Dignity Group Limited

The Old Rectory Singleton

Inspection report

The Old Rectory
Singleton
Chichester
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22 January 2018
23 January 2018

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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?	Good

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection on 22 and 23 January 2018.

The Old Rectory provides care and accommodation for up to 19 people with learning disabilities. On the days of our inspection there were 17 people living at the care home.

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. At the last inspection on the 28 July 2015, the service was rated Good overall. However it was Requires Improvement in Well-Led. At this inspection we found the service Good overall.

Why the service is rated good:

We met and spoke to all 17 people during our visit and observed the interaction between them and the staff supporting them. However, some people were not able to fully verbalise their views, so staff used other methods of communication, for example by providing visual prompts. Others were able to tell us able the care and support they received.

The service was now well-led. At our inspection in July 2015 it recorded that improvements had been completed from our inspection of July 2014 however the registered manager had only been registered with us since April 2015. Therefore our previous inspection report stated; "We found, however, that follow up action was not yet fully embedded in practice and further improvements were needed." At this inspection we found those improvements had been embedded into the service.

People lived in a service where the registered manager and provider's values and vision were embedded into the service, staff and culture. Staff told us the registered manager and provider were very approachable and made themselves available. The provider's governance framework, helped monitor the management and leadership of the service, as well as the ongoing quality and safety of the care people were receiving.

People lived in a service which had been designed and adapted to meet their needs. The service was monitored by the registered manager and provider to help ensure its ongoing quality and safety.

People remained safe at the service. One person said; "Yes I'm safe here, because all my friends are here." People were protected as the company had safe recruitment procedures in place to help ensure staff were suitable to work with vulnerable people. Staff agreed there was sufficient numbers of staff on duty to support people and meet their needs. Comments from staff on why people were safe included; "People are safe because we are all well trained and have a good staff team" and another said; "We know where people are and what they are doing at all times."

People's risks were assessed, monitored and managed by staff to help ensure they remained safe. Risk assessments were completed to enable people to retain as much independence as possible. People received their medicines safely by suitably trained staff.

People continued to receive care from staff who had the knowledge and skills required to effectively support them. Staff had all completed safeguarding training and new staff had completed the Care Certificate (a nationally recognised training course for staff new to care). Staff confirmed the Care Certificate training looked at and discussed the Equality and Diversity needs of people.

People were supported to have maximum choice and control of their lives as much as they were able to. Staff supported people in the least restrictive way possible; the policies and systems in the service supported this practice. Some people had their end of life wishes documented. People's healthcare needs were met and their health was monitored by the staff team. People had access to a variety of healthcare professionals.

People's care and support was based on legislation and best practice guidelines, helping to ensure the best outcomes for people. People's legal rights were up held and consent to care was sought. Care records were person centred and held comprehensive details on how people liked their needs to be met, taking into account people's preferences and wishes. Information recorded included people's previous medical and social history and people's cultural, religious and spiritual needs.

People were observed to be treated with kindness and compassion by staff who valued them. The staff, many had all worked at the service for some time, had built strong relationships with people. Staff respected people's privacy. People or their representatives, were involved in decisions about the care and support people received.

The service remained responsive to people's individual needs and provided personalised care and support. Some people had complex communication needs and these were individually assessed and met. People were able to make choices about their day to day lives. The provider had a complaints policy in place and the registered manager confirmed any complaints received would be fully investigated and responded to.

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

This service remains good

Is the service effective?

Good

This service remains good

Is the service caring?

Good

This service remains good

Is the service responsive?

Good

This service remains good

Is the service well-led?

Good

The service was now good because;

The service was well led.

People lived in a service whereby the providers' caring values were embedded into the leadership, culture and staff practice.

Relatives and staff spoke highly of the registered manager and management team of the service and company.

The registered manager kept their ongoing practice and learning up to date to help develop the team and drive improvement.

People benefited from a registered manager who worked with external health and social care professionals in an open and transparent way.

There were systems in place to monitor the safety and quality of the service. Relatives and professionals views on the service were sought and quality assurance systems ensured improvements were identified and addressed.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 was undertaken by one inspector on 22 and 23 January 2018 and was unannounced on day one. Following our inspection we contacted three relatives of people who used the service, to obtain their feedback.

Prior to the inspection we looked at other information we held about the service such as notifications and previous reports. 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.

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.

During the inspection we met and spent time with all 17 people who lived at the service. Some people living at the service had complex needs which meant they had limited ability to communicate and tell us about their experience of being supported by the staff team. Therefore staff used other methods of communication, for example by providing visual prompts. Others were able to tell us able the care and support they received. As some people were not able to comment specifically about their care experiences, we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people living in the service.

We also looked around the premises. We also spoke to six members of staff and four relative. We looked at records relating to the individual's care and the running of the home. These included care and support plans and records relating to medicine administration and financial records. We also looked at the quality monitoring of the service.

Good

Is the service safe?

Our findings

The service continued to provide safe care.

People who lived in The Old Rectory were not all able to express themselves verbally but appeared to be very relaxed and comfortable with the staff that supported them. Others were able to tell us about their care and support and one said; "I feel safe as staff are around all the time." One relative said; "Yes definitely safe. I have complete trust in them."

People were protected from abuse and avoidable harm as staff understood the provider's safeguarding policy. To help minimise the risk of abuse to people, staff all undertook training in how to recognise and report abuse.

People did not face discrimination or harassment. People's individual equality and diversity was respected because staff had completed training and put their learning into practice. Staff confirmed the Care Certificate (a nationally recognised qualification for staff new to care) covered Equality and Diversity and Human Rights training.

People had sufficient staff to support them based on the activity they were undertaking. There were sufficient numbers of staff employed to keep people safe and make sure their needs were met. Throughout the inspection we saw staff meet people's needs, support them and spend time socialising with them. Staff confirmed, additional staff, were made available when needed, for example for any appointments.

People's risk of abuse was reduced as the company had suitable recruitment processes in place. This included checks carried out to make sure new staff were safe to work with vulnerable people. Staff confirmed they were unable to start work until satisfactory checks and references had been obtained.

People, who had risks associated with their care, had them assessed, monitored and managed by staff to ensure their safety. Risk assessments were completed to make sure people were able to receive care and support with minimum risk to themselves and others. There was clear guidance in place for staff managing these risks. People had risk assessments in place regarding their behaviour, which could be seen as challenging for others or the staff.

People's accidents and incidents were recorded and referrals to other professionals for additional advice or support were made when needed, for example the learning disability team. People's finances were kept safe. People had appointees to manage their money where needed, including family members.

People received their medicines safely. Staff had completed training and systems were in place to audit medicines practices to make sure they were safe. Records were kept to show when medicines had been administered. People had prescribed medicines on an "as required" basis and there were clear protocols to show when these medicines should be offered to people. Records showed these medicines were not routinely given to people and only administered in accordance to instructions in place.

People lived in an environment which the provider continued to assess to ensure it was safe and secure. The fire system was checked including weekly fire tests and people had personal evacuation procedures in place (PEEPs). People were protected from the spread of infections. Staff understood what action to take in order to minimise the risk of cross infection, such as the use of gloves and aprons and good hand hygiene to protect people.

The provider worked hard to learn from mistakes and ensure people were safe. The registered manager and provider had an ethos of honesty and transparency. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

Good

Is the service effective?

Our findings

The service continued to provide people with effective care and support.

Staff had a good knowledge of people they supported and were competent in their roles which meant they could effectively meet people's needs.

People were supported by well trained staff. Staff confirmed regular training was provided in subjects which were relevant to the people who lived at the home, for example epilepsy training and the Care Certificate (a nationally recognised training course for staff new to care). Staff completed an induction which also introduced them to the provider's ethos and policy and procedures. Staff were well supported. They received monitoring and supervision of their practice, and team meetings were held.

People's care file had communication passports. These showed how each person was able to communicate and how staff could effectively support individuals. People had a "Hospital Passport" which could be taken to hospital and detailed how each person communicated to assist hospital staff in understanding people. Staff demonstrated they knew how people communicated and encouraged choice whenever possible in their everyday lives. This showed they were looking at how the Accessible Information Standard would benefit the service and the people who lived in it.

People were supported to eat a nutritious diet and were encouraged to drink enough. People identified at risk of future health problems through poor food and drink choices had been referred to appropriate health care professionals. For example, speech and language therapists. The advice sought was clearly recorded and staff supported people with suggestions of suitable food choices.

People were encouraged to remain healthy, for example people did activities to help maintain a healthier life, for example walking. People had their health monitored to help ensure they were seen by appropriate healthcare professionals to ensure their ongoing health and wellbeing. People's care records detailed that a variety of professionals were involved in their care including seeing the GP regularly for blood tests.

Staff had completed training about the Mental Capacity Act 2005 (MCA) and knew how to support people who lacked the capacity to make decisions for themselves. Staff told us, people were encouraged to make day to day decisions. Where decisions had been made in a person's best interests these were fully recorded in care plans. Records showed independent advocates and healthcare professionals had also been involved in making decisions. This showed the provider was following the legislation to make sure people's legal rights were protected.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider had a policy and procedure to support staff in this area. The registered manager had liaised with appropriate professionals and made applications for those people who required this level of support to

keep them safe.

People were not all able to give their verbal consent to care, however staff were heard to verbally ask people for their consent prior to supporting them, for example before assisting them with their care tasks. Staff waited until people had responded using body language, for example, either by smiling or going with the staff member to their rooms.

People lived in a service which had been designed and adapted to meet their needs. Specialist equipment was available for those who required it, for example grab rails.

Good

Is the service caring?

Our findings

The staff continued to provide a caring service.

People who had lived at the service for a number of years and had built strong relationships with the staff who worked with them. People all appeared happy and comfortable with the staff working with them and there was a busy but calm atmosphere in the service. A relative said; "I couldn't ask for better care for her." While another relative had commented in a survey which had been returned to the service; "A most caring and attentive team." People, when asked if they were happy with the care they received all said they were.

People were supported by staff who were both kind and caring, and we observed staff treated people with patience and kindness. People were chatting with staff about plans for the day and evening, and the conversations were positive. We heard and saw laughter and smiles. Staff, were attentive to people's needs and understood when people needed reassurance, praise or guidance.

People's representatives confirmed they were involved in decisions about their care. People had their needs reviewed regularly and staff from the service who knew people well attended these review meetings. Personal representatives, for example family members or advocates and health care professionals also attended.

Staff knew people well and understood people's individual ways of communicating. Staff were able to explain each person's communication needs, for example by the expressions they made to communicate whether they were happy or sad. Staff clearly understood other people's nonverbal communication needs and explained to us how people indicated if they wished for time on their own. People used Skype facilities to enable family members to see and talk with them.

People who required it had access to individual support and advocacy services. This helped ensure the views and needs of the person concerned were documented and taken into account when care was planned.

People's independence was respected. For example, staff encouraged people to participate in household tasks including preparing meals. Staff did not rush people, and offered support at each person's own individual pace. Staff were observed supporting people with their independence. Staff understood people's individual needs and how to meet those needs. They knew about people's lifestyle choices and how to help promote their independence.

People's privacy and dignity was promoted. Staff knocked on people's doors prior to entering their rooms. Staff used their knowledge of equality, diversity and human rights to help support people with their privacy and dignity in a person centred way. People were not discriminated in respect of their sexuality. People who requested time on their own had this respected. People's care plans were descriptive on people's needs and followed by staff.

The values of the organisation ensured the staff team demonstrated genuine care and affection for people. This was evidenced through our conversations with the staff. People received care from a regular staff team. This consistency helped meet people's behavioural needs and gave staff a better understanding of people's communication needs. It supported relationships to be developed with people so they felt they mattered.

Good

Is the service responsive?

Our findings

The service continued to be responsive.

People were supported by staff who were responsive to their needs. One relative said how responsive the staff had been when their relative had become unwell.

People's care plans were person-centred, and detailed how they wanted their needs to be met in line with their wishes and preferences. People's care plans also detailed their social and medical history, as well as any cultural, religious and spiritual needs. Staff monitored and responded to changes in people's health or behavioural needs. Staff told us how they encouraged people to make choices. Staff said some people were told verbally while others were shown visual items to help make choices.

People's records were personalised to each person, held information to assist staff to provide care and support but also gave information on individual's likes and dislikes. Included in each person's care records were brief one page profiles, with information particularly about how to respond to people's care needs, behavioural needs and communication needs 'at a glance'. This was used to help make sure new staff had information about how to support and communicate with people, and what was important to them. The provider told us in their provider information return (PIR); "All new staff get to meet the residents before they are offered any role and are observed with their interaction to ensure they communicate appropriately." Staff, had a good knowledge of each person and were able to tell us how they responded to people and supported them in different situations.

People received individual personalised care. People's communication needs were effectively assessed and met and staff told us how they adapted their approach to help ensure people received individualised support. For example, picture choices to assist people. Information was available to people about the service and their care arrangements in a format they could understand. Some people had charts in their bedrooms with pictures and symbols to help them organise their time.

The provider had a complaints procedure displayed in the service for people and visitors to access. One person said they would talk to the registered manager or staff if they were not happy with their care or support. The registered manager understood the actions they would need to take to resolve any issues raised. They explained they would act in an open and transparent manner, apologise and use the complaint as an opportunity to learn. Staff told us that due to some people's nonverbal communication that they knew people well and worked closely with them and would monitored any changes in behaviour. People had advocates appointed to ensure people who were unable to effectively communicate, had their voices heard.

Staff confirmed they had not needed to support people with end of life care, but were aware of issues relating to loss and bereavement. One person had their end of life care wishes in place which had been completed with family members. Staff had however supported people through losses of close relatives.

People took part in a wide range of social activities. People's family and friends were encouraged to visit or

Skype family members living abroad. Staff recognised the importance of people's relationships with their family/friends and promoted and supported these contacts when appropriate.

Good

Is the service well-led?

Our findings

At our inspection in July 2015 we recorded that improvements had been completed from our inspection of July 2014. However, because the registered manager had only been registered with us since April 2015, the report stated; "We found, however, that follow up action was not yet fully embedded in practice and further improvements were needed." At this inspection we found those improvements had been embedded into the service.

The service was now well-led. People, relatives and staff all spoke very highly of the registered manager of the service. Comments included; "Very supportive" and "Very approachable." One relative said; "It's nice that the current manager has now been here for some time."

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.

The PIR records; "The registered manager has been in post for over 2 years now. This has given the home consistency that reassures the residents and staff."

People lived in a service whereby the provider's caring values were embedded into the leadership, culture and staff practice.

The provider's website recorded; "In everything we do we aim to make sure that all those who receive our services are treated with dignity and respect that they deserve." These visions were clearly embedded into the culture and practice within the service. They were also incorporated into staff training, and all staff received a copy of the core values of the service. As a consequence of this, people looked happy, content and well cared for.

The registered manager was well respected by the staff team and relatives. They were open, transparent and person-centred. The registered manager was committed to the company and the service they ran, the staff but most of all the people. They told us how recruitment was an essential part of maintaining the culture of the service. People benefited from a registered manager who kept their practice up to date with regular training, and who worked with external agencies in an open and transparent way, whilst fostering and developing positive relationships..

Staff, were hardworking and very motivated. They shared the philosophy of the management team. Handovers, appraisals, supervisions and staff meetings were seen as an opportunity to look at current practice. Staff spoke positively about the management of the company.

Staff spoke of their fondness for the people they cared for and stated they were happy working for the company, but mostly with the people they supported. Senior management visited regularly and monitored

the culture, quality and safety of the service by meeting with the people and staff, to ensure they were happy with the service.

People lived in a service which was continuously and positively adapting to changes in practice and legislation. For example, the registered manager was aware of, and had started to implement the Care Quality Commission's (CQC's) changes to the Key Lines of Enquiry (KLOEs), and was looking at how the Accessible Information Standard would benefit the service and the people who lived in it. This was to ensure the service fully meet people's information and communication needs, in line with the Health and Social Care Act 2012.

The provider's governance framework, helped monitor the management and leadership of the service, as well as the ongoing quality and safety of the care people were receiving. For example, there were process and systems in place to check accidents and incidents, environmental, care planning and other safety audits. These helped to promptly highlight when improvements were required.