

The Old Rectory Grappenhall Limited

# The Old Rectory Grappenhall Limited

## Inspection report

Church Lane  
Grappenhall  
Warrington  
Cheshire  
WA4 3EP

Tel: 01925604611

Website: [www.theoldrectorynursinghome.com](http://www.theoldrectorynursinghome.com)

Date of inspection visit:

31 December 2019

06 January 2020

Date of publication:

09 March 2020

## 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

### About the service

The Old Rectory is a care home which can accommodate up to 38 older people who need residential or nursing care across two floors. At the time of our inspection 36 people were living in the home.

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

The Old Rectory is a family-owned business with owners who are fully involved in the day-to-day running of the service. The owners' values and ethos of providing a 'family' feel and atmosphere was shared by the registered manager and staff team. All staff were happy in their role and described the service as their 'second home'. They were keen to implement the person-centred care that was encouraged by the registered manager and owners.

Risks to people had been identified and assessed with guidance in place for staff to follow to ensure people did not come to harm. Staff knew how to recognise signs of abuse and were confident reporting any concerns they may have. People told us they felt safe and family members were reassured their loved ones were well looked after. People's medicines were managed safely by trained staff and guidance was in place for people who received medicines 'as required'.

There were enough suitably qualified and trained staff to meet people's needs safely and effectively. Staff commented on the good teamwork and how they supported each other especially during busy times. They told they felt they had time to sit with people and spend quality time with them.

People's needs had been assessed and plans were in place to help manage these. Staff commented on how easy the care plans were to follow and how the information they contained helped them to support people.

People had access to other health and social care professionals when needed and staff followed the guidance provided. People were supported to maintain a healthy balanced diet and spoke positively about the food provided. All staff had good knowledge of people's individual dietary needs and preferences and provided people with the support they needed during meal times.

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 and family members spoke positively about the caring nature of all staff and they confirmed the 'family' ethos. Family members told us how welcome they were made to feel and how well staff knew them just as much as they knew their loved ones. Staff had developed positive relationships with people and provided care and support that was person-centred and based on their needs and choices.

A full time activities co-ordinator supported people to access a range of activities. People were encouraged

to complete a 'bucket list' of things they would like to do and were supported to achieve this. Regular garden parties and events were organised to help forge and maintain links with the local community.

People and family members spoke positively about the management of the service. They were confident raising concerns and the registered manager's 'open door' policy created an environment that was relaxed and supportive. Effective systems were in place to monitor the quality and safety of the service and the registered provider was keen to improve the quality of care people received.

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 (report published 1 June 2017)

Why we inspected - This was a planned inspection based on the previous rating.

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

## 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 was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

This service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

This service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

This service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

This service was well-led.

Details are in our finding below.

# The Old Rectory Grappenhall Limited

## **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

This inspection was carried out by one inspector.

#### Service and service type

The Old Rectory 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.

#### What we did before the 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.

During the inspection

We spoke with four people who used the service and two family members about their experience of the care provided. We spoke with eight members of staff which included the registered manager, nominated individual, nurse, senior care worker, care and kitchen staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spent time observing the care being delivered by staff.

We reviewed a range of records. This included four people's care records and multiple medication 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.

# 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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff understood their responsibilities to keep people safe from abuse and told us they were confident reporting safeguarding concerns.
- Allegations of abuse were raised with the relevant agencies in a timely way. Managers and staff worked alongside others and acted appropriately to safeguard people from further risk of harm.
- People told us they felt safe living at The Old Rectory and family members were reassured their relatives were safe and well looked after. Comments included; "I absolutely feel safe. This is my home" and "These girls [staff] look after us well."

Assessing risk, safety monitoring and management

- Risks to people had been assessed and plans were in place for staff to manage these and keep people safe from harm.
- Regular checks were completed on the environment and equipment to ensure it remained safe for people to use.

Staffing and recruitment

- Enough suitably qualified and skilled staff were deployed to meet people's needs; staff were seen to respond quickly to people when requesting support.
- People and family members told us they felt there were enough staff on duty. One person told us "I never have to wait long for them [staff] to come, there is always someone around." A family member told us "There's always staff about to help or just even to have a chat to. Nothing is too much trouble."
- Safe recruitment processes were being followed and relevant checks completed on newly recruited staff to ensure they were suitable to work with vulnerable people.

Using medicines safely

- Medicines were managed safely by suitably trained and qualified nurses. Regular assessments were completed to ensure they remained competent to safely manage and administer medicines.
- Medication administration records (MARs) were completed to reflect prescribed medicines and when they were administered.
- Guidance was in place for staff to follow for the use of 'as required' medicines to ensure people only received these when necessary.

Preventing and controlling infection

- The home was visibly clean and well maintained and people spoke positively about the overall

cleanliness.

- Staff told us they had received training around preventing and controlling the spread of infection and had access to relevant guidance and information about good infection prevention and control.
- Staff were seen to use personal protective equipment (PPE) when required.

Learning lessons when things go wrong

- A detailed review and analysis was completed of incidents to help identify patterns and triggers. Information was used to re-evaluate people's assessed needs and help prevent incidents occurring in the future.



# 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 remained the same. 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; Staff working with other agencies to provide consistent, effective, timely care

- People's needs were assessed, and care delivered in line with standards, guidance and the law. Assessments were completed in good detail and provided guidance for staff to support people and ensure their needs were met.
- Assessments from health and social care professionals were obtained and used to help plan effective care and support for people.
- Staff had access to an 'oral health' folder which contained relevant information regarding people's oral health needs.
- Information was shared with other agencies where this was appropriate so that people received consistent care and support to meet their needs.

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

- People received additional support from health and social care professionals when needed and staff followed guidance when people's needs had changed.
- People told us their health needs were met and had regular access to health professionals such as a GP.
- The service supported people to access health appointments, such as hospital, when needed.

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

- People were supported to maintain a healthy balanced diet and were provided with regular food and drink throughout the day.
- We observed a pleasant atmosphere during lunch; staff interacted with people in a warm, positive way and supported them where needed.
- People spoke positively about the food provided and were seen to enjoy what was provided. One person told us, "The food is lovely. There hasn't been any meal I haven't enjoyed but they will offer choices if don't like something."
- Both kitchen and care staff were aware of people's dietary needs and preferences. People were protected from risks associated with poor nutrition, hydration and swallowing difficulties; such as weight loss, dehydration and choking risks.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled and carried out their role effectively. Newly recruited staff had completed a comprehensive induction and shadowing period.

- Staff felt supported in their role and received regular one-to-one supervision. They told us the on-going support enabled them to discuss their work concerns or learning and development when needed.

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

- The service was currently in the process of being redecorated; the provider had sought advice from external decorators with specialist knowledge in decoration to meet the needs of people living with dementia.
- People's rooms were decorated with items personal to them to help provide familiarisation and comfort.
- People had access to a large, well-maintained garden which was regularly used. One part of the garden had been marked as a place of 'remembrance' for a person who had recently passed away.

#### 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 being met.

- The registered manager worked with the local authority to ensure that any DoLS applications and authorisations made on behalf of people were lawful.
- Where people lacked the capacity to make particular decisions, they were supported to have maximum choice and control over their lives and were supported by staff in the least restrictive way possible.
- Where decisions needed to be made in people's best interests, relevant people were involved and appropriate records had been completed.

# 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 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

- People were well cared for by staff who were passionate about their individual roles. People and family members spoke positively about how caring staff were. Comments included; "They [staff] are brilliant; they always make me laugh" and "[Relative] is absolutely well cared for. The staff are brilliant."
- All staff created a warm, homely, family atmosphere and continuously chatted with people intently; they engaged in conversations that showed they truly knew people well.
- People were supported and encouraged to develop relationships and friendships with each other and made to feel comfortable in doing so.
- Family members told us they were made to feel welcome whenever they visited; staff took time to get to know them and engaged in meaningful conversations. One family member told us, "There has never been a time where I haven't felt welcome, they [staff] show as much interest in me as they do [relative]."

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect and provided compassionate support in an individualised way. Staff made sure people were clean and well-presented and people told us they felt listened to.
- People's right to privacy and confidentiality was respected. Staff delivered personal care to people in private.
- People told us staff always made sure they were clean and how important this was to them in helping them feel dignified. One person told us, "We get a bath or a shower. I like a really hot bath. When I get out I feel all warm and fuzzy. It's lovely."
- Records relating to people's care were kept confidential and staff understood the importance of discussing people's care in private.

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

- People were encouraged to share their views about the care they received with regular reviews and meetings. One person told us, "They [staff] chat with me all the time and I can tell them if I am not happy with something."
- Where appropriate, family members were included in discussions about their relative's care. One family member told us, "They [staff] have kept me up-to-date- all the way through. They ring me regularly and always ask my views."

# 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 has remained the same. This meant people's needs were met through good organisation and delivery.

### End of life care and support

- The service was passionate about providing people with the best care possible at the end-of-their lives. Staff proudly spoke of the things they did to ensure people experienced care that was pain-free, dignified and comfortable.
- An 'End-of-life Protocol' folder contained highly detailed information regarding people's life histories and their end-of-life care wishes and preferences.
- End-of-life 'comfort bags' contained items such as toiletries and nightwear for family members to help them feel relaxed, supported and cared for during this difficult time.
- Positive feedback had been received from family members about the warm, caring support they had received.

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

- People received care that was person centred and based on their individual needs.
- Information about people's life histories and what was important to them was recorded in detail. This information provided staff with the ability to get to know people before supporting them and to engage in conversations of interest.
- Staff interactions showed they knew people well understood and met their individual needs.
- People and family members were involved the care planning and regular reviews. One person told us, "I know about my care plan. They [staff] asked me what I wanted when I first came here." A family member told us, "I was involved in [relative's] care plan and the staff always keep me updated with how things are going."

### 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

- People had access to a range of activities both inside the home and out in the community.
- Each day one person was allocated special one-to-one time where they completed an activity of their choosing; people had completed a 'bucket list' of activities and where possible staff supported them with this.
- People moving into the home were provided with a 'social activities' booklet that contained information about the activities co-ordinator and what was provided.
- The 'Rectory Life' contained photos and updates of activities people had previously participated in; it was evident these had been thoroughly enjoyed by people.

### 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 as part of the assessment and care planning process. Guidance was in place for staff to follow to help effectively communicate with people where required.

### Improving care quality in response to complaints or concerns

- People and family members told us they would raise concerns or complaints if they needed to. They were confident that any concerns would be properly investigated by the registered manager.
- A record of any concerns/complaints was kept which clearly showed the procedures followed by the registered manager and how they were investigated and resolved. Improvements to the service provided were made as a result.

# 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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The Old Rectory is a family run service and this 'family' theme and ethos had been cascaded down from the owners who played a 'hands on' role within the home. They told us "We are a family home and like to create a family feel. I [nominated individual] have grown up in the home and have known most of the staff for many years."
- The registered manager further supported and encouraged the owner's ethos by promoting a person-centred culture and supporting staff to implement this. Staff were proud to work for the service and described it as their 'second home'. They told us the people they supported and the staff team were like 'family'.
- People and family members positively commented on how 'homely' they felt and spoke fondly of all staff and the care they provided. Comments included; "I love it here, they [staff] make you feel so welcome from day one" and "[Registered manager] is lovely and all the staff are great, when [relative] came here they instantly made us feel welcome."
- Staff were recognised for their hard work and dedication through 'Employee of the Month' and 'Long Service' awards.

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

- The registered manager was supported by a team of nurses who worked well together to provide quality care for people. Each nurse had their own individual management responsibilities in addition to their clinical role.
- The owners worked closely with the registered manager and supported with important decisions. However it was evident they both had a great deal of respect for her and each knew their individual roles and responsibilities.
- Staff felt well supported in their role and knew who they could speak to if they had any concerns or needed any advice. The whole staff team worked well together to ensure people received high quality care.
- The registered manager was aware of their legal requirement to notify CQC about certain events and submitted notifications when required.
- The registered manager was aware of their duty to be open and honest if things went wrong; no incidents had occurred that required action.

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

- The registered manager and staff organised regular fund raising events, such as garden parties, which members of the local community were invited to. Money raised was donated to local charities such as children's hospital and a local food bank.
- The cook told us they only purchased produce from local shops as they felt it was important to support local businesses and maintain good community links.
- The service engaged people and family members with regular meetings and discussions and encouraged them to share their views about the service. People moving into the home were given a 'Welcome Book' which provided answers to various questions and gave them reassurance.
- Staff told us the registered manager promoted an 'open door' ethos which made them feel listened to and involved in decisions about the service. In addition, regular meetings were held to discuss various topics.

Continuous learning and improving care;

- Effective systems were in place to check the quality and safety of the service. Regular checks and audits were completed in various areas and any issues were addressed through action plans.
- Staff were encouraged and supported to develop their skills and progress within their role.