

Rectory Care Limited

The Old Rectory Care Home

Inspection report

Rectory Road
Albrighton
Wolverhampton
West Midlands
WV7 3EP

Tel: 01902376910

Date of inspection visit:
17 September 2019

Date of publication:
07 October 2019

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

The Old Rectory Care Home is a residential care home providing support with personal care to 30 people aged 65 and over at the time of the inspection. The service can support up to 30 people. The care home accommodates 30 people in one adapted building.

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

The service was exceptionally well-led. This was confirmed by people who lived at the home, their relatives, healthcare professionals and staff. The provider's high standards and ethos had been embraced and adopted by the staff team. All staff were proud to work at the home and were committed to providing people with the highest standard of care. There was an open and inclusive ethos and a commitment to learning and improving the service. People were at the heart of the service and their views were valued.

People were supported by exceptionally kind and compassionate staff who ensured they were fully involved in decisions about their care. People were treated with the upmost respect and their right to privacy was understood and respected by staff. People were supported to remain as independent as possible.

People and their relatives told us they received a service which exceeded their expectations. Staff went the extra mile to ensure people received truly person-centred care. Staff were extremely responsive to people's needs and went to great lengths to ensure people felt valued and had opportunities for social stimulation. People felt very confident and comfortable to discuss any concerns with staff. People could be truly confident that their wishes for end of life care would be respected by staff.

People felt safe at the home and with the staff who supported them. Risks of abuse to people were minimised because the provider carried out pre-employment checks on all new staff. People told us staff were always kind and we saw people were very relaxed and comfortable.

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 said staff always asked for their consent before helping them.

People had their needs assessed and were supported by staff who had the skills and experience to meet their needs. Staff monitored people's health and well-being and worked with other professionals to make sure they received the care and treatment they needed. People's nutritional needs were met and everyone we spoke with was happy with the food and drinks provided.

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

Rating at last inspection

The last rating for this service was outstanding. (Report published 4 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 was safe

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our safe findings below.

Good ●

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

Is the service responsive?

The service was exceptionally responsive.

Details are in our caring findings below.

Outstanding ☆

Is the service well-led?

The service was exceptionally well-led.

Details are in our caring findings below.

Outstanding ☆

The Old Rectory Care 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 Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

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

The service had two managers registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with 10 people who used the service and three relatives about their experience of the care provided. We also spoke with two healthcare professionals who were visiting the home. We spoke with eleven members of staff including the provider, deputy manager, senior care workers, care workers and the chef. We reviewed a range of records. This included three people's care records and multiple medication records. We looked at one staff file in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe at the home and with the staff who supported them. People looked very relaxed and comfortable with staff and the management team. One person said, "I moved here because I didn't want to live on my own. I feel much safer here." Another person told us, "I couldn't feel any safer than I do here."
- Staff had received training and knew how to recognise and report any concerns. A member of staff said, "If I saw something concerning, I would definitely report it straight away."

Assessing risk, safety monitoring and management

- Risks to people's health and well-being were considered and there were plans in place to manage and mitigate risks.
- Risk assessments and care plans were regularly reviewed to ensure they remained effective.
- People's equipment was regularly checked and serviced to ensure it remained safe and well-maintained.
- Each person had a personal evacuation plan to show the support they would need if they needed to be evacuated in an emergency such as a fire. This helped to ensure people would be safely moved.

Staffing and recruitment

- People were protected by the provider's recruitment procedures which ensured only staff who were suitable to work with people were employed.
- There were sufficient numbers of skilled and experienced staff to meet people's needs.

Using medicines safely

- People received their medicines when they needed them. One person said, "I always get my tablets on time and I know why I take them."
- Staff received training and their skills, knowledge and competency were regularly assessed.
- Medicines were securely stored and there was a clear audit trail of all medicines entering and leaving the home.
- There were clear records to show when medicines had been administered or refused. The records helped to make sure the effectiveness of prescribed medicines could be monitored.

Preventing and controlling infection

- All areas of the home were kept clean and fresh which helped to minimise the risks of infection to people.
- Staff followed good infection control practices and had access to personal protective equipment such as

disposable gloves and aprons.

Learning lessons when things go wrong

- Records of any accidents or incidents were maintained and reviewed by the management team when they occurred. This helped to identify any trends.
- Where things went wrong, the management team were keen to explore the reasons and to take steps to reduce the risk of it happening again.
- There was a culture of learning from accidents and incidents which was shared with staff.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People were assessed before they used the service to ensure their needs and preferences could be met. One person said, "[Name of provider] came to see me at home to discuss the care I needed."
- Assessments of people's diverse needs, such as religious preferences were discussed prior to using the service.
- Assessments were used to formulate a plan of care. This provided staff with the information they needed to meet the person's needs and preferences.

Staff support: induction, training, skills and experience

- People and their relatives were confident staff had the skills and knowledge to meet their needs. One person said, "All the staff are excellent and very skilled in every way."
- Staff received training to make sure their practice was in accordance with up to date practice and legislation. A member of staff told us, "The training is brilliant. There is so much. You get everything you need plus more."
- Newly appointed staff received a thorough induction to provide them with the skills and training to meet people's needs.

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

- People received food and drink in accordance with their needs and preferences. One person said, "The food is excellent and there is so much of it and so many choices."
- The head chef met with people when they moved to the home to discuss their needs and preferences.
- Where people required a specific diet, such as a soft consistency or vegetarian option this was provided.
- People were provided with a choice of hot and cold drinks throughout the day.
- Staff monitored people's food and fluid intake where concerns were identified.

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

- People lived in a comfortable and well-maintained environment. Fixtures, furnishings and décor was of a very high standard and helped to promote a homely feel.
- People had their own bedrooms which they could personalise in accordance with their tastes and preferences.
- There were a number of communal areas where people could choose to spend their time if they wished.

- Grab rails and ramps helped people to maintain a level of independence when mobilising around the home.
- People had access to large, well-maintained gardens.

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

- People told us they saw healthcare professionals when they needed. One person said, "I see the chiropodist regularly and the doctor when I need to. I am very well looked after."
- Staff worked effectively with other healthcare professionals to make sure people had the support and equipment they required to meet their needs. A healthcare professional told us, "Staff follow things through and always seek advice when needed."

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 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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff sought people's consent before assisting them with a task. One person said, "The staff don't do anything without checking with me first." Another person told us, "All the staff are very obliging and I have never been made to do something I don't want to do."
- Staff had received training about the Mental Capacity Act and knew how to promote people's legal rights. Care plans gave information about people's capacity to make decisions in different areas of their care.
- The provider had made appropriate DoLS applications for people who required this level of protection to keep them safe and meet their needs.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as outstanding. At this inspection this key question has remained the same. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- People, their relatives and healthcare professionals told us of the exceptional care they received from an incredibly caring and committed staff team.
- One person said, "They [staff] exceed kindness in every way. I just can't speak highly enough of them." Another person told us, "All the staff are excellent and so thoughtful. They really do go the extra mile and will do anything for you. A member of staff brought me back a present when they went on holiday."
- A healthcare professional said, "The atmosphere is always so happy and relaxed, and the staff are genuinely so kind and friendly to the residents." A relative told us, "I can't thank them [staff] enough. I have such peace of mind not only knowing that my [relative] is so well looked after but is genuinely loved by the staff too." They also said, "They really do go the extra mile. One day staff drove my [relative] to our home so they could spend the day with us. They came back later and picked them up. It meant so much to my [relative] and me. We had a lovely day."
- The provider and staff team were highly motivated and committed to ensuring people received an exceptionally caring service which met people's needs and preferences.
- When staff found out one person, on admission to the home, had a great love of roses, they bought roses to decorate their room. Staff told us the person was overwhelmed by the act of kindness.
- We saw one person being presented with a beautiful cake with candles to celebrate their birthday. Staff and people joined in and sang happy birthday which the person responded very positively to.
- The home had received numerous compliments about the service provided. One relative commented, "Thank you for loving our [relative]."
- A member of staff said, "It's wonderful that we get time to get to know the residents and what's important to them. I am passionate about making our residents feel like they are important, special, feel part of a family and make their lives better in any way I can." Another member of staff told us, "All the staff have the same approach and want the best for people. I care for people like I'd want my relative to be cared for. You couldn't find better care anywhere."
- One person wanted to attend their relative's wedding which was many miles away. Their family members were unable to travel to pick them up, so the provider offered to take them. They told us that this had meant so much to the person and their family and the person had thoroughly enjoyed the day.
- Another person wanted to attend a charity evening event which had been organised by a relative. On hearing this, a member of staff reorganised their work commitments, so they could take them.
- The provider arranged a wake in a marquee in the grounds of the home for the family and friends of a

person who had passed away. The home's chef provided a freshly made buffet. The family of the person had written to the provider expressing their sincere gratitude and said what this had meant to them as a family.

- Throughout our visit we saw several genuine acts of kindness from staff towards the people who lived at the home. These included gentle touch, reassurance and kind words which had a positive response from people.
- There was laughter and gentle banter between people and staff. One person said, "They [staff] light up my life. I love to have a laugh."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People's views were truly valued and respected. One person said, "I feel like royalty. What I say goes. No worries there."
- People told us they were regularly consulted about the care and support they received. One person said, "Right from the start I was asked how I wanted things done and that has continued." Another person told us, "Some days I need more help than others. The staff always check with me before diving in and doing for me. That's important to me as I need to keep my independence."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as outstanding. At this inspection this key question has remained the same. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported by staff who were exceptional in taking time to find out and understand what was important to them. One person said, "All the staff are just amazing. They really know me inside and out and they know my relatives too. It's almost like they are my family really. It's lovely."
- Throughout our visit we heard staff having conversations with people about their interests and family members.
- We saw staff responded promptly to requests for assistance and support. Any requests for assistance were met with a smile and kind words from staff. One person said, "It's more like being in a hotel. You ask for something and it's there. Nothing is too much trouble and the staff are always so happy to oblige."
- People's preferences and social history was discussed with them before they moved to the home and through regular reviews of their care. Information was detailed in the person's plan of care. One person told us, "It's very much about what I want and how I want things done. I'm always being asked if I am satisfied with everything; and I am, very much so."
- One person's faith was very important to them and staff supported them to attend local church services. When the person was no longer able to attend, they helped the person arrange for the church bells to regularly ring for the person to hear. This had brought them great comfort.
- Healthcare professionals considered that the service was exceptionally responsive and centred around individual needs and wishes. One healthcare professional told us, "The staff are fantastic and take on board everything I say. That means that when I visit I can progress with the person's rehab. With the input from staff, one person is now able to walk, which they couldn't do when they moved here."
- Another healthcare professional said, "They really go the extra mile here. They recognise and act quickly when emergency treatment is needed. Staff always escort residents to appointments or hospital, so they are not alone."
- When one person moved to the home the provider noticed the person, who was of a slight build, did not look comfortable in their chair. The provider quickly arranged for the person to be measured for a bespoke chair with built in pressure relieving cushions. The person looked very relaxed and comfortable in their chair.
- Two people were in the early stages of dementia, so the provider had researched and purchased an activity pack designed specifically for people who were living with dementia. One of the activity workers told us they were looking forward to using this with people and was sure it would benefit them.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider and staff were aware of the AIS and told us, although there was nobody at the home with specific needs, any information could be produced in appropriate formats as required. This included large print and braille.
- People's communication needs were assessed and recorded in their plan of care. All but one person was able to communicate their needs. Staff told us they had got to know the person well and understood what their sounds and gestures meant. A member of staff said, "[Name of person] understands everything you say but because of their stroke they can't get the words out. You just give them time and because we know them, we understand their response."
- We saw people who required them, had clean spectacles and working hearing aids. People had been provided with large button telephones in their bedrooms.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Two very committed and enthusiastic activity workers were employed to provide people with a varied range of social opportunities. One activity worker told us, "It's all about what the residents want to do and what they enjoy." A person who lived at the home said, "I love the activities and trips out but there's no pressure."
- On the day we visited, several people had gone out on a trip to a garden centre. In the afternoon we saw several people enjoying a bingo style game where prizes were chosen and displayed by a person who lived at the home.
- We met with one person who was in their bedroom preparing runner beans. They told us, "We grow our own beans and there are several of us who like to prepare them. I love it. When I'm done I'll join in with the bingo."
- The home had established very strong links with the local community and arranged numerous events. Apart from people visiting local shops cafes, churches and places of interest, the home hosted social events for people, their relatives and the community. These included bar-be-ques, hog roasts, fireworks, Christmas and other annual celebrations.
- People's relatives were welcomed and could visit whenever they wanted. A relative said, "I am made to feel welcome whenever I visit. Everybody is so friendly. I am even offered lunch."
- People had been supported to maintain and make new friendships. One person had been supported by staff to visit an old friend at a local café. The person's friend had then visited the home and formed new friendships with people.
- We heard how people welcomed and supported people who were new to the home. The provider told us, "The residents look after each other and will always make sure they feel included. It's lovely when you see them form new friendships."
- A person who lived at the home told us, "I am just off to see my friend [name of person, who also lived at the home]. We often get together and have a little chat."

Improving care quality in response to complaints or concerns

- People and their relatives did not have any complaints about the service they received, however all were confident that any concerns would be addressed.

- One person said, "I have nothing to complain about. I'd feel very comfortable about telling anybody if I wasn't happy. I know they'd do anything to sort out problems." A relative said, "The owner, management and all the staff are very approachable. I know they would take things very seriously."
- There had not been any complaints in the last 12 months however we saw previous concerns had been fully investigated in line with the provider's complaints procedure.

End of life care and support

- People's care records contained information about people's religious preferences and their preferences during their final days and following death.
- We were informed that two people were assessed as nearing the end of their life however, neither were receiving end of life care. There had been regular contact and input from healthcare professionals and pain relief medication was in place for staff to administer when required.
- A healthcare professional told us, "They provide excellent palliative care here and work very well with the hospice to make sure residents are pain free and comfortable."

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 the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- People told us the service they received was exceptional and took into account their needs and preferences. One person said, "I am so fortunate to be here. You certainly couldn't get any better than this."
- The provider promoted a culture and ethos of ensuring people were provided with an exceptionally high standard of care which met their needs and preferences. The provider said, "I will always strive to continually improve so that our residents have the best care and best life possible."
- The provider led by example and went to great lengths to ensure staff embraced and followed their values. For example, they met with and worked alongside new staff to observe their interactions and sought feedback from the people who used the service.
- Where there were concerns about a staff member's values or commitment, these were addressed through discussions or, in one instance, an agreed termination of their employment.
- Our observations and discussions with staff and people who used the service demonstrated that the provider's high standards and ethos had been fully embraced by the staff team.
- Staff felt proud of the service and were passionate about providing people with the best care possible. A member of staff said, "I feel so proud to work here. Our residents are the most important thing and are at the heart of everything we do."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Management of the service was highly effective. The provider and registered manager had a clear understanding of quality performance and the regulatory responsibilities of their role. Staff were proud to work at the service and were motivated by the management team, other staff and people to do an excellent job. There was a low staff turnover and high staff retention rates.
- The findings at this inspection demonstrated that governance was well-embedded and continued to provide and improve a high standard of care to people.
- A member of staff said, "Staff morale is really good and we all work as a team. Communication is really good. Everything is brilliant. I am proud to work here."
- People received care from a highly trained and skilled care team. Training was monitored and provided by a member of the management team. An external training provider provided staff with training specific to the

needs of the people who lived at the home such as diabetes.

- The provider told us, where required, staff would receive further specific training before a person moved to the home.
- A member of staff said, "The training is second to none." Another member of staff told us, "I never thought it possible, but I managed to achieve an NVQ. Everybody was so supportive."
- Staff performance was regularly monitored through regular supervisions and observations of their practice. A member of staff said, "The support you get couldn't be better. I get regular supervisions, but you can speak to any member of the management team at any time."
- People benefitted from a provider and registered manager who had systems to continually monitor the standard of care provided and ensure on-going improvements. There were regular audits of quality to ensure care and facilities met people's needs. Audits included consulting with people who lived at the home to make sure any changes made were in accordance with people's wishes.
- The provider was committed to continuous learning and ensuring people received a service which complied with current best practice and legislation.
- The service had recently been reaccredited and received a gold standard from Investors in People. This accreditation recognises a provider's commitment to staff training. The service had also achieved accreditation for their effective management and quality assurance processes which acknowledged the positive impact systems had on the quality of care people received.
- The provider was a member of Shropshire Partners in Care (SPiC) which provided training and resources based on best practice and current legislation.
- Some staff had received additional training in particular topics and had taken the role of champions. This meant they could share their knowledge with other staff so that people received a high standard of care which met their needs. Champion roles included, falls, oral health, wounds and creams.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People benefitted from excellent links with the local community and the home was highly regarded in the local area.
- A healthcare professional said, "This is the best care home I have ever been to and is highly respected. It is very well run." A relative told us, "This home is exceptional and had an excellent reputation. I was fortunate to get [relative] in as they have a waiting list."
- A person who lived at the home said, "We have so many events here. It's really lovely to meet new people and my children and grandchildren enjoy it too."
- Regular events have included, the Cosford Air Show day, a Country and Western night, Bonfire night and a Christmas Fair. At some of these events local people were invited to have a stall and proceeds raised were given to charities.
- Some people attend the local church and subscribe to the parish magazine and the home hosted a tea party for the church community. Local nursery children have visited the home at Christmas and Easter to sing to people.

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 provider promoted an ethos of openness and transparency which had been adopted by the management and staff team.
- There was learning where things went wrong and open discussions with people and their relatives.
- Where there were concerns about a person's well-being, these were raised with appropriate authorities

such as the local authority safeguarding team.

Working in partnership with others

- The service worked in partnership with health and social care professionals to achieve good outcomes for the people who lived at the home. These included the local authority safeguarding team, GP's, district nurses and local hospice nurses.