Chantry Retirement Homes Limited

The Old Rectory

Inspection report

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Date of inspection visit: 15 October 2014
Date of publication: 13/02/2015

Ratings

Overall rating for this service	Good
Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The inspection took place on 15 October 2014 and was unannounced. There were no areas of concern identified on the previous inspection.

The Old Rectory is registered to provide accommodation for 28 people who require personal care.

There were 23 people living at the home when we visited and there was a registered manager in post. 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.

People told us that they felt safe and well cared for. Staff were able to tell us about how they kept people safe. During our inspection we observed that staff were available to meet people's care and social needs.

People received their medicines as prescribed and at the correct time. However, we found systems and processes to keep people's medicines safe required improvement.

Summary of findings

People told us they liked the staff and felt they knew how to look after them. Staff were provided with training which they felt reflected the needs of people who lived at the home.

People were supported to eat and drink enough to keep them healthy. People had access to drinks during the day and had choices at mealtimes. Where people had special dietary requirements we saw that these were met. We found that people's health care needs were assessed, and care planned and delivered to meet those needs. People had access to other healthcare professionals that provided treatment, advice and guidance to support their health needs.

People told us and we saw that their privacy and dignity were respected. The care provided took into account people's views and input from the people who were important in their lives. Staff told us that they would raise concerns with the nursing staff, the duty manager or the registered manager and were confident that any concerns were dealt with.

The provider and registered manager made regular checks to monitor the quality of the care that people received and look at where improvements may be needed.

Summary of findings

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 safe.

Improvements were needed in managing people's medicines. People told us they felt safe and looked after by staff.

People and relatives told us they felt there were enough staff on duty to meet the care and social needs of people who lived at the home. People's individual risks were assessed and staff knew how to manage the risks.

Requires Improvement

Is the service effective?
The service was effective.

People's needs and preferences were supported by trained staff that had up to date information specific to people's needs that staff followed.

The Mental Capacity Act (2005) legislation was being met.

People's dietary needs had been assessed and had a choice about what they ate. Input from other health professionals had been used when required to meet people's health needs.

Good

Is the service caring?
The service was caring.

People received care that met their needs. Staff provided care that met people's needs and took account of people's individual preferences.

Care was provided to people whilst being respectful of their privacy and dignity.

Good

Is the service responsive?
The service was responsive.

People were supported by staff or relatives to raise any comments or concerns with staff and these were listened to.

We saw that people were able to make everyday choices. We saw people engaged in activities, such as reading and interacting with staff.

Good

Is the service well-led?
The service was well-led.

The registered manager and provider monitored the quality of care provided.

People, their relatives and staff were very complimentary about the service and felt the registered manager was approachable and listened to their views.

Good

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 checked 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.

The inspection took place on 15 October 2014 and was unannounced.

The membership of the inspection team included one inspector.

Before our inspection we looked at and reviewed the provider's information return. This is information we have asked the provider to send us about how they are meeting the requirements of the five key questions. We also reviewed the information we held about the home and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law. No concerns had been shared from the local authority.

During the inspection, we spoke with seven people who lived at the home and three relatives. We spoke with four care staff and the registered manager.

We observed care and 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 looked at two records about people's care, staff duty rosters, complaint files, meeting minutes and quality audits that the registered manager and provider had competed.

Requires Improvement

Is the service safe?

Our findings

We looked at how the provider managed people's medicines and found improvements were needed. The provider had not recorded the room temperature where medicines had been stored. Medicines stored in the fridge had a daily temperature recorded. However staff we spoke with did not know how to reset the temperature display and that would need to be done each day to ensure an accurate reading. The provider's stock control had not been accurate. One of the medicines records we looked at had not accurately reflected the amount of medicine that staff had signed to say they had administered. We also found medicines available for staff to administer that were out of date and no longer fit for use. This meant that people received medicines that had not been stored correctly or were no longer fit for purpose.

Two people we spoke with told us that staff looked after their medicines for them and they felt they got their medicines at the same time every day. One said, "I am happy that I do not have to worry about taking my pills anymore".

During our observations staff offered people their medicines. People were supported with instruction and encouragement. We spoke with staff on duty that administered medicines. They told us about people's medicines and how they ensured that people received their medicines when they needed them.

All people that we spoke with told us they felt safe at the home and that the staff were approachable if they had wanted to raise concerns. One person said, "It's warm, comfortable and safe, I don't have to worry about anything here". One relative we spoke with said, "When I leave I know [person] is safe and comfortable".

We saw that people had been supported and given the opportunity to raise concerns about their safety. For example, meeting minutes recorded several people had discuss their concerns and what actions would be taken. Staff told us that they were able to report any suspicions they might have about possible abuse of people who lived at the home to the registered manager. They felt confident that any concerns raised would be sensitively handled. We saw that systems were in place to monitor accidents and incidents in the home.

One person said, "I do what I can and what I can't they (staff) help me with". People's risk areas had been reviewed regularly and the provider had made changes in their care arrangements to maintain their safety. For example, the use of motion alarm systems which helped to reduce the risk of one person falling. Plans were in place that made sure staff had information to minimise or manage people's risks. For example, risk of falls and mobility. The plans in place told staff how to support them and staff confirmed the support that each person needed.

We saw that staff were able to monitor people and assist people with tasks and social interactions. One person said, "They (staff) are always around, happy and smiling". Another said, "Always there when you need them (staff)". One relative said, "Always staff around if I need to talk to them". We saw that people were supported by staff that had time to respond to their individual needs and care for them. The care staff were supported by the registered manager, catering, administration and housekeeping staff. The registered manager had assessed how many staff were needed to meet the needs of people who lived at the home.

Good

Is the service effective?

Our findings

People told us they liked the staff and received the care they needed. One person told us, "They (staff) know how to care for that's what their trained for". Relatives told us they were confident that their relative's needs were met. One relative said, "Staff seem to know what they are doing and how to look after [person].

We spoke with two staff and they told us that they felt supported in their role and had regular discussions with the registered manager. One said, "Training is provided regularly. [Registered manager] carries out supervision and observations, is open and will listen". Staff told us they felt they had received training that reflected the needs of the people they cared for.

The staff we spoke with were able to tell us how they applied their training in their roles. For example, staff told us how they had applied techniques to help people keep calm when they became anxious or confused. We found that staff received training that enabled them to provide effective care and support. Training records showed that staff were up to date with the provider's essential training.

The rights of people who were unable to make important decisions about their health or wellbeing were protected. Staff understood the legal requirements they had to work within to do this. The Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) set out these requirements that ensure where appropriate; decisions are made in people's best interests when they are unable to do this for themselves. The staff demonstrated they understood the principles of the Act and the DoLS and they gave us examples of when they had applied these principles to protect people's rights. We saw them seeking people's consent before they assisted them with the needs during the day. The registered manager told us no one at the home currently required a DoLS application.

We found that appropriate arrangements were in place with supporting people to eat and drink and there was also a choice of meals available. People we spoke with told us they were happy with the food and drink provided. One person said, "The food is OK, but I am fussy when it comes to food". Another person said, "The food is good and plenty of it". We saw that people had the opportunity to feedback about food in the 'residents' meetings.

We saw that people received drinks and meals throughout the day in line with their care plans. For example, people received a soft diet or were supported to eat their meal. We observed how people were supported over the lunch time period. We saw that people had been given a choice of food and drinks. Where people required a specialist diet or required there fluid intake to be monitored this information was recorded by staff.

Staff told us about the food people liked, disliked and any specialised diets. This matched the information in the care files we looked at and what people told us. We looked at two people's care records and saw that dietary needs had been assessed. The information about each person's food preferences had been recorded for staff to refer to. This meant that staff had the information available to meet people's nutritional needs.

People were able to access health, social and medical support when they needed it. One person we spoke to told us about their visits to their dentist and optician in the local town. The district nurse also visited the service daily to assist people with their diabetic care needs. We saw that visits from doctors and other health professionals were requested promptly when people became unwell or their condition had changed. For example, we saw that one person had been supported in selecting and appropriate hearing aid and another person was being supported to purchase a new wheelchair.

Good

Is the service caring?

Our findings

All the people we spoke with told us they liked living at the home and felt the staff supported them well. One person said, “I love it here, I am so glad I am here”. Another person said, “Don’t want to be anywhere else”. We observed that people responded to staff by smiling, talking and laughing with them.

Relatives we spoke with felt that all staff were approachable, friendly and were good at providing care and support to their family member. One said, “We are very happy with the care and the staff are lovely”. Another said, “I like the atmosphere the home has, it’s one of the reasons we chose it”.

One staff member said, “Most people have a preferred routine, but we are flexible with what they need”. We saw an example of this when one person stayed in bed longer than usual due to a not sleeping well the previous night. Staff told us they also got to know people by talking with them and showing an interest. Care plans we looked at showed people’s likes, dislikes, life history and their daily routine.

People were supported to express their views and be involved as much as possible in making decisions about their care and treatment. People told us they were confident to approach staff for support or requests. One person said, “They know how to care for me, I tell them the care I want and they write it down”. Another person said, “I would talk to them if I wanted something doing differently. One relative said, “The staff and [registered manager] are around to discuss anything about [person]. We are all involved as a family, which supports [person] in their care”.

Staff were aware of people’s everyday choices and were respectful when speaking with them. Staff ensured they used people’s names, made sure the person knew they were engaging with them and were patient with people’s communication styles. Staff were also positive and showed they understood people’s needs by reducing any concerns or upset that occurred. For example, we saw staff reassure and comfort people who became upset.

All staff we spoke with told us about the care they had provided to people and their individual health needs. Three staff members told us about how they discussed people’s needs when the shift changes to share information between the team. This information had then been updated to people’s care records to ensure they reflected the care that people received.

We saw that people were supported in promoting their dignity and independence. For example, staff always knocked on people’s doors and waited before entering and ensured doors were closed when people wanted to spend time in bathroom. One person told us, “I never feel rushed and they let you do the things you can on your own”. One member of staff said, “How much help people needs can change day to day. I always check if they are OK or if they need help”.

Good

Is the service responsive?

Our findings

People told us they were happy and got the care and support they had wanted. They were confident that their visitors were made to feel welcome and could visit anytime. We observed that people had their needs and requests met by staff who responded with kindness and in a timely manner. For example, staff supported people with their mobility or responded to requests for personal needs. Staff knew each person well and the level of assistance required.

People told us and we observed that they got to do the things they enjoyed which reflected their interests. People we spoke with remembered the different activities that they had done. For example, knitting, watching movies they liked and going into town. One person said, "I am happy as long as I can do what I want and I can here". One staff member told us people were given the opportunity to follow personalised hobbies and interests as well as to join group activities.

People's views about the home and their care and treatment were asked for when planning their care. Three people we spoke with remember being involved in the care they needed. Relatives had also been asked for their views which had been considered when planning people's care. One relative said, "[Person] gets the care they want and need. I am asked to be involved with my [person] plan".

People and staff told us that they knew how to raise concerns or complaints on behalf of people who lived at the home. They also told us the registered manager and staff were approachable. One person said, "I have no problem telling them things". Another told us, "I am happy so no complaints from me at the moment. My daughter would support me if I needed it". Throughout our visit we saw that people and relatives had been comfortable to approach staff and the registered manager to talk about the care and treatment of their relative.

People had been supported to receive care from chosen care staff. For example, two people only wanted care from female staff which was actioned. The wishes of people, their personal history, the opinions of relatives and other health professionals had been recorded. We looked at two people's records which had been kept under review and updated regularly to reflect people's current care needs.

Although no written complaints had been received, the provider had used feedback from people and relatives on how to improve the service. We saw these had been recorded with the outcomes or action taken. For example, changing the menu to reflect the seasons as people who lived at the home had requested. This meant that people had been listened and responded to.

Good

Is the service well-led?

Our findings

People were supported by a consistent staff team that understood people's care needs. All people and family members we spoke with knew the registered manager and they felt they were listened to and supported. Staff were confident in the way the home was managed. We were shown recent compliments that relatives had sent regarding the care and treatment that had been provided. The provider also held 'residents and relatives' meetings to obtain feedback and the registered manager welcomed direct feedback.

The registered manager told us they were supported by the provider in updating their knowledge and carry out monthly checks of the home. The provider also spoke with people and staff at the home and any actions were recorded in a diary. Any gaps identified from these checks were recorded and discussed with the provider. For example, it had been identified that new hoist slings were required and these had been ordered. People were benefitting from a provider that took steps to make changes and improvements where these had been identified.

The registered manager monitored how care was provided and how people's safety was protected. For example, care plans were looked at to make sure they were up to date and had sufficient information and reflected the person's current care needs. The registered manager had then been able to see if people had received care that met their needs and review what had worked well. For example, we saw that one person's medicines had been reviewed in consultation with their GP, which had improved their wellbeing.

All staff we spoke with told us that the registered manager was approachable and accessible. Staff felt able to tell management their views and opinions at staff meetings. One staff member said, "There are two way conversations, we are all listened to". The registered manager told us that they had good support from the provider, and the staffing team

The provider and registered manager monitored the incidents, accidents and falls on monthly basis. They looked to see if there were any risks or patterns to people that could be prevented. For example, changing equipment to support people's mobility.

The register manager had sought advice from other professionals to ensure they provided good quality care. For example, they had followed advice from district nurses and the local authority to ensure that people received the care and support that had been recommended. The provider followed the Skills for Care Common Induction Standards. These are standards people working in adult social care need to meet before they can safely work unsupervised. Therefore people received care from staff that had been supported to meet these standards.