concerns. A member of staff told us, "Everything we need to know is always in the office."

Risks to people were identified and well managed. Risk assessments were in place and were specific to each person. These covered areas such as eating and drinking, behaviour that may be challenging to the person and others, accessing the community, and personal care. The staff we spoke with demonstrated they understood the individual risks to people and how to manage them. On the day of our visit we saw examples of staff following people's risk management plans.

Where required we saw the service had worked closely with other health and social care professionals in order to manage risks. Incidents and accidents were recorded and reported to the registered manager. Staff told us these were discussed as a team so they could think about what action they could take to reduce and manage any risks. One staff member said, "We will talk about how we can change things." The staff meeting minutes we reviewed confirmed this. This showed the service was proactive in managing and responding to risk.

Risks to people from the premises were also managed. Regular up to date checks and servicing had been carried out on areas such as the moving and handling equipment, the home environment, and fire safety.

All the people, relatives, and staff we spoke with told us there were enough staff to meet people's needs. One person told us, "There's quite a few staff that work here." One member of staff told us staff worked together to ensure shifts were fully covered. On the day of our visit we saw there were enough staff to meet people's needs.

The registered manager told us they did not use a staffing dependency tool. They worked out how many staff were needed depending on people's individual needs and what activities were planned. They said, "The rota is flexible."

Staff files showed safe recruitment practices were being followed. This included the required character and criminal record checks, such as references and Disclosure and Barring Service (DBS) checks, which helped ensure that the risk of employing unsuitable staff members was minimised.

Two people had medicines prescribed for external application which were not stored securely in their rooms. Whilst we saw that this did not pose a high risk to people in the home, it did not follow relevant

guidance regarding the suitable storage of medicines. We saw two people had been prescribed 'as required' medicines. One person did not have any guidance in place for staff regarding when 'as required' medicines should be administered. Although this guidance was in place for the other person, this had been written in 2007. The guidance had not been reviewed or updated to show it was still current. We discussed this with the registered manager who said they would take action to address this.

We looked at two medicine administration records. We saw these records were completed accurately in relation to people's oral medicines. However, we looked at the records for one person's medicine for external application. We saw these were not always filled in correctly and showed a number of gaps. We spoke with the registered manager who had recognised this was an area they needed to address and they were in the process of resolving this.

The staff we spoke with who administered medicines confirmed they had received training and their competency to do this task was assessed. We checked the stock record for two medicines and saw these were correct. Regular monthly stock checks of medicines were carried out to help ensure medicines were managed safely and issues were identified.

# Is the service effective?

## Our findings

People and their relatives told us they felt staff had the skills and knowledge to carry out their roles. One person told us, "I think they [staff] have got me weighed up." One relative said, "They know how to look after [name] and get the best out of them." Another told us, "[Staff] look after them really well." A health and social care professional told us, "They give a good quality service to residents."

The staff we spoke with felt supported by their colleagues and the registered manager, to deliver effective care to people. One member of staff told us, "We all help each other." Another member of staff said, "All of the staff here, if you have any problems they're helpful." Staff told us they received regular supervision and appraisals. They told us the registered manager was very supportive and approachable. This meant staff could approach them at any time to discuss any issues or concerns. One member of staff said, "[registered manager] is always there or on the phone." Another member of staff told us, "[Registered manager] will help as much as they can or give advice."

Staff spoke positively of the training they received. They told us this helped them to have the knowledge and skills to carry out their role. One member of staff told us the registered manager was supportive of staff's learning and development. They told us if staff asked for additional training this was always supported. We saw the registered manager had a clear training plan which identified what training was required over the next year for each member of staff and when they needed their training updated.

We saw that staff meetings were held regularly and incorporated learning and development opportunities. For example, we saw one team meeting featured a session and exercise on good record keeping. On another occasions we saw the registered manager had asked staff to complete an exercise on empathy.

There was a clear induction plan for new staff. This covered areas such as training, care plans, policies, work routine, and shadowing other staff. New staff completed the Care Certificate. The Care Certificate is a set of standards that care staff should adhere to and formed part of induction training for new staff. One member of staff told us, "[registered manager] very keen to make sure I was supported on that [induction]."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care home and hospitals are called Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager demonstrated they understood their responsibilities and the requirements of the MCA. We saw that they had identified where people may lack capacity in certain areas. They had consulted with the appropriate and relevant people, to ensure they were following the MCA and that decisions were made in people's best interests.

The staff we spoke with demonstrated a good understanding of the MCA. They understood the importance of supporting people to make decisions and practical ways they could help them. We observed staff putting these in to practice on the day of our visit. We saw the five key principles of the MCA were on display in the home, to remind staff to follow them.

The registered manager understood their role in relation to DoLS and knew when they might need to make an application for authorisation under DoLS. They showed us an MCA and DoLS check list that they went through to ensure they had made applications correctly. We looked at some of these applications and saw they had been made appropriately. For example, we saw one person had restrictions in place such as the use of bed rails in order to keep them safe. We saw the registered manager had requested a professional to reassess this so they could be sure this was still the most appropriate piece of equipment to use and in the person's best interests.

People were supported to maintain a balanced diet. The people and relatives we spoke with talked very positively about the meals on offer. One person told us, "I love all my meals." A relative told us, "I've had one or two meals there, it's been very good. They eat healthily." Another relative said, "They have very good meals there." The registered manager told us they tried to ensure meals incorporated people's likes and preferences. They said, "If someone says oh I like so and so we'll just get it in." We saw staff discussed people's food requests so they could ensure these were added to their weekly food shopping.

The staff and registered manager understood the importance of healthy eating, whilst respecting people's rights to make choices. All the staff we spoke with told us they would promote and offer healthy alternatives. One member of staff said, "[We] encourage as much as we can." Another member of staff told us, "Always have good old fashioned home cooking rather than fast food stuff." We reviewed the menu and saw there were healthy foods on offer, such as fresh fruit and salads. Where necessary people were weighed monthly and specialist health care professionals had been contacted when required.

We observed the support provided at lunch time and the evening meal. We saw staff, the registered manager, and people living in the home ate the meal together. There was lots of conversation between staff and people living in the home. Where required people were supported to eat. We concluded that people enjoyed meal times and these offered a pleasurable experience.

People received the health care they needed. A health and social care professional told us that staff contacted them appropriately regarding people's health care needs. They went on to say the registered manager was, "very tenacious" in ensuring people received the health care they required. Records showed people had regular visits to the dentist, optician, and chiropodist. We saw referrals were made to appropriate health and social care professionals when required.

## Is the service caring?

### Our findings

People and relatives we spoke with talked positively about the staff and the support they received. One person told us staff were, "Kind." A relative told us, "[Staff] have such a lovely relationship with [name]." Another relative said, "[Staff] are all very good to [name]."

Staff demonstrated concern for people's wellbeing. They talked with enthusiasm and dedication regarding their role and in ensuring people had a good quality of life. One member of staff said, "It makes it worth it when they've got a smile on their face or done something they want to do." Another member of staff said, "We want to give people here the best care and independence"

We saw during our visit staff were quick to identify if people were feeling anxious or upset, and took action to support them. One person told us staff made sure they felt better when they were upset. They said staff spent time with them participating in their favourite activities. They said, "That makes me feel better."

Staff knew people well, including their individual needs, preferences, and personal histories. A member of staff told us, "Because we're such a small group, we know everything about everybody." They went on to say, "Knowing the person is a really big thing I think." Another member of staff said, "You have time to talk to residents, and time to get to know one another."

Staff we spoke with talked about how the service had a family feel to it. One member of staff said, "It's more like a home, a family." Another member of staff told the service, "Aims to provide a family environment and it does just that." A third member of staff told said, "We're all so close here and care about everybody."

People told us they felt listened to and involved in decisions regarding their care. Relatives we spoke with said they and their relatives were given opportunities to discuss and review their care plans. We saw one person liked to keep their care plan in their room so they could look at it when they wanted.

Staff we spoke with demonstrated they understood the importance of listening to people and involving them in decisions about their care. A member of staff said, "Their choices aren't ignored." Another staff member said, "They've always got their choices, options, and are included in decisions." The registered manager told us they did not have residents meetings as these had not been very successful in the past. They said instead they found sitting and talking with people at mealtimes was a good way of obtaining their views on topics such as food preferences and activities.

A number of the people living in the home had complex communication needs. People's care records had communication plans in place. These provided staff with guidance on how to ensure they were communicating in the best way for the person. Staff gave us individual examples of how people communicated which showed they understood and supported people's individual communication needs. A member of staff told us, "Certain pieces of body language or noise can indicate what people want."

Staff understood the importance of ensuring people's dignity and privacy were protected. For example staff

saw that one person had split some drink down their top. They encouraged the person to change their clothes so that they were well presented as they knew this was important to the person.

People's independence was supported and encouraged. A member of staff told us, "The aim here is to keep [people] independent." Staff could tell us of practical ways they encouraged people to be independent. For example, one staff member told us how they supported one person to eat independently by providing food they knew the person could eat themselves. We saw people had goal setting plans where they identified, with staff support, what they wanted to achieve and how they were going to do this.

Relatives told us they were able to visit when they wanted. Several relatives told us they felt staff were welcoming. One relative said staff were, "So nice and welcoming."

## Is the service responsive?

### Our findings

People received care that was responsive and met their individual needs and preferences. The people we spoke with and our observations during our visit showed that people had varied and different lives that reflected their individual needs and wishes. A health professional told us, "[Staff] treat each person individually." A member of staff confirmed this. They said, "Everyone is an individual here, so it's a different way of treating each person."

Staff and relatives we spoke with gave us examples of how the support provided was tailored to people's individual needs, abilities, age, and religious beliefs. For example, one relative told us how the registered manager had ensured their relative had been supported to access health care and support in relation to a particular condition they had developed. We reviewed records that showed staff had considered how this condition impacted on the support they provided and had made adjustments accordingly. We saw staff had ensured another person was supported with their spiritual beliefs. We spoke with this person who told us how important this was to them. Some of the people living in the home displayed behaviour which challenged themselves and others. We were provided with a number of examples that demonstrated staff were able to support complex and challenging situations. We saw that this meant people's quality of life had significantly improved.

People and relatives we spoke with told us they were involved in the assessment and planning of their care. The care records we looked at detailed people's background history and personal preferences regarding their support.

In some areas care plans did not always have sufficient guidance and information for staff. For example, one person had specific behaviours regarding personal care; whilst this had been identified there was little guidance for staff in what action they should take to manage this. We saw whilst guidance from health professionals was in place and included in people's care records, this was not always incorporated and written in to people's actual care plans. However, relatives told us care plans were reviewed on a yearly basis and staff told us care plans were updated when any changes occurred. We discussed these issues with the registered manager who advised they would take action to review the care plans.

Activities were varied and responsive to people's individual needs. A member of staff told us, "We like to steer activities around their hobbies and interests." Another member of staff told us, "It's nice to find new things they like." A health and social care professional told us people living in the home had good access to the community. They gave us an example which showed staff were committed to ensuring people could access local events.

We saw there was a regular planned timetable of activities which included swimming, bowling, shopping trips, country walks, and outings to local places of interests and festivals. One person told us, "There's a lot to do here, I'm really, really busy." A relative told us, "They get a lot of outings, anything that is suitable they go." Another relative said, "They do lots of activities, they are usually out every day." A third relative told us, "I was surprised how much [name] goes out."

People were supported to maintain and develop important relationships. We saw staff liaised with people's family members and supported people to visit family if needed. A health and social care professional gave us an example where due to a change in circumstances a person could not visit their relative at home. They said the home had invited the person's relative to spend the day with the person at the home. Staff had provided meals to the person's relative to ensure they could eat and spend time together.

The service had systems in place to encourage feedback about the home and the care provided. We saw people and relatives were asked to fill in a yearly survey to provide feedback on the service. One relative told us, "I have a job thinking about what to put down because it's all so good."

The registered manager told us their relationship was such with people in the home that, "If there's anything wrong they'll come straight to me." People we spoke with confirmed this. One person told us, "If I have a problem I can always speak to [registered manager] about it."

We saw the service had not received any formal complaints in the last twelve months. Relatives we spoke with told us they had never needed to raise any issues or complaints. They said they felt comfortable to do so if required and confident the registered manager would take action to resolve any concerns. One relative said, "You can talk to [registered manager] but I've had nothing to complain about because I've been so happy with the care there."

# Is the service well-led?

## Our findings

Everyone we spoke with talked highly of the home and the support provided. One relative told us, "[Name] is always happy and that's a lovely place." Staff told us they enjoyed working at the home. One member of staff told us, "Sometimes it's like not coming to work." Another member of staff said, "I love working here."

The registered manager told us they aimed to foster a "Very open and inclusive atmosphere." We saw this was the case on our visit. The staff we spoke with told us how they viewed themselves and people living in the home as family. This ethos and atmosphere helped the service to promote good team working and an inclusive culture. A member of staff told us, "That's really important; you feel you can discuss and talk about stuff because of the family environment and culture."

Staff we spoke with confirmed that they were involved in decisions about the service. One member of staff said the service was, "All-inclusive decision making." Another member of staff told us, "We all come forward with ideas." They went on to say, "Very rarely anything we don't know about." Minutes from staff meetings showed decisions were discussed together. Suggestions and feedback were listened to and action taken.

The home was in a small rural village and had links to the local community. For example, the registered manager told us people living in the home had participated in a local project to bring different groups and generations together to undertake a piece of art work. They also supported people to access local community resources such as the local lunch club or coffee mornings at the local church.

People, relatives, and staff were positive about the support and leadership of the registered manager and provider. The registered manager told us it was important to them that staff felt "Supported and appreciated." They recognised that any issues needed to be dealt with in a constructive and supportive manner. A relative told us, "Very well run, [registered manager] is a very good manager. They do things properly and always consult you about things." One member of staff said, "Couldn't ask for a better boss."

There were systems in place to monitor and improve the quality of the service. We saw the registered manager undertook regular quality monitoring audits to ensure the service was running well and any issues were identified. Where issues had been identified we saw there was an action plan in place and this had been followed up. Staff told us, and we saw, that the registered manager was often visible and present, working alongside staff. They said this allowed them the opportunity to informally observe and monitor the support provided.

We saw the registered manager took part in a number of initiatives and networks to help support and develop themselves and the service. For example, we saw they had signed up to 'The Social Care Commitment'. This is the adult social care sector's promise to provide people who need care and support with high quality services. It sets out the minimum standards they should meet in order to provide good quality care. They had also asked all staff to sign up to this commitment to in order to ensure staff understood and committed to providing this level of care.