

Chantry Retirement Homes Limited

The Old Rectory

Inspection report

Church Street
Tenbury Wells
Worcestershire
WR15 8BP

Tel: 01584810249

Date of inspection visit:
30 January 2017

Date of publication:
20 March 2017

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

The Old Rectory is registered to provide accommodation and care for up to 28 older people who may have support needs owing to dementia and physical disabilities. There were 25 people living at the home at the time of our inspection.

This inspection took place on 30 January 2017 and was unannounced.

A registered manager was in post at the time of our inspection, who had recently been appointed. 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.

At the last inspection on 15 October 2014 we asked the provider to take action to make improvements to the way people's medicines were managed. At this inspection, we found the improvements required had been made to the way people's medicines were managed.

People told staff helped them to feel safe. Staff knew what action to take to protect people from the risk of potential abuse. Staff understood the risks to individual people's safety and communicated information with other staff so people's safety needs would be met. There were enough staff employed to care for people and people told us staff knew their care and safety needs well.

Staff had opportunities to develop the knowledge and skills they needed to care for people. Further training for staff was being planned, so to people's needs would continue to be met. People's right to make their own decisions was respected by staff. People enjoyed their mealtime experiences, and had enough to eat and drink to remain well. Staff took action to support people if they required medical assistance, and advice provided by health professionals was implemented. As a result, people were supported to maintain their health.

Caring relationships had been built between people and their relatives and the staff who supported them. Staff took action to show people they were valued and knew about their histories and preferences. Staff offered people reassurance in the ways they preferred when they were anxious. People's right to privacy was taken into account in the way staff cared for them and people were encouraged to make their own day to day decisions about their care.

People were involved in deciding how their care should be planned and risks to their well-being responded to. Where people were not able to make all of their own decisions their representatives and relatives were consulted. Relatives told us their suggestions for developing their family member's care further were listened to. People's care plans and risk assessments were updated as their needs changed. People and their relatives understood how to raise any concerns or complaints about the service. Systems for managing

complaints were in place, so any lessons would be learnt.

People and their families told us the registered manager and senior staff were approachable and were positive about the way the home was run. The registered manager had introduced changes to benefit people living at the home. The registered manager was in the process of developing plans to refurbish areas of the home, with the involvement of people living at The Old Rectory. The provider will need to facilitate resources for this to be achieved.

The registered manager checked the quality of the care provided and people and their relatives were encouraged to give feedback on the care provided.

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.

Where people needed assistance with their medicines they were supported by staff who took action to do this in ways which promoted people's safety. People benefited from living in a home where staff took action to reduce risks their safety and well-being. There were enough staff available to care for people.

Is the service effective?

Good ●

The service was effective.

People benefitted from receiving care from staff who had the opportunity to develop their skills further. Where people required support from staff to make their own decisions this was provided in ways which promoted people's rights. People were encouraged to have enough to eat and drink and to see health professionals so they remained well.

Is the service caring?

Good ●

The service was caring.

People had built caring relationships with staff and were encouraged to decide how they wanted their day to day care to be given. People benefited from living in a home where staff took action to make them feel valued. Staff cared for people so their rights to dignity and privacy were promoted.

Is the service responsive?

Good ●

The service was responsive.

People decided what care they wanted, with support from relatives or staff where this was appropriate. Staff communicated information so people's changing needs were met. People and their relatives were confident if they raised any concerns or complaints staff would take action to address them.

Is the service well-led?

Good ●

The service was well-led.

People's relatives were positive about the way the home was managed. Staff were supported to understand how they were expected to care for people. There were checks on the quality of care provided and plans were in place to develop the service further.

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 done to check that improvements to meet legal requirements planned by the registered manager after our focused inspection on 28 April 2016 had been made. This inspection was also done 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 30 January 2017 and was carried out by one inspector. The inspection was unannounced.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at information we held about the provider and the services at the home. This included statutory notifications. Statutory notifications include important events and occurrences which the provider is required to send to us by law.

We requested information about the home from the local authority and Healthwatch. The local authority has responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care.

During our inspection we spent time with people in the communal areas of the home. We spoke with five people who lived at the home one relative and one friend of a person who was visiting. Not all of the people living at the home were able to talk to us directly, so we also spoke with three additional relatives after the inspection.

We talked with the registered manager, three senior staff members and two care staff. We also spoke with an agency staff member. In addition, we spoke with a visiting health professional. We looked at a range of documents and written records including three people's care records, records about the administration of medicines, incident report forms and two staff recruitment files. We sampled minutes of staff and relatives'

meetings, staff rotas and complaints. We also looked at information about how the provider and registered manager monitored the quality of the service provided and the actions they took.

Is the service safe?

Our findings

During the previous inspection on 15 October 2014 we found improvements were needed in managing people's medicines. At this inspection, we found improvements had been made in the way people's medicines were managed. Staff had recorded the room and fridge temperatures where medicines had been stored and had been provided with information and guidance on how to do this. Stock of medicines reflected the amount of medicines staff had signed for and medicines we checked were within date.

People told us they received regular support to have the medicines they needed to stay well. One person said, "They [staff] always give me my medicines, and check I have taken them." People we spoke with were confident staff would provide the care they needed to have additional medicines, when required.

Staff told us they were not allowed to administer people's medicine's until they had received the training they needed to do this safely, and their competency had been checked.

We saw staff took time to explain to people what their medicines were for and checked they were happy to take them. Staff asked people if they needed additional medicines to manage any pain they were experiencing, and people's wishes were respected.

We also saw people's medicines were securely stored. The registered manager checked the records of medicines given to people, so they could be assured people were receiving their medicines safely.

People told us they felt safe living at the home, and said they got on well with all the staff who cared for them. One person explained staff had talked to them about the risk of them falling, and they agreed plans to reduce the chance of this happening. The person said, "Staff always make sure I use the stair lift, so I feel safe." Another person told us they felt reassured, as staff always supported them when they chose to move around the home. A relative we spoke with said they felt reassured about their family member's safety, as, "They [staff] know where [person's name] is and what's happening for them."

Staff we spoke with knew what signs may indicate a person was being abused. All the staff we spoke with were confident senior staff would put plans in place to help to promote people's safety if they reported any concerns. Two members of staff we spoke with explained how they would involve external organisations with responsibilities for helping to keep people safe, if they had any concerns.

People we spoke with told us staff discussed risks to their safety. One person said staff had talked to them about their safety needs when they went out of the home to do the things they enjoyed. One relative explained their family member was prone to falls. The relative was positive about the way their family member's safety risks were met by staff, and said, "[Person's name] is safe here, there's no problems with safety."

Staff told us they found out about risks to people's safety by chatting to them and checking their care plans, so they would know how to support people to stay as safe as possible. Staff we spoke with knew the

individual risks to people's safety. Staff told us these included risks linked to people falling, people's physical health and risks of people becoming anxious. One staff member explained staff were asked to focus on people's safety and told us, "You have to take their [people's] safety and health above all else." Another staff member explained how they supported one person who was at risk of falls to remain as safe as possible. The staff member said, "You make sure the environment is safe, for example, that they have everything they need where they are sitting, and they have the equipment they need, such as wheel chairs." We saw people were relaxed in the company of staff and staff did not rush people when they assisted them.

We checked two staff recruitment files and saw the registered manager had checked with the Disclosure and Barring Service, (DBS), before new staff started to work with people. The DBS helps employers make safer recruitment decisions. We also saw the manager had obtained references for staff, so they were assured new staff were suitable to work with people.

People told us they did not have to wait long if they needed help from staff. One person told us they needed help from two staff members to get dressed. The person said, "They [staff] are available, and help me do it."

Staff told us there were enough staff to meet people's care and safety needs, but there were occasion when they were not able to respond to people's needs without slight delay. Three staff we spoke with highlighted how senior staff and the registered manager always tried to secure additional staff to care for people, if regular staff were not able to care for people at short notice. One staff member told us they preferred to offer to provide additional staff cover themselves, as they knew people's safety and care needs well.

The registered manager told us staffing levels were based upon the needs of the people living at the home. Arrangements were in place for the same agency staff to provide care to people if regular staff were not available to provide additional care. We spoke with an agency staff member on the day of our visit. They told us they were invited to meetings so they could communicate any concerns for people's safety and well-being to staff. The agency staff member said, "People have the right equipment so they are safe, and we are not rushed, here."

Is the service effective?

Our findings

People and their relatives were positive about the skills staff had developed and the way they were cared for. One person told us staff had the skills needed to care for them so they remained well. Another person told us, "Staff are top class, and look after me well." One relative said, "Staff had the skills and the equipment they needed to help [person's name]."

We received mixed views from staff about the opportunities they had to attend training and develop their skills further for the benefit of the people living at the home. One staff member said, "We did manual handling last year and care planning with staff from [the provider's] other home. This made a difference to people living here. It means they get the care they need and things are more straight forward for people, as we can find the information we need to help people." Two staff we spoke with told us they were waiting for dates for further training, to refresh their skills.

We saw the registered manager had begun to plan additional training for staff. The registered manager told us they were doing this with assistance from the provider. The registered manager gave us assurances further training would be provided for staff so they would have the knowledge and skills to meet people's needs. This included additional manual handling training so staff could refresh their skills and training to increase staff's understanding of how the Mental Capacity Act 2005 affected the way they cared for people.

We saw records which showed new staff had to complete key areas of training when they started their employment at the home. One staff member said, "The induction meant I knew people's needs well and helped me to understand each resident and what they want." An agency staff member told us they had also received training when they first started to care for the people living at the home, so they would know how to care for people and meet their needs.

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 particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People told us they were encouraged to make their own day to day decisions, such as how they wanted to spend their time and what they wanted to do. One person told us staff encouraged them to do their own banking, independently in town. Staff we spoke with understood how to check people were in agreement to the care which was offered. We saw examples, such as when people declined medicines offered to them, where staff respected people's rights to make their own decisions. The registered manager explained how they did spot checks to assure themselves people were being supported by staff to consent during personal care. The registered manager said, "You look at the way they [staff] speak to people, and the interaction, you see they are seeking consent."

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 and hospitals are 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 were being met. DoLS require providers to submit applications to a 'supervisory body' for authority to do so. We saw the provider had ensured applications had previously been submitted to a 'Supervisory Body' for other people, where they had assessed people who were potentially receiving care which restricted their liberty. One DoL had been approved at the time of our inspection. Where the supervisory body had made a decision, their decisions had been followed, so people's rights were protected.

The registered manager told us they and senior staff had recently received MCA and DoLS training but would benefit from additional training so their knowledge was developed further and so they could be confident they understood the process for making DoLS applications. The registered manager gave us assurance they would do this, and ensure all applications to a supervisory body had been made where needed.

People told us they enjoyed their meal time experiences and were encouraged to decide what they wanted to eat and drink. One person told us, "We get plenty to drink." Another person said how much they enjoyed the food provided and told us, "I get my favourites, I ask and I get." A relative we spoke with highlighted staff regularly checked their family member was having the right amount to eat. Another relative said, "They [staff] encourage [person's name] to have enough to eat." Staff we spoke with understood the links between people's dietary needs and their health and well-being.

All the people and their relatives were positive about the care people received to see health professionals when they needed. One person told us, "Staff get the GP in if I am not very well." One relative we spoke with explained how their family member sometimes needed emergency help because of their health needs. The relative told us staff acted promptly so their family member received the care they needed to recover as quickly as possible. Staff gave us examples of the support they gave to people so they would be able to see health professionals and remain well. These included care from district nurses, people's GPs and support to attend health appointments, such as with hearing specialists, so people would enjoy the best health and well-being possible. We spoke with a health professional who was visiting people during our inspection. The health professional confirmed staff followed the advice given so people's health was promoted.

Is the service caring?

Our findings

All the people we spoke with told us staff were considerate and caring. A person told us, "I find the staff kind." Another person said, "You can have a lot of fun with the staff, and have a laugh and a joke." A further person told us, "All the staff are friendly."

Relatives we spoke with were positive about the staff. A relative told us because of the way their family member was cared for by staff, "[Person's name] is really happy living there." Another relative said their family member often told them the, "Staff are very good to me".

Staff spoke warmly about the people they cared for. One staff member said, "We get on so well with the residents." Another staff member told us, "I love what I do and I love the residents." We saw people enjoyed chatting to staff, and sought staff out so they could tell them about things which were important to them. We also saw staff spoke respectfully and warmly to the people they were caring for.

People said they had developed strong relationships with staff. A person told us, "The staff are very good. I know them, and they know me." Another person said, "Staff talk to me about my past so they can find out about me." A relative we spoke with said staff knew their family member well, and as a result their family member received the care they wanted in the way they preferred.

Staff told us they found out about people's histories and what was important to them by chatting to them. A staff member told us, "You spend time finding out their hobbies and background. You look at their care plans, and chat to their families, too." The staff member gave us an example of how they used this knowledge when caring for one person, who was keen on sport, so they felt valued and less isolated. Another staff member said, "You get to know who likes a bit of banter or who is more serious." Another staff member explained they were the main carer for two people living at the home. The staff member said, "I get on really well with them, and it helps them that I know their preferred names and we celebrate their birthdays."

People said staff encouraged them to make decisions about their care. A person told us how much they enjoyed making their own day to day decisions, such as if they wanted to spend their time going into town on their own. Another person said they had chosen how they wanted their room to be arranged. The person said they felt their room was, "A1, and I have all my favourite photos up, so it feels like home." A further person told us they chose how they wanted to spend their day. Staff gave us examples of the support they gave to people to make their own decisions about their day to day care. We saw staff supporting people to do this on the day of the inspection. One staff member explained how they checked on person's reaction, so they could be sure they were agreeing to the care offered.

People told us staff supported them in ways which promoted their independence and took into account their rights to dignity and their privacy needs. A person said, "[Staff member's name] baths me. They always cover me up when they are bathing me." Another person told us how much they valued that staff recognised where they were independent, and enjoyed spending time in the local community on their own. A relative

we spoke with told us they were confident their family member's dignity needs were met by staff. The relative highlighted how important it was for their family member to be well presented. The relative said staff provided the support their family member needed so their appearance was maintained in the way their family member preferred.

Staff gave us examples of the actions they took so people's right to dignity would be promoted. A staff member explained how they ensured people were receiving their care in a private environment, so their dignity needs were met. Another staff member told us how they encouraged people to maintain their independence by supporting them to do some elements of their own care. This included prompting people to brush their own teeth. We saw people's information was securely stored so people's privacy was promoted.

Is the service responsive?

Our findings

People told us they were able to choose what care they wanted and how this was to be given. People said staff took action so they were cared for in the ways they preferred. One person told us how their care had been planned and said as a result of this, "Staff look after me like a king." Another person told us, "I can't fault the care here."

Relatives told us they were consulted about decisions about their family member's care, where people were in agreement to this. A relative said, "We did [person's name] care plan not long ago. [Person's name] told staff what she wanted where she could, and was involved in deciding what care they wanted." The relative told us as a result of this, new ways of caring for the person had been introduced, so they would receive their care in the way they preferred when staff assisted them to move round the home. Another relative told us because of the way their family member was cared for by staff they considered the home to be, "Fantastic," and said, "[Person's name] is well looked after." A further relative explained they had been involved in the decision for their family member to change rooms, so their safety would be promoted.

The registered manager told us people were encouraged to make decisions before they came to live at the home, such as if they wanted to their regular GP to care for them. We saw people's care plans reflected their individual needs and risks to their well-being.

Staff gave us examples of the actions they took so people received their care in way they preferred. A staff member said, "[Person's name] prefers to have a shower, and prefers this to be done by a male member of staff, so we do this." The agency worker and a recently employed permanent staff explained they initially worked alongside staff who knew people well, so they could find out the best way to care for them. A staff member explained this had helped them to understand the best way to reassure one person when they had become withdrawn. The staff member said they had found out the person liked to chat about their life before they came to live at the home. The staff member said doing this, "Put a smile on [person's name] face."

A staff member explained how they had supported one person who was staying at the home for a short period of time. The staff member told us they had chatted to the person and found out about their favourite singer. The staff member told us they had played one of the singer's songs for them. The staff member said, "It meant the world to [person's name] as they had not heard it for so long. Things like this may seem small to us, but it makes a massive difference to them." Another staff member explained how they supported one person when they were anxious. The staff member said, "You chat to [person's name] about their family, and more things start coming back to them, which makes them more relaxed. You remind [person's name] of their family and you can see they are more at ease."

Staff told us they had opportunities to communicate information about people's changing needs at the start and end of each shift, so people would continue to receive the support they needed.

Every person we spoke with told us their relatives were able to visit them at any time, and were made

welcome by staff. We spoke with one relative whose family member had lived at the home until their recent death. The relative told us how important their family member's pet had been to them. The relative told us staff had welcomed the pet into the home for visits, and said this had meant a lot to their family member. The relative said, "Staff looked after [person's name] well, and this meant we were free to be able to spend some quality time with [person's name]." Another relative told us staff had put plans in place so their family member's spiritual needs would be met. The relative told us their family member was comforted by the regular church visits which were made to their family member.

People told us they had opportunities to do things which interested them. Some people did this independently in the local town. Other people chose to spend time doing things they enjoyed in the home. These included reading, knitting and chatting to staff and other people. Two people highlighted how much they enjoyed the company of other people living at the home. One person said, "It's nice to be with the other folks [other people living at the home.]" A person told us how much they enjoyed staying up to celebrate New Year's Eve with staff. Another person said they had liked to play the piano before they came to live at the home. Staff told us they were working with the person's advocate, so they would be able to make arrangements for the person to continue to do this.

People and their relatives told us they would be comfortable to make any complaints or to raise any concerns they had about the care provided. A person told us, "I've not needed to; I have no complaints to make." None of the people or their relatives we spoke with had needed to make a complaint. One relative said they had raised concerns about the management of their family member's laundry. The relative said senior staff had acted on their concerns.

Staff we spoke with knew what action to take so people would be supported to raise any complaints or concerns. We saw where complaints had been received these were investigated by the registered manager and responded to in a positive way, so any lessons would be learnt.

Is the service well-led?

Our findings

People told us the home was managed in a way which helped them to enjoy living there. One person told us they felt involved in the running of the home, because they helped to keep the gardens looking nice. The person told us, "The home is well managed. This place is very nice, I appreciate it very much." The person told us the registered manager was, "Very good, and listens to me." Another person told us they were encouraged by staff to lay the tables, so they felt they contributed to how the home was run.

Relatives we spoke with told us the registered manager and senior staff were approachable and they were able to contact them with ease if they wanted to make suggestions for their family member's care. A relative told us they had made suggestions so their family member would be able to continue to have as much independence as possible when drinking. The relative told us staff had listened to their suggestions and taken the action needed. Another relative said, "If I raise anything with staff they act on it. There's always a nice atmosphere, and it's homely." A further relative highlighted how well their family member got on with the new registered manager and senior staff.

All the staff we spoke with were confident the registered manager wanted people to receive good care. One staff member said, "I love what I do and I love the residents. It's a family, here." Another staff member told us "We show compassion to people. It's what we are here for. [Registered manager's name] feels that, too." All staff told us they were able to obtain guidance from senior staff or the registered manager individually, when they needed this. We saw this happen on the day of our inspection, when staff sought guidance from senior staff so they could be sure people had the pain relief they needed.

The registered manager told us, "I want people to walk into the home and think it's a warm, caring and a happy place to be. That it's safe, and that they would love to live here." The registered manager told us staff were informed how they were expected to provide care to people through meetings with their line managers and staff meetings. The registered manager said, "This is their [people's] home. I want [staff] to have the feeling it's their mum or dad here."

The registered manager had been recently appointed. They told us about plans to improve people's experience of living at the home, such as improvements to the décor. The registered manager explained they would be involving people in decisions about how communal areas of the home were decorated. The registered manager explained they were working with the provider so they had the resources available to drive through these improvements.

The registered manager told us they were in the process of recruiting staff so people would have more opportunities to do things they enjoyed, and said, "The staff will talk to people to find out what they would like to do. I want to hear laughter and excitement. It's important for them [people]. I want them to have a fulfilled life and to be excited."

Staff gave us examples of some of the suggestions they had made from developing the home further. These included suggestions to improve people's safety and reduce their anxiety when staff assisted them to move

round the home. Staff we spoke with told us the registered manager listened to their suggestions and action was taken.

The registered manager told us other changes had been introduced as a result of suggestions by staff. These included systems so people would benefit from having a named staff member to support them, and suggestions for the named staff member to purchase Christmas presents for people and support for people to send personalised cards to their relatives. The registered manager said, "The staff were really excited about this, and it made a massive difference to people living here at Christmas, there were a lot of smiles."

The registered manager told us they kept their own practice up to date through research and attending training. The registered manager confirmed they and senior staff did not have the opportunity to reflect on their practice through discussion with senior staff from the provider's other service. However, the registered manager said they were able to contact the provider when they wanted support.

The registered manager told us about some of the checks they and senior staff made so they could be assured people were receiving the care they needed. These included checks on how staff cared for people. The registered manager said, "You look at the way they [staff] speak to people, if they are prompting their dignity and independence. You ask people and staff how they are doing, and if people's needs are met." The registered manager explained they were in the process of recruiting additional staff who would work with people so risks of people feeling lonely or isolated would be further reduced. The registered manager told us they also used residents' meetings to check people's views of the care they received. The registered manager gave us assurances these would be reintroduced when the new staff members commenced their employment.

Staff we spoke with highlighted that the registered manager and senior staff often supported them to provide care to people, and used this as an opportunity to check people received the support they needed. The registered manager also undertook checks to assure themselves people were receiving their medication in ways which promoted their safety and that equipment people required was safe to use.

In addition, the registered manager completed audits for the provider so they too could be assured people received the care they needed. These included checks on any accidents or incidents, so any lessons could be learnt. The registered manager told us they had recently introduced additional checks, so they could be assured people's financial safety was promoted.

We saw the registered manager had used questionnaires to check what people's relatives and staff thought about the quality of the care provided. The registered manager told us about plans to develop the questionnaires further, so they could use these to further develop in the care people received. The registered manager explained how suggestions made through the questionnaires were considered and gave us an example of changes introduced to the layout of the lounge, so people would be able to enjoy this more.