

Hantona Ltd

The Old Rectory Nursing and Residential Home

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 well-led?

Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

The Old Rectory Nursing and Residential Home is a 'care home' registered to provide personal and nursing care to up to 34 older people. At the time of inspection, the home was supporting 22 people, including people with a learning disability and people with dementia.

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

Right Support

The provider had made improvements to the home following our previous inspection, to ensure it was safe for people. People had control of how their care and support was arranged. The registered manager had reviewed the governance and auditing system following the previous inspection. Audits were up to date and identified any lessons learnt following incidents and accidents so that they could take action to keep people safe. Risks to people's health were assessed so staff could support them safely. People's medicines were managed safely.

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.

People received care and support in an environment with specialist equipment to meet their physical needs. People and their relatives were able to personalise their bedroom. People were supported by appropriate numbers of staff who provided kind, caring, person-centred care and support. Staff communicated with people in ways that met their needs.

Right Care

Care plans and risk assessments were detailed, and person-centred ensuring people were supported to live full, active lives and encouraged to maintain their independence. One person told us, "Staff are always telling me to do my exercises. I'm very complex, they all try their best to keep me exercising and moving." Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to raise concerns.

Right Culture

People and those important to them, were involved in planning their care. People's needs were assessed before they moved into the home. The home worked together with healthcare professionals who provided

specialist support to people to ensure people's needs could be met. One health and social care professional told us, "We get communication, they never ring after the person has arrived, they always let us know beforehand when a person will need a wellbeing plan so we can plan that support." Staff demonstrated good understanding around providing people with person centred care and spoke knowledgeably about how people preferred their care and support to be given. Feedback was sought from people to help make continuous improvements to the home.

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

Rating at last inspection and update:

The last rating for this service was requires improvement (published 13 September 2021).

At our last inspection we made recommendations about risk, environmental safety checks, ongoing improvements to the home and the manager's oversight of audits and systems in place to monitor the environment. At this inspection we found the provider had acted on the recommendations and had made improvements.

Why we inspected

We undertook this focused inspection to check the provider had followed their action plan and to confirm they met legal requirements. This report only covers our findings in relation to the key questions Safe, Effective and Well-led which contain those requirements.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Old Rectory Nursing and Residential Home on our website at www.cqc.org.uk.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

The Old Rectory Nursing and Residential Home

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

The inspection was undertaken by one inspector.

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.

What we did before the inspection

We reviewed information we held about the home and contacted the local authority. 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 6 people and 3 relatives about their experience of the care provided. We received feedback from 8 members of staff including the registered manager and operations director. We contacted 4 health and social care professionals.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included 5 people's care and support records and 4 people's medicine administration records. We looked at 2 staff files in relation to recruitment and training. We also reviewed a variety of records relating to the management of the home, including policies and procedures, accident and incident records, safeguarding records and reports.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection we recommended the provider ensured all necessary environment checks were completed on time and systems are robust to ensure people's wellbeing. The provider had made improvements.

- Risks associated with the property and environment were well managed, maintenance information and records of contractor visits and improvement works were available.
- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained basic explanations of the control measures for staff to follow to keep people safe.
- Risks to people's safety were assessed and reviewed. Care plans had individual risk assessments which guided staff to provide safe care.
- Systems and processes were in place to ensure fire safety within the home. Since our previous inspection the provider had worked with the fire brigade to complete all tasks of an action plan. This included the installation of new fire doors and firefighting equipment.
- Accident and incidents had been recorded and reviewed by registered and deputy managers who took action to prevent a reoccurrence. Outcomes and lessons learnt were shared with the team when needed during the daily meeting and in staff supervision.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe at The Old Rectory. One relative stated, "Staff even spend time making [relative's name's] toy cat feel safe. It soothes [relative's name] and they ask after it and treat it with respect."
- Staff knew how to recognise the signs and symptoms of abuse and who they would report concerns to both internally and externally, as they had received training.
- Staff were confident any concerns raised would be actioned by the registered and deputy managers.
- The registered manager had reported all relevant safeguarding concerns.

Staffing and recruitment

- Staffing levels met people's care needs. The registered manager used a dependency tool, which enabled them to assess what level of support people needed and ensure the home was staffed correctly to meet those needs. One person told us, "[Staff] come regularly and do pressure calls (to prevent skin breakdown), and I have this bell here that I can press if I need someone."
- People were supported by staff that had been recruited safely. Safe recruitment requires staff to follow an

application process including assessment of their employment history, character and qualifications to ensure they are suitable to work with people.

- Staff records were accurate and complete. Files viewed contained a valid DBS check. 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.

Using medicines safely

- Medicines were managed safely and administered by trained staff. Staff followed safe procedures when giving people their medicines.
- People had medicines guidance in place for as and when required medication.
- Medication records were complete and matched stock balances.
- Medicines that required stricter controls by law were stored in a separate cupboard and a stock record book, audited by the deputy manager weekly, was completed accurately.
- Medicines were stored safely. Room and fridge temperature checks had been completed correctly.

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.
- At the time of the inspection there were no restrictions for relatives and loved ones visiting people. One relative commented, "Now that the home has opened up again, it is great to see relatives and friends come in. The atmosphere is full of fun and laughs . They now have outside people coming in to entertain, and the monthly schedule of activities is fun."

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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection we recommended the provider continued with their ongoing upkeep of the home to ensure that it is safe for people and staff. The provider had made improvements.

- A number of improvement works had been completed since the last inspection such as a new accessible outdoor space. One relative commented, "The maintenance crew offered us this room because during renovations they were concerned that they would make too much noise. They are thoughtful." And another relative stated, "Having the rooms decorated and outside space renewed has made such a difference."
- The home was clean and well lit. The layout of the home had been reviewed to better support people's needs, equipment such as stairlifts had been installed.
- People's needs were considered as and when rooms became available, one person told us, "I was able to have a downstairs room with a door leading to outside, so I am able to have my freedom and a cigarette."
- People and their relatives were able to personalise their rooms.

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

- People's outcomes were identified during the care planning process; guidance for staff on how to meet these were detailed in the person's care plan.
- People told us that they receive care from staff that know them well. One person told us, "The staff are faultless, they are helpful, companions and are more like friends.", A relative stated, "Communication is good. There is continuity of carers and they all know what they are doing, I'm really impressed."
- Health and social care professionals had been involved in assessments and planning of care. This included social workers, occupational therapists and district nurses. A health and social care professional told us, "The deputy manager is seeking advice and support for specialist training and education for staff to ensure they provide the best care they can for the residents."

Staff support: induction, training, skills and experience

- Care staff had the correct level of skills and training to undertake the responsibilities of their role effectively. One staff member stated, "I've had a good induction, I go to people's rooms and really talk to them to find out their needs and preferences... I have done all my online training and I have a weekly and daily to do list that I get through."
- Without exception, all staff stated they felt well supported by the management team with high praise for the deputy manager.

- A health and social care professional commented, "They are constantly striving to improve the service they offer, such as requesting training for staff for pressure area care, tissue viability and diabetes education."

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

- People's care plans outlined their food and drink preferences. Care plans identified the level of support people needed from staff to prevent malnutrition and dehydration and this information was available to the staff working in the kitchen.
- There was guidance in place to support people to eat safely when they were at risk of choking or needed their food to be a certain consistency. Staff demonstrated they understood how to support people with this. One staff member told us they had completed training that taught them how to use piping techniques to present food .
- Feedback about the meal time experience from people and their relatives included comments such as, "It is mostly home cooked and beautifully presented, which is so important for health and comfort.", "The food is punctual, hot and well presented." And, "I like it here, I get a good cup of tea, what else do you need?"

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

- People had access to health care and specialist support when needed.
- Records showed input from a range of health and social care professionals such as doctors, nurses and specialist nurses for tissue viability.
- Instructions from medical professionals were recorded in people's care plans and communicated to staff through handovers, daily meetings and in emails to staff. This meant people were receiving the most up to date support to meet their health needs with clear direction of who to contact should the person's health deteriorate.

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.

- The home had arranged training to improve staff confidence in how to apply the principals of the Mental Capacity Act in day to day decisions.
- People's consent to care and treatment was obtained and recorded in people's care records.
- The registered manager knew about people's individual capacity to make decisions and understood their responsibilities for supporting people to make their own decisions.

- Assessments included consideration of any advanced decisions or known wishes. The management team asked people and their relatives to provide evidence of lasting power of attorney and had contacted health and social care professionals when their input was needed.
- One health and social care professional feedback, "They are quick to register new residents with the practice, arrange for updated DNAR (do not attempt resuscitation) where appropriate."

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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; Continuous learning and improving care

At our last inspection we recommended the provider strengthens their governance systems to ensure they are robust and always operating effectively. The provider had made improvements.

- Improvements had been made and quality assurance systems were operating effectively. Auditing and monitoring systems were robust. This gave the registered manager and the provider oversight of the home.
- The registered manager undertook a series of audits to ensure the home was safe and responsive to people's needs. These included care planning, safeguarding, falls, and medication.
- The registered manager told us actions from the audits were included on an overall service improvement plan, used to drive improvements within the home.
- Staff understood their roles and responsibilities.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive culture within the home. Staff interacted with people in a kind and considerate manner, treating them with dignity and respect. One person told us, "Staff make being here easy."
- The registered manager told us they attend the local care provider forum and access the registered manager network, where they had the opportunity to obtain most recent guidance and learn from the experiences of others to help develop the service.
- People, their relatives, professionals and staff gave us positive feedback about the management team. Comments included: "Things have got better and better", "I can get support anytime, any concern or problem assistance from the office is always there and support always given", "The new leadership at the care home have opened all lines of communication with our team and all other relevant services thus improving the quality of care to all residents", And, "I have recommended this care home to others."

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

- The registered manager understood the requirements of the duty of candour. This is their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm.
- The registered manager understood CQC requirements, and understood to inform the local safeguarding team, of incidents including potential safeguarding issues, disruption to the service and serious injury. This

is a legal requirement.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Working in partnership with others

- People were consulted in the running of the home. The home regularly asked for feedback from people, their relatives and staff on the service provided; the results were used to make improvements. The last results in May 2022 concluded; 87% of staff felt valued, 100% of people felt their privacy and dignity is respected and 100% of people confirmed they can have visitors whenever they choose.
- The service worked well with visiting health and social care professionals, the management felt comfortable to access their support when needed. A health and social care professional said of staff, "They obviously have the resident and their families at the heart of what they do, person centred care I would be more than happy for a family member to reside at The Old Rectory Care Home."