

The Old Rectory

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Inspection report

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Date of inspection visit:
15 June 2016

Date of publication:
07 July 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This unannounced inspection took place on 15 June 2016.

The Old Rectory provides accommodation and personal care for up to 31 people. There were 29 people living in the home at the time of our visit, some of whom were living with dementia.

There was a registered manager. 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.

There was a friendly and welcoming atmosphere in the home. People, relatives and healthcare professional told us staff were kind and supported people as individuals. Personalised care plans were developed so that staff were able to support people in a way that met their needs. People's risks were assessed and plans developed to ensure that people's risks were managed in a way which minimised restrictions for them. Staff were creative in how they supported people and used technology as a way of supporting one person safely.

The registered manager was committed to making improvements in the home and staff were valued and supported. There were incentives to recognise staff achievements and staff were supported to plan fun out of work activities. The home was undergoing improvements to bedrooms so that smaller rooms were enlarged to accommodate ensuite facilities. There were also plans to move from paper care plan recording to an electronic system.

There were active community links. The registered manager was a Dementia Champion and was involved in increasing awareness of dementia within the local community and the home was undergoing checks to be a safe haven for vulnerable people with dementia or related conditions who may be lost in the local community.

People were supported to continue with community activities and there were various activities which they attended such as Memory Café, Singing for the Brain and the local theatre. During our inspection people were visiting a flower display in a local church. There were activities provided for people within the home and some specific activities aimed at people living with dementia such as memory boxes.

People were supported by staff who had received the appropriate training and who were supported through regular supervision. Staff received an annual appraisal and one member of staff told us they had identified goals which they were working towards. Staff told us they had enough training and felt supported and valued by management.

People were supported by enough staff which was planned based on the assessed needs of people. The registered manager told us they used regular staff as they wanted people to be supported by staff who knew

them; they told us they did not use agency staff. Staff were recruited safely; the relevant pre-employment checks had been carried out.

The home was accredited with the Gold Standard Framework training which is a nationally recognised training to ensure people received excellent end of life care. People were invited to have an advanced care plan which would enable them to identify what was important for them at the end of life. This included a box which was known as a travel box and contained items such as poetry, hand creams or any item which the person may get comfort from at the end of life.

There were systems and processes in place to ensure there was good communication with people, their families and staff. The provider welcomed feedback either through surveys or suggestion boxes. There were quality monitoring systems on different aspects of the service such as care plans, health and safety and first aid. We saw areas for improvement from feedback or quality checks were identified and actions taken.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. People had a full assessment which identified any specific risks. The home actively managed risks in a way which minimised restrictions and supported people to remain independent.

There were enough staff to support people safely.

Medicines were administered and stored correctly.

People were at reduced risk from harm and abuse. Staff had received training and were able to tell us how they would recognise abuse and how they would report it.

Is the service effective?

Good ●

The service was effective. People were cared for by appropriately trained staff. Staff were encouraged to undertake further learning.

People were provided with visual choices at mealtimes which helped support people with communication or memory problems to choose their meal.

Staff understood the requirements of the Mental Capacity Act 2005 (MCA) and the appropriate processes had been followed to assess people's capacity for specific decisions.

People had access to healthcare from a range of healthcare professionals.

Is the service caring?

Good ●

The service was caring. People were cared for by staff who treated them with kindness and respect.

People had their privacy and dignity maintained. The home was proactive in ensuring people were supported with dignity. Staff received training and there was a Dignity Champion who monitored care practices to ensure people received care with dignity.

People and their relatives were involved in decisions about their care.

The home was accredited with Gold Service Framework at a commend status for end of life care.

Is the service responsive?

Good ●

The service was responsive. People were supported to maintain links within the local community. People attended a variety of community based activities.

People had personalised plans which took into account their likes, dislikes and preferences.

People and their relatives told us they knew how to raise concerns. There was a complaints policy and complaints were investigated by a member of the management team.

Is the service well-led?

Good ●

The service was well led. People and staff told us the registered manager was accessible and available.

Staff were encouraged and their achievements recognised by the provider. Staff told us they felt valued.

There were systems in place to monitor the quality of the service and to ensure improvements were ongoing.

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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 unannounced inspection took place on 15 June 2016; it was carried out by one inspector.

Before the inspection, we requested and received a Provider Information Return (PIR) from the service. This is a form that asks the provider to give some key information about the service, what the service does and improvements they plan to make. We reviewed this information and in addition looked at notifications which the service had sent us. The registered manager sent us further information following our inspection. We also spoke with the local authority quality improvement team to obtain their views about the service.

We spoke with four people and four relatives. We also spoke with eight staff which included the registered manager, the cook, two activity staff, the housekeeping manager and three care workers. We looked at five care records and a sample of Medicine Administration Records (MAR) and spoke with two healthcare professionals.

We looked around the service and observed care practices throughout the inspection. We saw four weeks of the staffing rota and the staff training records, and other information about the management of the service. This included accident and incident information, compliments and complaints, emergency evacuation plans and quality assurance audits.

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

Is the service safe?

Our findings

Relatives told us they had confidence that their relations were safe living in the home. One relative told us "I have no worries." Another told us "I have absolute confidence in the staff." People had a full assessment of their needs which included specific risk assessments, such as pressure areas, eating and drinking and mobility. When a risk was identified there was a plan to manage the risk. One health care professional told us staff were proactive in managing risk and supporting people to remain independent. Staff used creative ways in which to manage risk including use of technology to support a person to continue with an activity which was important for them. This meant that peoples' risks were managed in such a way as to minimise restrictions on their freedom.

There was a secure garden which people had free access to whenever they chose. During our inspection we saw people were freely going into the garden. There were key pads on external exits leading out of the home which meant that people were unable to leave the premises without staff being aware. This meant that vulnerable people living in the home were protected from exiting the building unless it was identified as appropriate in people's care plans.

There were sufficient staff to meet people's needs The registered manager told us they used a dependency tool which assessed the level of support each person required and this was used to calculate how many staff were needed on each shift to ensure people's needs were met. The rosters showed that staffing was consistently provided at the assessed level. Staff told us there were enough staff and we saw they were unhurried and stopped to talk with people as they entered rooms. Gaps in the roster were filled either by permanent or bank staff. One relative told us "There is a steady staff team." The registered manager told us they never used agency staff as it was important for people to be supported by staff who knew them well. Each person had a call pendant which meant if they needed staff they could call for them at any time. There were audits completed of the response times which indicated people received help promptly.

Staff were recruited safely. The provider ensured all the necessary checks were carried out prior to the person starting work, for example references were obtained and checks with the Disclosure and Baring Service were undertaken to ensure that staff were not judged to be unsuitable for working with vulnerable people.

People received their medicines safely. Staff were trained and had a competency assessment to ensure they were safe to administer medicines. Medicines were stored appropriately and at the correct temperatures. There were systems in place to check that medicines had been given to the right person at the right time. We saw people were offered a drink and staff stayed with people when they administered their medicine. There was guidance for staff on when to administer as required medicine such as pain relief. Some people living with dementia were unable to tell staff if they were experiencing pain, staff used a recognised tool to assess if people were in pain. This meant people received pain relief when they needed it.

People were at reduced risk of harm and abuse. Staff had received training in safeguarding vulnerable adults and were able to describe to us how they would recognise abuse. Staff were aware of the correct

processes to follow in order to report abuse, including how to report concerns about poor practice. Staff were aware of whistleblowing procedures.

There was a system for reporting accidents and incidents and we saw the registered manager monitored the reports and ensured that appropriate actions were taken. For example one person sustained a skin tear; they were referred to a healthcare professional and monitored. There was a culture of learning from accidents or incidents. The registered manager told us there was a process for reflecting on what worked well and what could be improved on, this was referred to as a significant event analysis. We saw this had been followed after a medication error.

There was a maintenance person in attendance at the home at specific times during the working week. Any staff could complete a maintenance request. There were regular checks of equipment such as hoists and environmental checks such as water testing, window restrictors and electrical equipment. This meant the home and the equipment was safely maintained.

Is the service effective?

Our findings

People were supported to have enough to eat and drink. The registered manager told us people were provided with choices at meal times and there were snacks available during the day. The menu was on display on the notice board and on the dining tables. The main hot meal was served at lunch time; it was bought in from an external supplier and heated on the premises. People told us they enjoyed the food and one relative described it as "Terrific." Staff showed people the plated food at lunchtime, which made it easier for some people with communication difficulties to select their meal.

People had their nutritional needs assessed and were provided with a specialist diet if needed such as diabetic or low fat meals. Some people were at risk of not having enough to eat and drink. They were on a food chart and had their weight monitored. The senior member of staff each shift kept a check on the food charts and if there were concerns they told us they would encourage the person to eat and would contact a healthcare professional if needed.

During our inspection we saw there was fresh fruit available in communal areas and an assortment of cold drinks. People were offered either savoury or sweet snacks mid-morning and mid-afternoon. Staff asked people what they wanted from the drinks trolley and checked how people liked their drinks. There was a list in the kitchen with peoples' allergies and likes and dislikes clearly recorded.

There were food surveys carried out every six months; the registered manager told us results were generally good. They followed up on peoples requests such as one person wanted tomato soup. Other feedback had been received stating the plates were not warm enough, the registered manager showed us they had purchased equipment to warm plates. One relative reported their relation would like more fresh vegetables. The registered manager told us they involved people in growing vegetables and they were involved in their preparation, they also told us they sometimes had fresh vegetable as an option on the snacks trolleys.

People received care and support from staff who had the appropriate skills and training. One member of staff told us they were encouraged to complete training and had recently completed moving and handling training. Another member of staff told us they had "Lost count" of the training they had done. Training records confirmed staff had completed mandatory training which included health and safety, nutrition, safeguarding and first aid. New staff to caring were enrolled on the care certificate which is a nationally recognised induction in caring. One member of staff told us their induction was very good and had prepared them to carry out their job with confidence.

Staff were supported to complete distance learning courses and health and social care diplomas.

Staff received regular supervision and appraisals in line with the supervision and appraisal policy. One member of staff told us they had received an appraisal and they had some clear objectives agreed with their appraiser. They told us they experienced supervision and their appraisal as supportive. We saw another member of staff had received supervision following a medicine error. There were actions in place to support the person to learn from the incident. The registered manager told us their own support and supervision was provided by one of the home owners.

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 by 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)

Staff understood the principles of the MCA and how it applied to their work. We saw staff provided people with choices throughout our inspection, either verbally or by showing people what their choices were. Mental capacity assessments had been completed appropriately. Some people did not have capacity to consent to being in the home and to receive care and support. The registered manager had made the appropriate DoLS applications to the local authority. Two people had been supported by an independent advocate. One person who had a DoLS authorisation in place had conditions attached to their DoLS authorisation which was reflected in their care plan.

People had access to a range of healthcare professionals based on their health and social care needs. There was a monthly ward round at the home which meant that all people were reviewed on a monthly basis by staff with the GP. We saw people had received input from a variety of healthcare professionals such as district nurses, the mental health team and Speech and Language Team. One healthcare professional told us staff communicated with them well and kept them informed. A relative told us their relation had thrived while living at the home and explained that on moving there they had been physically frail but had "come into their own with the care and attention staff give."

Is the service caring?

Our findings

People told us they were happy with the care and support they received. One person told us "I'm really very pleased, I can't find fault." One relative told us they visited the home several times a week and thought the staff were marvellous. Staff were polite and courteous to people, they spoke with people on entering a room and there was appropriate use of humour. One person was teasing a member of staff and told us they had tricked them by getting them to water an artificial plant.

One relative told us "The girls work well as a team and communicate well with each other, they have a great network." Another relative told us how kind the staff had been to them, they explained when their relation first moved into the home they were anxious. They said "I kept phoning and felt awful about it-I thought they'd get fed up-but they didn't they were so kind and patient –all of them."

Staff spoke enthusiastically about their work. One member of staff told us "I love making a difference." They described them self as a listening ear and told us they valued the time they spent with people. Another member of staff told us they loved working in the home and told us "If I ever leave it will be like leaving home." They talked warmly about people and the staff team who they described as being very supportive.

People were allocated a key worker who had responsibility for ensuring people had appropriate toiletries and clothing. They were responsible for ensuring people's rooms were tidy and organised. One relative told us their relations key worker paid attention to detail and took pride in supporting their relation to maintain their preferred way of using cosmetics and accessories.

People's privacy was maintained. We saw staff knocking before entering peoples rooms and personal care was carried out discreetly. Staff were able to describe to us how they maintain people's privacy including closing curtains and ensuring doors were closed correctly. Care plans gave detailed information about peoples preferred daily routines and what was important for people such as to wash independently.

People were included and involved in decisions about their care and independence was encouraged. Feedback from relatives included "They ring me to ask and get my input, first, second, third-all the time." Another relative told us "We get asked what we think, they ask (name) as well."

The registered manager told us there was a Dignity Champion who took a lead in ensuring people were supported with dignity, they attended training and checked staff supported people with dignity. All staff were required to complete training in dignity. One member of staff told us "It's important we treat people how we want to be treated ourselves." The home had arranged a dignity day. The registered manager told us people were asked what dignity meant for them personally. They told us people's responses were in line with how the home provided care and support to people, which confirmed to them they were treating people with dignity.

The registered manager was proud to be accredited with the Gold Standards Framework in Care Homes at commend status. This is a nationally recognised award which recognises the high quality of care provided

for people at the end of their life. People were involved in developing an advanced care plan which detailed their wishes for end of life care. The registered manager showed us an example of an end of life care plan which covered all aspects of the persons' physical emotional social and spiritual needs. They sent us further information following our inspection about other aspects of their end of life care. For example, a travel box to provide comfort to people at end of life , which included items such as soothing music, hand creams and poetry. The registered manager also told us they provided a sitting rota for staff to add their name to when a person was near to end of life, they told us this meant people were not alone. They provided support to families including either providing a room to stay in the home or helping relatives find alternative accommodation. They added that following bereavement the provider attended all funerals. The home carried out an after death analysis following each bereavement as a way of reflecting on what they had done well and what they could improve on.

Is the service responsive?

Our findings

People were involved in a wide range of activities, both within the home and the local community. There was a relaxed atmosphere and people were able to walk around freely and had a choice of places to sit. Either in a television lounge or the orangery where group activities were usually organised. There were also quiet seating areas and people had free access to the garden. There were no restrictions on visiting time and one relative told us "It's an open house."

There were dedicated staff who organised activities. Staff told us they asked people for their ideas or they developed ideas based on people's interests and past activities. People's care plans documented key facts about their life. This meant staff could initiate conversation with people to jog their memory as well as provide people with activities which had some meaning for them, such as gardening. There was a gardening group and raised beds were provided which were easily accessible for people. Activity staff told us they held meetings four times a year for people and staff to offer suggestions for activities.

The registered manager told us some of the activities they provided were tailored for people living with dementia. For example they had a sensory box which activity staff used in either a one-one or group situation. There were also memory boxes around the home and items placed on walls designed to provide people with stimulation. During our inspection we saw one person sorting through a memory box. They were delighted with some of the pictures in the box and showed them to others in the room, which started a group of people having a conversation. Two people in the room were unable to interact verbally however they were smiling and looking at the pictures.

People and relatives were kept involved through informal discussions as well as at a meeting every three months. This was an opportunity for sharing information as well as listening to suggestions. Information supplied in the PIR informed us that following a previous meeting people and their relatives had chosen the carpet for the communal area. One relative confirmed they were invited to attend meetings and told us they felt their suggestions were welcomed.

There were active links with the community. Activity staff told us "It is good for people to keep involved in the community, we do what we can and are always looking for ideas." People were supported to attend a local Mindful Café and a singing for the brain group. The home had its own minibus which was utilised to attend community groups or to go on weekly trips out. One member of staff told us "We ask everyone if they want to come out." The registered manager told us that people attended the local town hall for a variety of events such as plays, musical events, and art displays. They told us the activity team were flexible and would come in outside their normal working hours to support people to be active within the community. One person had been entered for an art exhibition.

The registered manager told us one of the owners visited the home on a regular basis and carried out a number of activities, including bringing pets in to visit, bringing fresh flowers and supporting people to attend appointments. The registered manager told us that staff offered people activities in the evening, such as puzzles or singing, they described this as the "comfort shift."

Concerns and complaints were managed appropriately, in accordance with the policy and responded to within the appropriate time scales. Relatives told us they knew how to complain and we saw guidance was available in people's handbooks provided to them as well as on display in communal areas.

Is the service well-led?

Our findings

The home was well led. The registered manager was open, welcoming and talked enthusiastically about the home. They were proud of many aspects of the home and also keen to share improvements they planned to make. For example there were plans to change care plans from paper to electronic recording. There was also on-going work to enlarge some of the smaller rooms so that they had ensuite facilities. This meant there would be changes to the occupancy of the home. The registered manager told us that would mean people would have improved facilities as well as improved staff ratios.

People and relatives told us they had confidence in the management of the home. One relative told us the registered manager was "Brilliant, always gives me time to talk." One person considered management as being good and they told us they knew where to find the registered manager. The registered manager had an office on the ground floor and was visible and accessible. Staff described the registered manager as supportive and one member of staff told us if they had any concerns they would feel comfortable talking with them. The registered manager told us they had an open door policy and welcomed interruptions. During our inspection we saw they managed interruptions in a calm and caring manner.

There was a senior carer on 24 hours a day and an on call system which meant staff were able to ask for support when they needed. The registered manager told us they received support from the owners who visited the home at least once a week.

There were robust quality checks taking place which included checks on MAR, health and safety, first aid, care plans and an audit of food charts. We saw actions had been completed following audits such as one person had their care plan updated to ensure they were weighed once a week. Another person needed to have information added to the front of their care plan, which we saw had been completed. People, relatives and staff were invited to provide feedback through surveys and suggestion boxes and there were details in reception how to review the home on a national care home website. We saw follow up from the most recent staff survey, staff had responded that they didn't fully understand the goals of the business. Staff meetings were held to talk about the issues and staff were updated. Staff had requested a staff holiday wall chart and we saw this was actioned.

The home had achieved Gold Investors in People Award, this is a nationally recognised award which sets out a standard for better people management. The registered manager told us the award reflected their commitment to staff and represented how they valued staff.

Information was shared through newsletters and meetings which included meetings for people and staff. Minutes of meetings were documented with an update on what needed to be followed up, for example plans to replace the boiler. In a recent staff meeting a member of staff had been awarded the staff achievement award and had received a gift voucher. All staff made nominations for who they think deserved the award. There was also a staff –led welfare meeting where staff could make suggestions about improvements and plan out of work activities; they were planning either horse racing or paintballing. One member of staff told us they felt valued and supported by management. Staff were also provided with

incentives to reward good attendance.

The registered manager told us about their role as a Dementia Champion and how they were working in the local community to raise awareness of dementia. The home was also undergoing checks to become a Safe Haven, which would mean it would be an approved place where anyone who lives with dementia and other related conditions could temporarily go if they were confused in public.