

The Old Rectory Fradswell Limited

The Old Rectory

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service:

The Old Rectory is a residential care home that was providing personal care to 27 people aged 65 and over at the time of the inspection.

People's experience of using this service:

Audits were in place that checked the quality of the service but it was not always clear what audits were looking at and what actions required follow up. People and staff told us they found the management team approachable. The management team continually sought ways to improve the quality of the service.

Systems were in place to protect people from abuse and staff understood them. Risk was managed and reviewed to ensure people were kept safe. Medication was stored and administered safely. People were supported by a sufficient number of safely recruited staff who knew how to keep people safe.

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 were supported by kind and caring staff. People and their relatives were encouraged to be involved in making decisions about their care. People were supported by staff who respected their privacy and dignity and promoted their independence.

Staff understood people's preferences and individual communication needs. People's end of life wishes were considered when needed.

Rating at last inspection: The service was rated as Requires Improvement at the last inspection (report published 23 June 2018).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected: This was a planned inspection based on the rating at the last comprehensive inspection.

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

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

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

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led

Details are in our Well-Led findings below.

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 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of one inspector.

Service and service type:

The Old Rectory is a residential care home that was providing personal care to 27 people aged 65 and over at the time of the inspection. People were accommodated in one adapted building with support provided over two floors with two communal lounges and a dining area for people to use.

People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided and both were looked at during this inspection.

The service had a manager 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:

The inspection was unannounced.

What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection, we spoke with six people who used the service and five relatives. Some people who used the service were not able to speak to us about their care experiences so we observed how the staff

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

We spoke with five staff members including care assistants and seniors and we also spoke with the registered manager and director.

We reviewed the care records of four people. We looked at three staff files, which included pre-employment checks and we looked at records relating to the management of the service. For example, accident reports, monthly audits and medicine administration records.

After the inspection:

After the inspection, the management team sent us additional information that we had requested during the site visit.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider had failed to manage medicines safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvements had been made and the provider was no longer in breach of regulation 12.

- People's medicines were administered safely. People were given time to take their medicines and staff completed Medicine Administration Records (MARs) to show when medicines had been administered. Body maps were completed to show where topical creams and medicine patches were applied.
- Medicines were stored safely in locked trollies.
- Clear protocols were in place to guide staff when to administer 'as required' medicines.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to always protect people from abuse. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvements had been made and the provider was no longer in breach of regulation 13.

- People told us they felt safe. One person told us, "I feel really safe here, the care staff are lovely."
- Staff knew how to recognise the signs of potential abuse and how to report and record their concerns. A staff member told us, "If someone had an unexplained bruise, we would body map it, record where we found it and at what time. We would then report it to the manager." We saw body maps had been used where needed to document unexplained bruising.
- Systems and processes were in place to protect people from abuse and we saw these worked effectively.

Assessing risk, safety monitoring and management

- Systems were in place to monitor accidents and incidents. This information was analysed to identify any trends and suitable action was taken to reduce future risk.
- People had risk assessments in place where required and staff understood how to manage risk to people.

Staffing and recruitment

- Staffing levels were appropriate to meet people's needs. People told us and we observed sufficient staff to keep people safe. One person told us, "I never have to wait long for staff to support me."
- Safe recruitment practices were followed to ensure people were supported by suitable staff. We saw that Disclosure and Barring Service (DBS) checks were undertaken prior to staff commencing employment.

Preventing and controlling infection

- People told us and we saw the home was always clean and tidy.
- Staff followed infection control procedures and people were protected from the risk of infection and cross contamination. A staff member told us, "We wear gloves, aprons and appropriate personal protective equipment (PPE) and use soap dispensers."

Learning lessons when things go wrong

- When things had been identified as going wrong, lessons had been learned. For example, we saw where concerns had previously been identified regarding the management of medicines, new procedures and documentation were implemented to keep people safe.

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 Requires Improvement. At this inspection this key question has now improved to Good. 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's needs and choices were assessed. We saw a pre-assessment of needs was undertaken prior to people receiving support with personal care. Assessments and care plans were reviewed as people's needs changed.
- Care was delivered in line with the assessment of people's needs and choices.

Staff support: induction, training, skills and experience

- People were supported by staff who were knowledgeable and well trained and had the skills to provide effective support.
- One person told us, "All the staff seem very competent." A staff member told us, "There are lots of opportunities for training."

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

- People were supported with eating and drinking where they needed it in line with their care plans. One person told us staff always put a straw in their drink as they found it easier to drink that way.
- Staff understood how to support people with specialist diets to meet their dietary needs. A staff member told us, "[Person's name] has their food pureed and is on thickened fluids. We put two scoops of thickener in their drinks as they are at risk of choking."
- People were given a choice of meals and drink. One person told us, "The food is brilliant. We get a choice of what we have." Another person told us, "If I don't like anything on the menu, they will make me something else."

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

- People's needs were met by the design and decoration of the home. For example, pictorial signs were used to identify the toilet and shower to support people's dementia needs.
- People's physical needs were met by adaptations made to the home. For example, people were able to access the garden when needed and grab rails and bathroom equipment was in place.

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

- People were supported to access healthcare services and support.
- People were supported by weekly GP visits to the home to meet their health needs. A relative told us, "My relative sees the doctor once a week and they have the district nurse lined up if they need more pain relief. I

am happy they liaise with health professionals."

- People were referred to other agencies in a timely manner when required. For example, we saw a referral had been made to Speech and Language Therapists when a person had a reduced appetite.

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

- Staff understood the principles of the MCA and knew how this applied to supporting people. Staff asked people for their consent before they supported them.
- Mental capacity assessments had been undertaken regarding some specific decisions. We recommended that the provider looked at other specific decisions to determine if mental capacity assessments should be completed. Following the inspection, the provider sent us detailed mental capacity assessments they had completed in relation to specific decisions regarding medicines.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We saw that appropriate DoLS referrals had been made where people's liberty was being restricted.

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 Good. At this inspection this key question has now remained Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported by kind and caring staff. A person told us, "The staff are brilliant, they have so much patience." A relative told us, "The staff have life experience and can relate better. They are just lovely."
- People were supported by staff who showed empathy towards them. A person told us, "I had a bit of a cry this morning as I was confessing something to [Person's name] that happened many years ago. Two staff came over and asked what was wrong. They're like that all the time, not just because people were here."

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged to express their views and make decisions about their care. A person told us, "The staff are very considerate to what I want." A staff member told us, "We give people choice about their care."

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect. One person told us, "Staff are respectful when they are helping me".
- People were supported by staff who respected their privacy and dignity. A staff member told us, "We always close the curtains and shut doors when doing personal care and cover the person up with towels in areas where we are not washing them."
- People were encouraged to do things for themselves. A relative told us, "My relative can be stubborn but the carers coax and encourage them. They are very good at encouraging independence."
- Relatives and friends were able to visit people at their convenience. One person told us, "I am happy as can be, my family can visit whenever they want."

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 Requires Improvement. At this inspection this key question has now improved to Good. People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's equality and diversity needs were considered in assessment and care plans and people were supported so these needs were met. For example, one person was supported to attend a religious service at the home on a monthly basis.
- People and relatives were involved in their care and support and contributed to their own care plans.
- People were given choice and supported to make decisions regarding their needs. We saw staff asking people what they wanted to eat and what activities they wanted to do.
- Staff were aware of people's personalised needs and preferences and respected people's views. One person told us, "I like to go outside when the weather is hot so the staff take me outside."

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.

- People's communication needs were considered and staff were aware of how to communicate with people effectively.

Improving care quality in response to complaints or concerns

- People and relatives told us they knew how to complain.
- A complaints policy was in place but the registered manager told us no one had complained. The people and relatives we spoke to told us they had never had a reason to complain.

End of life care and support

- People's wishes and preferences were documented and considered when people were at the end stage of their life.

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 Requires Improvement. At this inspection this key question has now remained the same. The service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to ensure effective systems were in place to monitor, manage and mitigate risks to people and protect them from harm. Records were not up to date and accurate. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvements had been made and the provider was no longer in breach of regulation 17.

- Audit systems were in place to check the quality of the service but they were not always effective. Audits in relation to medicines identified areas of improvement and actions were taken to address any concerns.
- However, it was not always clear from some audits what specific information was being looked at and what action was required to follow up on the findings. For example, it was not clear from care plan audits what information was being checked as it was a tick box audit. This meant that audits may not be completed consistently.
- Actions had been taken as a result of audits undertaken but the actions required were not always documented so we could not be assured that all required actions had been addressed.
- Following the inspection, the provider sent us a new care plan audit tool that would be used going forward. We will assess if this has worked effectively to address the shortfalls we found during our next inspection.
- The registered manager was aware of their legal responsibilities such as making notifications and submitting a PIR to CQC.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Staff felt supported and listened to and had the opportunity to raise concerns.
- People and staff told us the management team were approachable and they were very confident that any concerns would be addressed.
- People were supported by a management team that promoted person centred care which was followed by staff.

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

- Staff told us they had regular supervisions where they could provide feedback to the management team which they found useful.
- Relatives told us they were asked to complete surveys regarding the service and they also had access to a comments book where they could provide feedback which was followed up on.

Continuous learning and improving care

- People were supported by staff who management encouraged to continuously develop their skills and knowledge.
- Staff told us they were given opportunities to undertake training. We saw some staff had undertaken specific training such as dysphagia and the management team had distributed new guidelines to all staff.

Working in partnership with others

- People were supported to remain safe and healthy through regular input from a range of different health professionals.
- We spoke with a district nurse who spoke positively about the care provided and the relationship between the provider and other professionals.