Parkcare Homes (No.2) Limited

The Old Rectory

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?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The Old Rectory provides care for up to 16 people with learning disabilities. There are two properties set within large grounds, one accommodating up to 13 people and the other up to three people. The smaller property reflected the needs of a quieter group and the larger property was more lively and spacious. At the time of inspection the service was full.

We previously inspected this service in July 2014 when the provider was found to be meeting all the required standards.

This was an unannounced inspection. The newly appointed manager who has been registered with the Care Quality Commission (CQC) was present during the inspection. 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.

Systems were in place for the safe management of medicines but these were not always followed; there was a risk people might not receive their medicines appropriately. Staff understood their responsibilities to report and respond to accidents but there was an under reporting of incidents and this could place people at risk of continued incidents. A risk assessment process was in place but this was not always effectively monitored to ensure risk management strategies were working. The provider was not ensuring that the information gathered about prospective staff was to the required standard to inform recruitment decisions.

Fire prevention arrangements were in place but Not all staff had received training in this area. There was a comprehensive training programme in place to provide staff with basic core skills and specialist training, however the turnover in staff meant that nearly 50% of staff were still to complete infection control, moving and handling and first aid training with a third of staff still to complete safeguarding and mental capacity training.

The quality assurance processes did not provide the provider with regular oversight of the service. Internal checks within the service to monitor care plan content and risk management and medicines were not being completed robustly to be effective. Staff felt supported but their involvement in staff meetings was limited. People and relatives feedback was not specifically used to influence the service development.

There were enough staff to meet people's care needs but their availability to spend time with people was limited and staffing levels and deployment were an area for improvement. People had activity planners to reflect their individual interests, hobbies and preferences but some people went out more than others and those who stayed in the house lacked stimulation. A pre-admission process was in place to assess the needs of new people and ensure their needs could be met, but records of the assessment and transition arrangements for a newer person could not be found.

People's health was monitored by staff that supported them to access routine and specialist health care appointments. People were given choices about what they ate and special dietary needs were supported. Staff sought peoples consent for everyday care and support tasks; staff understood and were working to the principles of the mental Capacity Act 2005 and DoLS to ensure the least restrictive measures were in place.

People liked the staff that supported them, they showed they were comfortable and relaxed around staff and enjoyed a laugh and a joke with them, staff appeared to be kind and respectful towards people.

There had been investment in the premises to make this a more comfortable place to live; this was on going and there were further improvements that the registered manager had identified and had received permission to progress. People who needed special equipment for their everyday needs had been provided with this and this was maintained and serviced. Where possible people's changing mobility and care needs had been accommodated and adaptations made. Other equipment, such as fire prevention equipment, electrical installation and boiler and heating system were regularly serviced. Staff also undertook visual checks and tests weekly and monthly to ensure some equipment remained in working order. Although not all staff had yet received safeguarding training, staff showed they understood their responsibilities to safeguard people from harm and all forms of abuse, they knew to report any suspicions they might have through whistleblowing or safeguarding processes.

People's care plans were comprehensive and provided a person centred view of people's needs and how they preferred support to be delivered including how staff should communicate with them. These were regularly evaluated and updated by staff, these guided staff in their day to day support of people to ensure this was in accordance with their preferences.

Some people were able to tell us who they would go to if they were unhappy about something and were confident of doing so, relatives equally felt able to raise concerns if necessary. An easy read version of the complaints procedure was in place to inform people about making a complaint. Staff understood how those people who could not use the procedure showed their emotions when angry, sad or upset and staff would seek to find the causes for this and try to resolve any concerns.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we asked the provider to take at the back of the full version of this 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 consistently safe

The management of medicines needed improving. People could be placed at risk because risks were not managed effectively.

Shortfalls in fire prevention training for a large number of staff and an overdue review of the fire risk assessment could place both people and staff at risk in the event of a fire.

Staff knew how to report accidents but there was an under reporting of incidents.

Staff recruitment procedures were not robust. Staffing numbers and deployment was not effective in meeting everyone's needs.

Staff understood how to protect people from abuse. Premises and equipment was being maintained.

Is the service effective?

Requires Improvement

The service was not always effective

New staff received an induction to their role. There was a programme of training but not all staff had completed basic skills training to inform their practice.

Staff were supporting people in accordance with the principles of the Mental Capacity Act2005 and Deprivation of Liberty Safeguards.

People were consulted about what they ate and made choices about this. Staff supported and monitored people's health needs to ensure their wellbeing.

Is the service caring?

Good

The service was caring

Staff were kind and caring and their contacts with people were warm and respectful. Staff were alert to maintaining people's dignity.

People were encouraged to learn new skills to enable them to be more independent. People were encouraged to think about their goals and aspirations and staff supported them to achieve these.

Staff supported people to retain links with their families and to make visits to family and friends.

Is the service responsive?

Requires Improvement

The service was not consistently responsive

There was a lack of activities for people to participate in. The pre-admission assessment process and transition for new people needed improvement to demonstrate it was happening robustly.

An accessible complaints process was in place and some people and relatives were confident of making concerns known.

Care plans were comprehensive, people and relatives were consulted about them and they guided staff in the preferred support people wanted.

Is the service well-led?

Requires Improvement

The service was not consistently well led

Systems in place for the assessment monitoring and audit of service quality needed improvement.

Staff felt supported and staff meetings were arranged for them but they were not all fully involved. .

Surveys were undertaken of people and relatives but their feedback was not used specifically to inform development at the service.

The provider ensured CQC were kept informed of important events. Policies and procedures were in place to guide and inform staff and these were kept updated.

The provider ensured that their rating was displayed in the service and on their website.

The Old Rectory

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

This inspection took place on the 10 & 11 August 2017. The inspection was unannounced. The inspection was conducted by one inspector due to the size of the service.

Before our inspection we reviewed information we held about the service, including previous inspection reports and notifications. A notification is information about important events which the service is required to tell us about by law. We reviewed the Provider Information Return (PIR) and used this information when planning and undertaking the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make.

During the inspection we met and spoke with 12 of the people living in the service. Some people were not able to express their views clearly due to their limited communication. We observed interactions between staff and people.

We inspected the environment, including in the main building, the communal and dining areas, bathrooms, some people's bedrooms, in addition to the laundry which was outside and the separate cottage which was home to three people.

We looked at a number of documents including three peoples support plans, risk assessments, activity plans, daily records of care and support, three staff recruitment files, training records, medicine administration records, and quality assurance information.

At inspection we gave a poster to the registered manager to display in the entrance area inviting feedback from people, relatives and visitors.

After the inspection we contacted four relatives and one professional who had regular contact with the

service for feedback.

Requires Improvement

Is the service safe?

Our findings

We saw that people were happy and some people told us they liked where they lived. People were relaxed and said they liked to be around staff. Staff chatted to people in a friendly easy manner, engaging in conversations. Staff were alert to the needs of those people who could not vocalise and those that needed more supervision. Relatives said that their family members were happy in the service and raised no concerns for their safety.

Medicines management needed strengthening to ensure people were not placed at risk. We checked five people's medicines storage, and administration records. Medicines were secure, there was not an overstock and most were administered appropriately. We checked antibiotic administration for one person and found two days where this medicine had not been administered. The registered manager and senior on duty took immediate action to check with health professionals this had not caused any harm and initiated a medicines incident investigation. However, this was a medicine that needed to be given consistently to have the desired effect.

The dating of medicines upon opening was not routinely happening. This is important because it helps with auditing medicines to ensure the amounts administered match with the actual medicines left, also medicine expiry dates can be quicker once a medicine is opened. A weekly medicines audit had failed to pick up these shortfalls.

There was a failure to adequately ensure that medicines were administered and managed appropriately. This is a breach of Regulation 12 of the Health and Social Care Act (HSCA) 2008 Regulated Activities (RA) Regulations 2014.

Other areas that impacted on medicine management such as ordering, receipt storage and disposal of medicines were managed appropriately. Only senior staff administered medicines and their competencies were assessed annually. At the inspection when the pharmacy could not supply a medicine the registered manager and a senior took immediate action to deal with this. Staff were provided with guidance to know when it was appropriate to administer PRN medicine (this is a medicine that can be administered 'as and when required') so people received these in a consistent manner. A pharmacy visit in January this year had highlighted areas for improvement and these had all been addressed prior to our inspection.

People and staff could be placed at risk due to an under reporting of incidents and accidents and the management of risks. A process for assessing potential risks to people was in place. Detailed support strategies to minimise risks were developed to guide staff and to reduce the likelihood of incidents and accidents occurring. Staff understood how to respond and report incidents and accidents; records of incidents/accidents showed these occurred infrequently, this could indicate that strategies in place to keep people safe were working well. However, a review of a care plan and daily records for one person, revealed an underreporting of incidents for them. We looked at records for the preceding four months and these showed three incidents had occurred for which there was no corresponding incident reports. A review of risk assessments for the person concerned highlighted risks from unsupervised cooking, hoarding behaviour,

overloading of power sockets, hygiene risks and behaviour that could be challenging. An unreported cooking incident and two incidents related to behaviour that challenges f had not been investigated or reported.

Records of water temperatures in parts of the service showed a bathroom hot water outlet was routinely running at a high temperature of 58-60 degrees. Action had not been taken previous to inspection to remedy this and there was a risk of scalding. The registered manager took immediate action to request a maintenance visit to address this and the registered manager told us this visit took place subsequent to our inspection.

People could be placed at risk because not all staff had received fire training. The training record listed only 12 of the 23 staff as having completed fire training. A fire risk assessment was overdue for review with it last being completed in February 2016. Most but not all staff had completed at least one fire drill in the last 12 months. People could be placed at risk from shortfalls in fire prevention arrangements. This is a breach of Regulation 12 of the HSCA 2008 (RA) Regulations 2014.

Risk assessments were not being updated robustly for example, one person was recorded as requiring their food to be mashed softly and sandwiches cut into bite size portions. We observed the person eating a whole half sandwich under supervision of a staff member. We queried this and were informed a speech and language review had assessed the person as able to eat a full sandwich under staff supervision. This was not recorded in the risk strategy to ensure staff worked with the person consistently and appropriately. Risks were not being managed effectively to inform staff practice and ensure people were supported appropriately. This is a breach of Regulation 12 of the HSCA 2008 (RA) Regulations 2014.

Staff recruitment files viewed showed that the majority of checks required by legislation to ensure only suitable staff were employed were in place. This included a medical declaration as to health fitness, a disclosure and barring criminal check, evidence of personal identity and a current photograph was provided of the staff member. References were obtained of previous employment and character. In two out of three files viewed however, employment histories were not full. Employers are required to ensure they have a full employment history for each staff member even where prospective staff have been employed overseas for part of their working life. The provider had taken action to review a negative DBS (Disclosure and Barring Service) check to inform a recruitment decision but the records of this did not provide assurance that the investigation conducted was sufficiently thorough to provide assurance for the decision to employ. These shortfalls weakened the recruitment process to ensure only suitable staff were employed.

People were at risk from recruitment procedures that were not robust. This is a breach of Regulation 19 of the HSCA 2008 (RA) Regulations 2014.

Staff present at the inspection had completed fire drills and they understood the action to take in the event of a fire and where emergency assembly points were. People had personal emergency evacuation plans (PEEP) that informed staff what level of support the person required in an emergency or evacuation. A continuity plan was in place to address emergencies that impacted on the operation of the service. In all other respects people were provided with the equipment they needed for their everyday support. There had been investment in the property to bring it up to a reasonable standard. There was an on going programme of redecoration and repair, and we discussed with the registered manager the need for a tidy up and redecoration of the laundry to be included in this. One person used a hoist and this was serviced appropriately as was the person's wheelchair. Electric bath seats were also serviced. As was the main electrical installation and oil fired boiler and heating system. Portable electrical appliances in people's bedrooms and elsewhere in the service were checked annually to ensure they were in safe working order.

There were enough staff to support people's day to day personal care tasks and to support some people on regular and planned activities and appointments outside the service; but staff availability was limited. The service had experienced a high staff turnover and agency staff provided cover for gaps in shifts. Agency staff were familiar with the service and rotas ensured there were always experienced staff on duty to aid continuity for people. A programme of recruitment was underway to fill vacancies. The cottage a small unit on the same site for three women had its own allocated female staff member for day time shifts. At night there were two waking night staff in the main house and a sleep in staff member at the cottage. Because staff also undertook cleaning duties every day and cooking duties at weekends or at other times to cover leave, this reduced their availability to engage and spend time with people to do activities in house, or to provide support for additional outings.

Staff spoken with understood their role and responsibilities in regard to protecting the people they supported from harm. Due to staff turnover only 16 of 23 staff recorded on the training record had completed training to date with six assigned the training to do. However, at the inspection staff demonstrated that they understood the different forms abuse could take and how to report any suspicions of abuse they may have through the whistleblowing or safeguarding process to the registered manager. Staff were confident of raising concerns and felt able to contact other agencies with safeguarding responsibilities if needed or thought their concerns were not being dealt with appropriately.

Requires Improvement

Is the service effective?

Our findings

People told us that they were supported with their health care needs and attended regular health checks. Relatives told us that staff contacted them if their loved one had any health issues or incidents that they needed to be aware of. Comments included "(My relative) gets enough to eat, (my relative) was a lot heavier before but they are helping (my relative) to reduce their weight." "Staff are always very pleasant and will spend time talking about things."

The provider had an established training programme for the induction of new staff and the updating of training for existing staff. In addition, staff were provided with comprehensive training in a number of areas to meet some people's specific needs, for example insulin and diabetes, epilepsy, autism, communication and positive behavioural support.

Training was provided to staff in a mix of face to face and on line training. The training record for the team highlighted where courses had been completed, and assigned but not yet completed. The registered manager and senior staff undertaking supervisions were responsible for monitoring that staff completed the training assigned to them.

Due to a high turnover in staff and on going recruitment a number of staff were still to complete essential training. For example, the training record showed us that only 12 out of 23 staff had completed fire training and only 13 staff had completed infection control training. Staff demonstrated that they understood fire safety and infection control procedures. The registered manager informed us that only 14 staff had been trained in moving and handling. At inspection staff demonstrated a good understanding of safeguarding and mental capacity but seven staff were still to complete this training. Staff training is an area which requires improvement.

Ten out of 23 staff had completed a recognised adult social care vocational qualification. Staff told us they felt supported by the management team and were able to discuss any concerns they had with them. Staff received one to one supervisions with the registered manager or a senior on a regular basis to discuss their practice; the registered manager had commenced a new schedule of appraisals and said that they would be undertaking these personally to ensure they got to know all the staff well. This would give staff an opportunity to discuss their work performance, development, training and future career aspirations. We will follow this up at the next inspection.

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. When people lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Capacity assessments were in place for people around finances and medicines and for everyday support needs. Staff were aware of the need to involve relevant people if someone was unable to make a decision about aspects of their health or other support needs through best interest meetings. We observed staff seeking consent from people for everyday tasks and deprivation of liberty authorisations had been applied to support staff practice in regard to everyday support and restrictions in place to keep people safe,

for example access to the kitchen or outside the premises without staff support. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Everyone had been referred for a DoLS authorisation but records indicated staff had not been made aware of the outcomes of many of the applications made to support the restrictions currently in place from the managing authorities. The registered manager agreed to follow this up.

People's health needs were monitored by staff who provided care to meet any changing needs. When people needed appointments and referrals to health care professionals, such as doctors, nurses, speech and language therapists, dieticians and other professionals, these were made to seek advice and guidance on how to ensure people were supported to remain healthy. People were supported by staff to attend health appointments. One person's fluid intake was recorded on a fluid chart; this stated they should drink less than a certain amount each day. Staff recorded their fluid intake and records showed staff ensured fluid intake did not exceed the required level. People were weighed regularly and the registered manager audited weight records so that they were aware of any weight losses that required professional intervention. One person was less mobile and staff repositioned them from time to time to ensure they did not develop pressure areas when lying in their bed. Staff recorded these positional changes. People with specific health needs, such as diabetes, had care plans for staff to follow to ensure people received the support they needed. Body charts were in place to remind staff where people's external creams needed to be applied to ensure their skin health was maintained.

Staff were aware of what people liked and disliked to eat and meals offered took into consideration people's preferences, discussions about the menu were held at monthly 'your voice' meetings where people could talk about things that were important to them like food or activities or things that concerned them. During the inspection staff were covering in the absence of the usual cook and we heard staff discussing with people what was on the menu and what would they like. Staff respected people's choices about what they ate and offered alternative options. Staff were observed ensuring people with swallowing problems received their meals in an appropriate form that they could easily digest. People were offered a choice of drinks during the day. A menu board supported by pictures of the meals on offer was located in the dining room so people could see what was for lunch or dinner. The service had achieved a five staff kitchen rating from environmental health this being the highest award. People in the cottage did some of their own food shopping, they chose what they wanted to eat and cook and prepared some meals with staff supervision.

Good

Is the service caring?

Our findings

A person told us "I like all the staff here, they're nice and you can have a laugh with them." Another person described a staff member who was helping them with a favourite activity as "'a funny man." Another person told us that they were going out shopping with a member of staff and someone else who lived in the service.

A relative told us "(My relative) loves it there; they think it's a lovely place" and "It's very very good, they love everybody there." Another relative told us "We are happy; they gets on well with staff." Several relatives told us about 'home visits' staff arranged with them for people to come and stay with them for holidays, overnight stays or short visits.

Staff spoke positively about working at the service and maintained a polite and cheerful demeanour throughout the inspection. A senior staff member said that in their view people were looked after well and the quality of care they received was good but they recognised there may be areas that the service needed to improve upon.

During the inspection people were in good moods, they chose where they wanted to be in the house if they were not engaged in an outside activity. They had a positive easy going relationship with all the staff. Staff spoke with people in a light hearted and jokey manner that people seemed to like. Chatty conversations took place with some people about music and television programmes or things people wanted to do, whilst other people who had communication needs were given warm encouragement for singing or vocalising, or an encouraging touch of the hand from a staff member. It was clear that people felt relaxed and at ease in the friendly atmosphere in the service. Staff spoke to people kindly, they treated people and spoke about them respectfully and supported people in a way that they preferred. When out and about around the service we noted staff stopping to talk with people and passing the time of day.

People were encouraged to be as independent as possible, for example people were encouraged to bring their laundry to the laundry room and in keeping their bedrooms tidy. . Two people were observed going off to do domestic tasks they liked to do, for example washing up.

People were given the support they needed with their personal care routines. People's care records made clear about what they could do for themselves and what areas of their daily lives they needed help with. This informed staff about individual levels of independence, areas of potential skills development or where needs were changing and people were less able than before. Short, medium and long term goals were discussed and agreed with people some of which were aspirational for people to attend special events. Staff encouraged people to think big and supported them to achieve their wishes. Staff used one to one hours for some people innovatively so they got the best possible use out of them, for example using the allocated hours for weekends away. Progress towards achieving goals was monitored by staff at key worker meetings each month. A keyworker is a named person who has specific responsibilities to assist the person in meeting their individual needs and wishes. One person had expressed a desire to attend foot ball matches for a premiership club and had already attended an away game and plans were underway for attendance at more home games.

Staff were mindful of people's dignity and treated them with respect. With the exception of two people everyone had their medicines in a medicine cabinet in their bedroom. This afforded greater privacy and dignity for them when receiving their medicines away from everyone else. Most people kept their bedroom doors open but where these were closed staff knocked before entering, people's permission was sought to enter their bedroom when they were not in it. Staff were alert to people's state of dress and responded to rearrange people's clothing in a discreet way if it became necessary. Staff used people's preferred names.

Care plans described people's preferences about how personal care was delivered so they received the support they needed and wanted. The gender makeup of the staff team mirrored that of the people supported with a higher proportion of males to females, so people could choose who supported them. .

People chose whether they wanted to spend time in communal areas or in the privacy of their bedrooms. People moved between areas of the home as they wished spending time in their private space and in communal areas. Visitors were welcomed and one relative said they or another relative visited every fortnight. Relatives told us that they could visit or call at any time, they said staff kept them informed about issues relating to their relative but some thought communication in other areas could be improved upon.

At mealtimes a number of people came to the dining room to eat their meal. People had opportunities to sit at a choice of three tables and people were seen to sit with people they were comfortable with. Whilst this gave people the opportunity for conversation not many people conversed with each other preferring to engage with staff that were present. People chose what they wanted and were not rushed to eat their meal; some people ate separately depending on their preference. People were asked if they wanted more tea or other drinks.

The staff supported people who had lived in the service for many years, staff ensured people had quality time together and also time apart when they could do things that interested them individually. Staff supported people to celebrate special occasions like valentine's day or anniversary celebrations. People told us about trips out to the pub which they enjoyed.

At the time of inspection no one was in receipt of advocacy support although in the past a local advocacy service had been used to advocate in regard to a person's care and support and to ensure they were respected as an individual when important decisions needed to be made. An advocate is a person who puts a case on someone else's behalf.

People were supported by staff to attend to their spiritual needs if this was important to them and one person was supported to attend church in the local area when they wished to. No one was assessed as requiring end of life care at this time. Care files clearly noted people's end of life wishes if known. Nobody was subject to a Do Not Attempt Resuscitation order. There were a few older people in the service who were less able to manage stairs and arrangements had been made for them to be located on the ground floor of the accommodation so they can continue to stay in the service and equipment has been made available for their day to day support.

Requires Improvement

Is the service responsive?

Our findings

Some people were able to tell us who they would tell if they were unhappy about something. One person said they had raised issues in the past with a senior manager and this had been addressed, to their satisfaction. A person commented that they were asked for their views about the service and had on a few occasions said that they would like to see more use of the onsite day centre but this had not happened yet.

Relatives said they felt able to express any concerns they had to staff in the service if they had them. One said, "If (the person) was not happy they would react and staff would know about it." "I was pleased (my relative) seemed to have a reasonable program but now I am confused about their activities I don't think they have enough to do." The new manager said that one of their priorities was to make better use of the day centre and ensure an activity programme was developed on site using this resource.

Another relative said "(My relative) used to do more but they wanted to reduce it and they have, the person told us they were happy with the amount of activities they were now doing." Other relatives said they had no complaints and found the service responsive. A fourth relative said that there had been some issues with staff supporting their relative to telephone them every week as had been agreed. At the inspection and in conversation with other relatives there was evidence that staff were consulting with relatives to make arrangements for home visits on a regular basis and were supportive of people to maintain their contacts with families.

People had a weekly plan of activities but some people had more activity opportunities than others. During the inspection we saw five people involved in activities, two of these being provided in house. One person enjoyed individual time spent with a staff member blowing up and releasing balloons, the person found this hilarious and laughed a lot; this was a weekly activity. A second person was observed trying to complete a puzzle with occasional engagement from a staff member. Two other people went out with a staff member on a shopping trip; another person went to a gardening project. .

Some people were involved in a gardening project or went shopping, or for walks in the community, to the pub or doing an activity of choice. Staff knew people well and what they liked and disliked. Staff were proactive when setting goals with people who wanted to experience special things. Some people actively sought occupation and helped with washing up and everyone was supported to do some domestic tasks, such as helping with their room clean and laundry.

One person had established a vegetable patch and grew vegetables to eat for themselves and at this time of year was growing pumpkins to decorate the service for Halloween. Everyone was given opportunities for occasional visits out for special experiences, visits to the pub, eating out, and personal shopping. However, not everyone took part in meaningful, fulfilling activities. A review of daily records showed some people had not participated in any form of activity in the two weeks preceding the inspection, people did not appear bored or restless but lacked opportunities for learning and stimulation on a regular basis This was also our observations on the days of the inspection; we saw that most people spent a lot of their time within the service without structured in house activities or occupation. The onsite 'day centre' was potentially a good

resource to fill this gap especially for people who were not inclined to go out of the premises on a regular basis, but this had not been used for some time as it was unstaffed and reliant on staff on duty to facilitate activities for people

The provider had failed to support people's personal activity preferences. this is a breach of Regulation 9 of the HSCA 2008 (RA) Regulations 2014

The registered manager told us that a pre-admission assessment process was in place. This helped to ensure that people referred to the service would have their needs properly assessed prior to any decision being made for them to come to the service to live. If their needs could be met in the service opportunities for some visits would be arranged. This would only be undertaken at a pace suited to the person. . Compatibility with other people would be considered. Some people required only a short transition while other people needed time to adjust.

Records of the information gathered through the pre-admission assessment process for the newest arrival could not be found to demonstrate a robust process was followed. However, we spoke with their relative who confirmed their involvement in the pre-admission arrangements, the involvement of social services and their provision of additional information to inform the assessment process. In this instance they said that transition was short because this was what the person had wanted and could cope with. Since admission the person had settled quickly and well into the service. Without a record of the pre admission assessment and information from relatives the provider had limited information to inform the person's support plan.

Each person had a care plan that was comprehensive in the level of information and detail it contained. The care plans were person centred, reflecting the things that were important to the person, what their assessed needs were and their wishes and preferences for how their needs were to be supported by staff. Care plans contained information about people's likes and dislikes across a whole range of experiences for example, food, animals, activities, and the environment. There was also guidance in regard to people's communication needs and how staff should engage with them through sign, verbal communication or body language, picture prompts were used so that people could make a better informed choice. Care plans contained information about what a good and bad day looked like for the person, this gave staff an understanding of how to support someone when they were experiencing a bad day and the possible causes of them being unhappy. Guidance was provided in regard to people's individual health conditions, how these impacted and what support they needed from staff, and how health professionals might best support the person in health care settings, such as routine appointments or hospital stays. Care plans and risk information were kept up to date through monthly evaluations. Staff were seen to support people in accordance with their care plan with one exception that we have highlighted elsewhere; this related to staff consistently implementing strategies for managing risks in regard to health and safety and hygiene. This was due to concerns about precipitating behaviour that could be challenging to them. People had review meetings to discuss their care and support. They invited care managers, family and staff. Relatives told us that they were involved and attended care reviews when they could.

People met with their key worker each month; during these meetings people were consulted and involved about changes to their care plan as much as they were able to be, they were also able to spend time talking about things that concerned them or new things they were interested in doing. Short, medium and long term goals were discussed and agreed and each month progress towards achieving these was evaluated. Some people signed their care plans.

A system to receive, record and investigate complaints was in place. An easy read version of the complaints procedure was displayed prominently on an information board. Key workers asked if people had any

concerns when they met with them each month. Staff knew people well and understood how people who were unable to vocalise their concerns, expressed their emotions of sadness, anger and anxiety, staff would seek causes for this and try to resolve the matter for the person concerned to show they were listened to. All formal complaints were logged and this enabled the complaints progress to be monitored. The complaints procedure was kept updated and contained timescales for addressing formal complaints. The Provider Information Return (PIR) informed us that no complaints had been received in the last 12 months and this remained the same at the inspection. One compliment had been received during that time.

Requires Improvement

Is the service well-led?

Our findings

Relatives spoken with thought that staff were good at communicating information about their relative's health and support; however they felt communication was lacking from the provider about changes in the management of the service. One relative said that they were unaware the person they had been speaking to on the phone was the new registered manager. Another relative said they were not told when the previous registered manager had left or that the new registered manager had been appointed. They also expressed concerns about an issue and were happy that a meeting had been arranged with the new registered manager to look at this.

There was a new registered manager who was just settling into the role but had already identified a number of areas where they wanted to see improvements and had discussed these with their line manager who undertook regular visits. Our observations showed that people in the service were familiar with who the registered manager was. Some people actively sought out the registered manager's office and he welcomed them and was responsive in his contacts with them.

Staff said they felt supported and were able to express their views in staff meetings but in reality few attended meetings. There was a provider expectation staff meetings would take place monthly however none had been held since March 2017. Overall staff attendance at meetings showed that only four or five of the same staff out of 24 permanent attended each meeting. A review of meeting minutes showed that these covered wide ranging topics around health and safety matters, food hygiene management and people's needs, sometimes with a specific focus on one person. Staff had access to the minutes of these meetings which they were required to read but were not actively contributing to the meetings or receiving important operational and care and support information to inform their working practices in a consistent way.

A range of monitoring processes and audits had previously been in place but a recent senior management restructure had left a void in some of the checks previously undertaken. For example, the last formal operations director visit was in January 2017. This left a lack of oversight from the provider that the service was operating well and that shortfalls were being addressed in a timely manner. Internal checks conducted by the registered manager, such as a quarterly review, and out of hour's checks had not been completed since November/December 2016. There was no evidence of an infection control audit, and the health and safety check undertaken annually was undated and unsigned.

Monthly health and safety audits failed to identify that there were hot water issues in the cottage, or that improvements were needed to the laundry. Evaluation of care records failed to identify risk strategies were ineffective for one person and that incidents were not always being reported. A weekly medicines audit had not identified that medicines were not being dated on opening. There was a lack of clarity as to which audits were to continue under the new registered manager, or were to be replaced with something else. The provider compliance team visited a minimum of annually or more often if serious issues were identified, the last time they had visited was in July 2016. A finance audit was also completed annually. Preadmission assessment information of new people was not available to evidence this was being undertaken appropriately. Records were not always accurate or being well maintained. The majority of people lacked

the opportunity for meaningful activity during the day. There was no evidence that delivery of everyday care was monitored to inform staff supervision and performance.

People were surveyed for their views about the service; their responses however were aggregated with views about the provider's other services from other relatives. The results were therefore not specific to the Old Rectory, or helpful in determining areas for improvement. Analysis of people's feedback was therefore not specific to the service and could not in its present format inform the registered manager and staff what people thought about the service they delivered, and areas for service development.

People could be placed at risk because systems in place for the assessment monitoring and audit of service quality were incomplete, ineffective and not always completed robustly. This is a breach of Regulation 17 of the HSCA (RA) Regulations 2014.

Policies and procedures were kept updated by the provider and updated versions circulated to the service. Staff were asked to read and sign they had read policy and procedure updates. Copies of policies and procedures were accessible to staff in paper and computerised versions.

The registered manager and senior staff understood their reporting responsibilities to the Care Quality Commission (CQC) for some events and had notified appropriately when incidents arose.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the reception and on their website.

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 9 HSCA RA Regulations 2014 Person-centred care People were not provided with adequate stimulation and activity. Regulation 9 (1) (a) (b) (c)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment There was a failure to adequately ensure that medicines were administered and managed appropriately; risks were not being managed effectively to inform staff practice and ensure people were supported appropriately; people could be placed at risk from shortfalls in fire prevention arrangements Regulation 12 (1) (2) (a) (b) (g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance People could be placed at risk because systems in place for the assessment, monitoring and audit of service quality were ineffective and not always completed robustly. Regulation 17 (1) (2) (a) (b) (c)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

People were at risk from recruitment procedures that were not robust. Regulation 19 (3) (a)