

## The Old Rectory Nursing Home (Doncaster) Limited

# The Old Rectory Nursing Home

### Inspection report

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Date of inspection visit:  
06 November 2019

Date of publication:  
10 December 2019

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

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 Nursing Home is a residential care home providing personal and nursing care to people aged 65 and over. The care home accommodates 36 people in one adapted building, over two floors.

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

The provider had not ensured that all risks were effectively monitored and reduced.

Audits needed to be further developed and embedded into practice to ensure safe care and treatment was being delivered in line with best practice.

Staff were knowledgeable about how to recognise and report safeguarding concerns. There were sufficient numbers of suitable qualified staff deployed.

People told us they were happy and that staff were kind, caring and compassionate and all of our observations confirmed this. The provider ensured that there were plenty of meaningful activities on offer to meet people's needs. People's physical and emotional needs were met.

End of life care was being provided to a high standard. Complaints were addressed according to the providers policy and procedures.

The provider had worked with external health and social care professionals to assess and review people's care in line with best practice guidance. People were supported to maintain their nutrition and hydration.

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 16 May 2017). At this inspection we found the provider was now rated as requires improvement. We have identified two breaches in relation safe care and treatment and the leadership and management of the home. You can see what action we have asked the provider to take at the end of this full report.

### Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Old Rectory Nursing Home on our website at [www.cqc.org.uk](http://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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# The Old Rectory Nursing 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

The inspection was carried out by one inspector.

### Service and service type

The Old Rectory Nursing Home 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 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

This inspection was unannounced.

Inspection activity started on 6 November 2019 and ended on 6 November 2019.

### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 four people who used the service and three relatives about their experience of the care provided. We spoke with eleven members of staff including the provider, registered manager, the general manager, a quality manager, the cook, maintenance person a senior care worker and five care assistants. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with one professional who regularly visits the service.

# 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 now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely

- There was information recorded in care plans with regards to management of risk. However, the accuracy and level of detail varied. Risks assessments were carried out to identify those risks associated with people's care and healthcare needs, but staff were not always following care plans and risk assessments.
- We found three examples where people were placed at risk due to risk assessments not being followed. For example, we observed staff were not following the correct guidance when hoisting a person. This placed them at risk of being injured during moving and handling manoeuvres.
- We observed a staff member giving a person a drink that was thickened. The care plan and risk assessment stated this person needed to have fluids that were 'of normal consistency'.
- We saw that people's care plans gave specific instruction on when people needed to be repositioned to help maintain skin integrity. We saw that on some occasions this was not followed, and we saw significant gaps in the length of time people were repositioned. Although there had been no impact on their skin this placed them at risk of harm.
- During our tour of the building we identified that two fire doors were wedged open. Immediate action was taken by the provider to stop this practice from taking place.
- Some people were at risk of choking and were prescribed thickeners to ensure their drinks were a safe consistency. Staff were not using people's own prescribed medicine. One tub of thickener was used for everyone who needed thickening agent in their drinks. This meant we could not check if people were receiving their medicines as prescribed.

This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to robustly assess the risks relating to the health safety and welfare of people.

- We discussed these risks with the registered manager who wrote to us after the inspection with details of the action they were taking to mitigate the risks. This included them carrying out regular practice observation and additional staff training.
- The monitoring of environmental safety was carried out. A maintenance person was seen carrying out regular environmental safety checks.
- Staff had completed fire safety and health and safety training, and emergency plans were in place to ensure people were protected in the event of a fire.
- Arrangements were in place to ensure all staff that administered medication were trained and had their

competency assessed.

- People told us they received their medicines when they needed them. We observed staff asking people if they needed any pain relief and explaining to people what their tablets were.
- Medicines audits were taking place and action was taken to address shortfalls found on audits.

Learning lessons when things go wrong

- Systems were in place for capturing relevant information from incidents, to ensure action was taken to minimise recurrence.

Staffing and recruitment

- The deployment of staff during the inspection was appropriate and there were enough staff available to meet people's needs. Staff were seen providing care and support to people promptly, with call alarm facilities answered in a timely manner.
- Staff told us staffing levels at the service were sufficient to meet people's needs.
- A professional who regularly visits the service said, "Very busy service. There are enough staff who work hard."
- Staff recruitment continued to be carried out safely. Relevant employment safety checks were being carried out before new staff started working at the service.

Preventing and controlling infection

- Appropriate arrangements were in place to manage the control and prevention of infection within the service. Staff followed the service's procedures to maintain a reasonable standard of cleanliness and hygiene.
- The service was clean and odour free. Staff had access to enough personal protective equipment to help prevent the spread of infection.
- Staff had received appropriate infection control training.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "They [staff] all look after me."
- Relatives confirmed they had no concerns relating to the safety of their family member. One relative told us, "I like the open-door policy, I can come at any time." Another relative said, "If I have any problems I speak to the nurses or the manager. Yes, [my relative] is safe."
- Staff had a good understanding of what to do to make sure people were protected from harm or abuse. Staff confirmed they would raise concerns to a senior staff and felt confident they would act accordingly.



# 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 now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- Care plans we looked at did not always contain the most up to date information or contained information that was contradictory. For example, we checked care plans in relation to people's moving and handling needs. One person's care plan contained contradictory information on how to manually handle the person using a sling and hoist, the loop configurations were different between various documents, meaning staff may have used the wrong guidance, due to records not containing the most current and relevant information.
- The registered manager had introduced an auditing scheme whereby people were selected to be the 'patient of the day', where the care they received would be reviewed, including the care plan. We found 'patient of the day' paperwork was being reviewed but not effectively to ensure the records contained enough and up to date information. We raised our concerns with the registered manager. The registered manager acknowledged further work was required to audit the quality of the reviews.
- Support plans had been developed to show that people's preferences and diverse needs were met in all areas of their support. This included protected characteristics under the Equalities Act 2010 such as age, culture, religion and disability.
- Feedback from relatives was they were involved in developing their relative's care plan. One relative said, "I am involved in care planning. They [staff] ask me and then as far as I'm aware the add information [to the care plan]."

Staff support: induction, training, skills and experience

- Staff told us they received a thorough and in-depth induction to the service prior to lone working.
- The said they completed mandatory training and shadowed experienced members of staff. This gave them confidence and helped them to get to know people.
- Staff received training that the provider considered mandatory and specific training and regular supervision. The provider showed us a training matrix which enabled them to track when staff training was due to expire. Staff were booked onto training where it was due to expire to ensure they were up to date.
- During our visit we identified several concerns relating to a lack of staff knowledge about people's needs. The registered manager took this on board and acknowledged that closer observations of staff interaction needed to take place moving forward and some staff retraining was needed.

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

- We spent time observing lunch being served and found that the meal time was a relaxed social time. Food

was varied and plentiful, people were given choices and offered seconds, if they wanted more.

- Staff interacted well with the people who used the service and encouraged and offered support to them.
- We spoke with the cook who was aware of people's dietary needs. This included any special diets and food preferences. We saw that soft and liquidised meals were provided when needed.
- Most people and relatives gave good feedback on the quality of the meals provided. Although two people told us they food wasn't always to their liking they felt this was because they were 'a fussy eater.'

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

- The service was carrying out a refurbishment programme, and bedrooms were currently being decorated and updated. We found the decorated areas to be clean, tidy and personalised.
- There were two large communal areas where people had lots of space. There was a large welcoming reception area which had lots of information on display for people and relatives. For example, there was information leaflets to take away on key topics like bereavement, dementia and health. Also, information on which staff were champions in various topics, such as bereavement, so relatives could easily identify where they could get additional support from, should they need it.
- The provider had considered family's needs and provided a room with a pull-out bed and kitchen for them to use when they needed to stay close to their loved ones.

Supporting people to live healthier lives, access healthcare services and support

- People had access to health care professionals as and when they needed it. We saw during our stay that the provider had requested assistance from the ambulance service for one person who was not very well.
- People told us that their health needs were looked after. One person said, "The nurses are brilliant." A relative said, "They acted on [my relatives] health problem and made sure it was sorted out."

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.

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 they were being met.

- The provider was assessing people's capacity to consent and making decision in their best interests.

## 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 remained the same. 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; Respecting and promoting people's privacy, dignity and independence

- The provider had converted an area into a small chapel where people could go and worship. A local pastor regularly visited the home to give holy communion to people, should they wish to receive it.
- The provider was raising funds to convert some of the outside space into a memorial garden, this would support staff and people to have a special place to remember people that had passed away.
- People's privacy and dignity was maintained. Staff asked people before carrying out tasks and spoke quietly to ask them if they needed any assistance with anything personal, like needing the bathroom.

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

- Everyone we spoke to gave high praise to the staff and said they were without doubt kind and caring. One person said, "The care here is very good." Another said, "They look after me, there are some really good staff. The nurses are brilliant, and I have such a laugh with the cook." A relative said, "People are made to feel really welcome. I visit on a weekend and I have never seen a drop in the standard of care."
- We saw numerous examples of staff interacting positively with people. We saw one member of staff kneel in front of a person who was being assisted in their wheelchair and quietly say, "Your taxi is here, are you ready."
- Staff were warm and friendly and there was lots of good humour. Equally, where people needed emotional support this was provided in a caring and compassionate way.

# 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 good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

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

- Care plans contained information about people's choices and preferences. We saw staff were overall adhering to people's choices and preferences. We observed staff asking people what they wanted to choose to do and what they wanted to have to eat and drink.

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.

- Care plans contained detailed information on how to communicate with individuals.
- The service provided accessible information where this was needed.

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

- The registered manager explained there was an activity coordinator employed by the provider. During our visit they had spent their time fully engaging with people and offering opportunities for people to be involved in various activities.
- People consistently told us they were very happy with the activities that were on offer in the home. One relative said, "There's always something going off. [My relative] had made some good friends here. They have singers and fayres, there's always an outing going off here."
- Through our observations we saw people were stimulated or occupied in meaningful activity.
- Staff we spoke with were incredibly proud of the activities, events and outings that were on offer to people.
- People who didn't want to be involved had their preferences respected and they joined in when they chose to.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure. We saw that complaints continued to be addressed and monitored.
- People knew how to make complaints and were confident that they would be listened to. They told us they would speak with the registered manager if they had any concerns at all.
- Staff felt that the registered manager and registered provider would listen and act if they raised a complaint.

- Relatives felt able to complain should they need to. One relative said, " I've raised a couple of things that have been addressed."

#### End of life care and support

- The service regularly provided care to people who were at the end of life.
- Staff were passionate about providing good care and had completed standards of the Gold Standard Framework. The Gold Standards Framework (GSF) is a framework used by many GP practices, care homes and hospitals to enable earlier recognition of patients with life-limiting conditions, helping them to plan to live as well as possible right to the end.
- The GSF was communicated to people through various forums and notice boards within the home.
- The registered manager was very proud to have been accredited, to a commended status, in the GSF. To qualify for accreditation, care homes must have undertaken the full GSFCH training programme over nine months, embedded this into their homes for at least six months and then undertaken a rigorous accreditation process 'Going for Gold'. To attain commended status a home must show innovative and established good practice in at least six of the 20 standards. The Old Rectory Nursing Home achieved all 20 standards.

## 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 deteriorated to requires improvement. This meant 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a registered manager employed by the service who was supported by a general manager and a quality manager.
- Systems used to check the quality and safety of the service were in place. However, needed to be further developed and embedded into practice to ensure safe care and treatment was delivered.
- We saw audits were being completed but they were not effective in identifying the concerns we raised as part of this inspection.
- There was a lack of governance and oversight of the service to ensure there was continuous improvement. At this inspection we found two regulatory breach in safe care and treatment, and governance.
- Care plans did not always contain accurate, up to date information. They were conflicting and confusing for the staff supporting people which also raised the potential risk of harm for people.
- The provider had not identified that staff were not always following care plans and risk assessments. There was a lack of effective direct observations taking place to give assurances that staff were suitably skilled, trained and meeting people's assessed needs.

We found no evidence that people had been harmed however, systems were not robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People, relatives and staff spoke positively about the registered manager. One relative told us, "There is nothing wrong with the home. It's better than most." Staff comments included, "I think [registered manager] is good and I feel listened to."
- The service met its regulatory requirements to provide us with statutory notifications as required.
- The provider had embraced all the support that had been provided by staff as well as external health and social care professionals. They had taken on board feedback to improve the delivery of care and were

working in partnership with professionals to ensure people's experiences, as well as the care that was delivered, continued to improve.

- People and their relatives had been asked if they would like give feedback on the service to evolve and improve it.
- Staff were involved in discussions about the home and people's care. Staff meetings enabled staff to raise suggestions and ideas to the management team. These were listened to and helped create a whole-team approach to the delivery of care.

Continuous learning and improving care

- There was an open and transparent culture at the service. The provider and registered manager had worked with staff to encourage them to report incidents and concerns and reflect and learn from them.

Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider's PIR they submitted to us showed the various ways they were working in partnership with others.
- The PIR stated 'We work very closely with other specialist services. When nurses feel a resident needs an assessment they will send a referral form for the next part of the assessment to be carried out. Due to nature of our residents we are often in contact with other specialist services. We feel we have a strong open and honest relationship with other specialist services. Other services often use our home for delivering training. We work closely with the safeguarding team and are always on hand to send documents required. We keep a log of all safeguarding referrals and paperwork which has been sent. The home has no issues in reporting safeguarding concerns and training is provided to all staff.'

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The registered person had not ensured that suitable arrangements were in place for ensuring that care and treatment was provided in a safe way and had not effectively assessed or mitigated the risks to service users.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The registered person had not ensured that systems and processes were established and operated effectively to: Assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.