Mrs D Hunter

Bempton Old Rectory Residential Home

Inspection report

Vicarage Lane
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Tel: 01262850072

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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

Bempton Old Rectory Residential Home provides care and accommodation for up to 17 older people some of whom have a dementia related condition. Accommodation is over two floors with lift access to the first floor. There is an enclosed garden to the side of the building. There were 17 people living at the service at the time of the inspection.

We last inspected the service in September 2015 and rated the service as 'Good.' At this inspection we found the service remained 'Good' and met all the fundamental standards we inspected against.

There were safeguarding procedures in place. Staff were knowledgeable about what action they should take if abuse was suspected. The local authority safeguarding team informed us that there were no on going safeguarding matters regarding the service.

Checks and tests had been carried out to ensure that the premises were safe. Medicines were managed safely.

Recruitment checks were carried out to ensure that staff were suitable to work with vulnerable people. There were sufficient numbers of staff deployed to meet people's needs. Records confirmed that training was available to ensure staff were suitably skilled. Staff were supported through an appraisal and supervision system.

People's nutritional needs were met and they were supported to access healthcare services when required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

We observed positive interactions between staff and people who lived at the service. Staff promoted people's privacy and dignity.

Care plans were in place which detailed the individual care and support to be provided for people. These were clearly linked to risk assessments.

Arrangements for social activities met people's individual needs. An activities organiser was needed but recruitment had been difficult because of the rural position of the service. The registered manager and staff had organised activities until a replacement could be recruited.

There was a complaints procedure in place. No complaints had been received since our last inspection.

Audits and checks were carried out to monitor all aspects of the service. Action plans were developed to highlight any areas which required improvement. Staff were very positive about working at the service. We

observed that they were positive in their roles when supporting people.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Bempton Old Rectory Residential Home

Detailed findings

Background to this inspection

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

The comprehensive inspection took place on 14 September 2017 and was unannounced. The inspection was carried out by two adult social care inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. They had experience of working with older people some of whom were living with dementia.

Prior to our inspection, we checked all the information which we had received about the service including notifications which the provider had sent us. Statutory notifications are notifications of events that occur within the service, which enable us to monitor any issues or areas of concern.

The provider also completed a provider information return (PIR). A PIR is a form which asks the provider to give some key information about their service; how it is addressing the five questions and what improvements they plan to make.

On the day of our inspection, we spoke with eight people who lived at the service. We also spoke with one relative and a health professional who was visiting the service. We interviewed two care workers and spoke with the senior care worker who was in charge. The provider's son, representing the provider, came to the service to speak with us and we spoke with the registered provider by telephone. The registered manager was on annual leave during the inspection but they spoke to us as soon as they returned.

We examined two people's care plans in depth, checked three staff recruitment records and training records. We also looked at other documents relating to the management of the service such as health and

safety records and audits for the service.

We consulted with a member of staff from East Riding of Yorkshire local authority safeguarding team and a local authority quality monitoring officer in advance of our inspection. They had no current concerns. We also received feedback from a training provider who visited the service in relation to staff training. All of this feedback was positive.

Good

Is the service safe?

Our findings

When asked, everyone we spoke with told us they felt safe saying, "Oh yes. Good people [staff]" and, "Of course. Well, because everything is so well done." This was confirmed by the relative we spoke with. A healthcare professional told us, "When the residents are looking for attention (that's when they are in their rooms) there is always prompt attention." Since one area of the home had been developed it had become apparent that staff were having difficulty hearing one person's call bell. We were told by the provider that solutions were being investigated.

There were safeguarding procedures in place and staff were knowledgeable about what action they should take if abuse was suspected. The local authority safeguarding team informed us that there were no organisational safeguarding concerns with the service. One care worker was able to describe different types of abuse and told us, "I would report any concerns to the manager and if the concerns involved them then I would go straight to the owners, CQC or the police."

Risk assessments were in place which had been identified through the assessment and support planning process. We noted that risk assessments had been completed for a range of areas such as access needs, moving and handling, personal care and eating and drinking, skin care, dementia and pain management. The risk assessments and management plans were linked clearly to care plans. This meant that risks were minimised and action was taken to help keep people safe. Accidents and incidents were monitored and analysed. Action was taken if concerns were identified.

The building was well maintained. Checks and tests were carried out on the electrical installations and the gas, water and fire alarm systems, to ensure the building was safe.

There was a safe system in place for the management of medicines. We observed medicines being administered safely. The care worker told us they had been trained by the pharmacy that supplied the medicines in use of the system and had additional training through an external training company. We carried out a stock balance check of controlled drugs (CDs) which showed that stocks were correct. CD's are medicines which require stricter legal controls to be applied to prevent them: being misused, being obtained illegally or causing harm. There had been an error in recording within the CD book but this had no impact on the person. This was discussed with the registered manager who advised that they would be asking the pharmacy to do a full review of medicines.

We checked staffing levels at the service. We observed that staff carried out their duties in a calm unhurried manner and had time to provide emotional support. The numbers of staff had remained stable over time according to rotas. People told us, "Staff; there are enough I think." They said that staff responded quickly to calls for assistance and we saw this for ourselves when one person called for assistance. The care worker responded immediately. However, staff felt they were rushed at times. One staff told us, "I feel a little rushed as things are at the minute although the manager helps if needed." The training assessor told us in their feedback, "Sometimes I feel that there is not enough staff on shift." We spoke with the provider who told us that they had found it difficult to recruit an activity organiser since the previous person had left. This meant

that care workers were expected to provide some activities. The service is in a rural area which had caused some difficulties when recruiting staff. The provider told us they would continue to advertise the post. In the meantime the registered manager was managing the activities for people.

We examined staff recruitment procedures. These were thorough and showed that checks were carried out to confirm applicants were suitable to work with vulnerable people.

Good

Is the service effective?

Our findings

People told us that staff effectively met their needs. They said, "Yes, how can I put it? They do their job very well" and "Of course. Some better than others." A healthcare professional told us, "I am so impressed. The staff are so good to each resident because they all have different needs." The training provider told us, "Equipment is used by staff safely during hoisting and transfers for the people I have observed and care plans follow the risk assessments in place."

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. 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 homes and hospitals are called the Deprivation of Liberty Safeguards(DoLS).

We checked the provider and registered manager were continuing to work within the principles of the MCA and that any conditions on authorisations to deprive a person of their liberty were being met. We found that they were. The registered manager had completed DoLS applications in line with legal requirements. Staff were following the principles of the MCA. Staff sought people's consent before carrying out any care or support.

Staff had completed training in health and safety, safeguarding adults and other key topics related to the needs of people who lived at the service, such as dementia care. One care worker was able to describe different types of dementia and describe how these affected people. Staff received support through supervision and an annual appraisal. One care worker said, "I have supervision with a senior or the manager." They told us that staff meetings were held every month.

People were supported to receive a healthy and nutritious diet. People were complimentary about the meals. Comments included, "Very good. They have never put a meal in front of me I haven't liked," "Very good. Yes we are offered choice" and, "Good but too much." The food was presented to people hot and it looked very appetising.

Where people required assistance to eat and drink this was provided. We observed one person being assisted by a care worker sensitively. They chatted throughout the meal which the person appeared to enjoy.

People told us and records confirmed that staff supported them to access healthcare services. Records demonstrated that people saw the GP, district nurses, opticians, chiropodists and attended specialist appointments.

The environment was undergoing a refurbishment. The provider had recognised that the service was in need

of updating. The dining room had just been completed and we were told that there were plans to replace the flooring in the entrance hall and the corridors. People were familiar with their environment and their rooms were personalised. We discussed improving the dementia friendliness of the environment with the provider who was very keen that the service remains fit for purpose.

Good

Is the service caring?

Our findings

People told us that staff were caring. Comments included, "Lovely; No problem at all; Caring," "They [staff] are good as far as I am concerned" and, "Alright, but everyone is different; Caring." The training provider told us, "The staff have always been seen to be attentive to the residents needs and promoted their rights and choices in the care that has been observed."

Staff told us that they ensured that people were supported to make decisions and choices in their lives. One care worker said, "We ask them everything; what they want to eat; what they want to wear." People told us when asked if staff listened to them and respected their decisions, "Yes they are very good. Yes, I feel free" and a second person said, "Yes to both (questions)."

One care worker said, "I know people as much as I can." Staff were knowledgeable about people's needs and could describe these to us. One care worker described how they communicated with one person who had communication difficulties. They said they observed the persons facial expressions as they had got to know how they communicated through expression.

Staff displayed warmth when interacting with people. They had a very friendly and relaxed manner. We noticed positive interactions, not only between care workers and people, but also other members of the staff team. We observed staff laughing and having banter with people. People were very relaxed around staff.

Staff treated people with dignity and respected their privacy. They spoke with people in a respectful manner. People who required assistance with their meals were supported in a sensitive way to protect their dignity. One care worker told us, "I close bedroom doors and curtains to protect their [people who used the service] privacy. When washing them I will cover with a towel and explain everything I am doing."

Staff maintained standards of dressing and appearance that was personal to them. People were well dressed and their hair was styled. They wore appropriate footwear.

A visiting healthcare professional told us, "If I had to work longer unpaid I would still come. The staff are lovely."

Good

Is the service responsive?

Our findings

People told us that staff were responsive to their needs. People's care plans focused on individuals and their needs. They contained extremely detailed accounts of what care and support people required and took account of people's individual needs and preferences. Each person had a care plan for every aspect of their lives including their personal care, social needs and physical health. These gave staff specific information about how people's needs were to be met. We read about the problems one person living with dementia had with a lack of dexterity and how staff managed this in order to prevent them becoming frustrated. This meant information was available to ensure staff were aware of any factors which may affect people's wellbeing.

Care plans and risk assessments were interlinked and were shown in a written and pictorial format which gave a clear overview of people's needs and risks to their wellbeing.

Where people had a specific need this had been identified and the appropriate professional support sought. For example,one person was registered blind and had a talking clock. Another person's care plan identified that seeing their reflection in a mirror caused them distress. Staff were advised to consider removing or covering any mirrors in the person's room which was in line with current good practice guidance in dementia care.

Monthly reviews of care plans were carried out. This meant there was a system in place to review people's care to ensure that care and treatment continued to meet people's needs.

We saw that people's social needs were met. Some people were originally from the village and links were maintained with families and friends. One person told us, "I came from the village and my [relative] takes me out regularly and comes to visit." There was currently no activities organiser employed which would enhance people's lives further. However, until someone could be recruited to the post the registered manager and staff provided activities. One care worker told us, "People do arts and crafts, flower arranging and we have a herb garden. We could see a raised herb garden at the service. A healthcare professional told us, "In the summer[name of registered manager] had a tray of soil and was planting some herbs, encouraging people to take part in the planting." We saw art work created by people displayed in the lounge. One person told us, "Someone comes in and plays the violin for us." Staff told us that staff painted people's nails, organised quizzes and put on films for people to watch.

There was a complaints policy in place. No complaints had been received since our last inspection. None of the people or relatives with whom we spoke raised any concerns about the service. One person said, "I don't really have to complain. Everything is okay" and another said, "I've never had to make a complaint. I don't make a fuss. I would seek out someone in authority (if needed to complain)."

Good

Is the service well-led?

Our findings

A registered manager was employed at the time of our inspection. They had been registered with the Care Quality Commission (CQC) since February 2016. They were supported by senior care workers.

People were positive about the service. When asked, people told us the service was well led saying, "Yes, I think so." One person said, "Everyone is helpful."

A variety of audits and checks had been carried out to and although the provider had no written development plan they were able to tell us about their plans for the service and staff were aware of on-going work. People who used the service had been consulted about changes to the environment and their views sought. The quality of the service had been monitored and areas for improvement identified by the provider.

People were encouraged to give feedback about the service. We were told that the registered manager spoke to each person daily and regular residents and relatives' meetings' were also carried out to ensure that people and their representatives were involved in the running of the service.

Communication systems at the home were effective. The service was small and staff met at each shift change. The registered manager was very involved in day to day activities and was visible. Staff meetings were held regularly and staff informed us that they could raise any issues and the registered manager listened to their views. Handover meetings were also carried out at the beginning of each staff changeover to ensure consistent and safe care was provided. Staff told us, "The manager is very hands on whatever the time of day or night. She is brilliant." A visiting healthcare professional told us, "I think [name of registered manager] runs a tight ship.

Staff told us that they enjoyed working at the service. One staff member said, "It is quite a warm environment. We always make people welcome and would do anything for the residents." A training provider told us, "The manager is very proactive with training and supports and encourages her staff to undertake training and development to ensure they have the correct knowledge and skills to be able to work with the residents in their care. She undertakes training herself to keep her own knowledge and skills up to date with any changes in practice and legislation requirements. As a training provider/visitor to the home I have always been made to feel welcome in the home and offered refreshments on arrival."

The staff had a 'can do' approach and we observed that this positivity was reflected in the care and support which staff provided throughout the day.