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# The Old Rectory - Hevingham

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service: The Old Rectory - Hevingham provides accommodation and support to a maximum of nine people with a learning disability or autistic spectrum disorder. It does not provide nursing care.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. Registering the Right Support CQC policy. Details regarding conformity are detailed in the body of the report.

People's experience of using this service:

We inspected the service last on 6 September 2016, and found that it was rated Good in all key questions. It continues to meet the characteristics of this rating in all areas.

People and staff had built close relationships, and people received a caring service. Staff supported people with compassion, patience and understanding and went beyond their duties to ensure people were cared for.

Staff supported people to live as full a life as possible, with as much independence, control and choice as possible. People and relatives were involved in their care and kept informed of any changes.

People lived in a safe environment and staff were always available to support them when needed. Medicines were safely managed and administered.

Staff supported people to access healthcare and followed recommendations given by other professionals. They supported people to maintain a healthy balanced diet and enough to drink.

The home was compliant with legislation around people's mental capacity and staff obtained consent wherever possible, otherwise making appropriate decisions in people's best interests.

People received care that was centred around their own individual needs and preferences. Care plans contained information and guidance around these, and staff were knowledgeable about people's needs.

People had access to a wide range of activities and outings, and were supported to follow their own hobbies.

The registered manager supported a positive team of staff who worked well together. They were very caring, kind and patient and knew people very well.

There was a thorough understanding of the values of the home amongst staff, and there were systems in

place so the registered manager maintained oversight of the running of the home.

Rating at last inspection: Good (Published 26 October 2016)

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

Follow up: We will continue to monitor the service according to our schedule for returning to locations rated Good.

For more details, please see the full report which is on the CQC 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?

Good ●

The service was safe.

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

# The Old Rectory - Hevingham

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by one inspector.

#### Service and service type:

The Old Rectory is a 'care home' for up to nine people. The service supports people living with learning disabilities. The accommodation comprised of an adapted property. When we inspected, there were nine people living in the home.

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:

We gave the service 24 hours' notice of the inspection visit because it is small and people often go out into the community supported by staff. We needed to be sure that someone would be in.

#### What we did:

Before the inspection we reviewed the Provider Information Return (PIR). This is a report that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information that we held about the service. Providers are required to notify the Care Quality Commission about events and incidents that occur including injuries to

people receiving care and safeguarding matters. We reviewed the notifications the provider had sent us.

There were several people living in the home who were not able to communicate with us in a way to give us feedback on the service they received. We observed some interactions between staff and people, and spoke with two people who were able to give us feedback. We spoke with the registered manager, who was one of the owners of the home, and a further three members of support staff. The day after the inspection visit, we spoke with two relatives and a social care professional.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- One person said they felt, "Very safe indeed."
- Staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they witnessed or had an allegation of abuse reported to them. The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.

Assessing risk, safety monitoring and management

- Risks to people continued to be assessed and were safely managed.
- Staff told us about risks to individuals which affected their daily lives, such as mobility, skin integrity, behaviour which some people may find challenging, and nutrition. They demonstrated that they had good knowledge of risks to people and how to mitigate these.
- Risks relating to the environment continued to be monitored and managed safely. This included regular fire drills and checking of fire, lifting and electrical equipment.
- Although there had been yearly legionella checks, the service did not have a full comprehensive risk assessment in place. The registered manager told us they would organise this following the inspection.

Staffing and recruitment

- All staff and people spoken with said there were always staff available when needed. Staff also confirmed that the registered manager was always on call if needed.
- The registered manager told us they continued with safe recruitment practices including the required checks. No new staff had been employed recently.

Using medicines safely

- Medicines continued to be safely managed and there were plans in place for 'as required' (PRN) medicines.
- The store room for medicines was kept cool, however there were no records of daily temperatures. The registered manager implemented this immediately.
- Staff were trained and deemed competent before they administered medicines. Medicines were kept securely and records reflected they were administered as prescribed.
- The service ensured that an individual approach to medicines was taken, and people's medicines were reviewed appropriately. This helped to ensure people were only taking essential medicines.

Preventing and controlling infection

- Staff supported people to keep their rooms clean and tidy. The home including the kitchen and communal bathrooms and lounges were clean and homely.

### Learning lessons when things go wrong

- The staff team were keen to develop and learn from events. There were systems in place to learn from incidents and accidents, and any areas for learning were discussed in staff meetings.



# 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

Good: 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

- Assessments of people's needs were comprehensive, and included any involved healthcare professionals, such as social workers, so that the service had been able to ensure they were able to meet people's needs.

Staff support: induction, training, skills and experience

- Although there were no new staff, the registered manager explained their induction process to us. They said new staff would read the care plans and shadow for a period of a few weeks to get to know people before working alone.
- Staff told us they received regular supervision, and without exception, spoke highly of the support they received from the registered manager.
- Staff received training relevant to their roles, including manual handling, first aid, infection control, and MCA (Mental Capacity Act 2005).

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

- Comments about the food included, "The food is lovely, I thoroughly enjoy it," and, "Very nice food indeed, we eat a lot of vegetables and fruit here."
- Staff explained how they supported people to make healthy choices.
- Where people required special diets such as pureed diets, staff were knowledgeable about this and supported people effectively.
- People had access to drinks throughout the day and staff supported them if required.

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

- Staff followed recommendations from health and social care professionals and liaised with them when needed, to ensure people received consistent care. The social care professional we spoke with also reflected this.
- In the event of someone being in hospital, staff communicated closely with hospital staff to support them to understand people's needs and communication.
- People were supported to maintain good health and were referred to appropriate health professionals as required.
- Staff proactively encouraged people to attend healthcare checks and appointments, including for the dentists, doctors and any healthcare screening.
- The registered manager gave us examples of when they had supported people through health conditions such as cancer, and had other agencies such as Macmillan involved with a person's care.

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

- The service had nicely decorated and furnished communal areas, with a very spacious and homely feel.
- People kept their own rooms as they preferred them, with their own choice of décor and items around them.
- There was an attractive outdoor area with a patio and gardens which people had access to.

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 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the Mental Capacity Act (MCA), whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- The provider worked in the least restrictive way possible, and there were some DoLS authorisations required. We saw that these applications were appropriate and compliant with the legislation.
- Staff continued to have a good understanding of the MCA and how to apply it. They encouraged people to make decisions for themselves and there was a strong emphasis on involving people.
- Where people lacked or had fluctuating capacity, staff supported them with best interests decisions.

# 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

Good: 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

- One person said, "We're one big happy family here." People were always treated with the utmost kindness and understanding, and were positive about the staff's caring attitude. Staff were sensitive to times when people needed compassionate support. Feedback from relatives and a social care professional also supported this.
- Relatives, people who used the service, and the social care professional told us staff supported people with a great deal of compassion, patience and understanding. Staff gave us examples of going beyond their duties to ensure people received the best possible care.
- A relative said, "Staff have supported [family member] in a way which far exceeded anything I thought they would do. The second [family member] went into hospital either [registered manager] and [other provider] was with them every second." They said if this support had not been available, their family member would not have been able to cope or to communicate with hospital staff.
- The registered manager also gave us further examples of staying overnight with people in hospital as this reassured them, including over a recent holiday weekend. This also enabled hospital staff to better communicate with people. Another example included ensuring they bought everyone a stocking of presents every Christmas. Birthdays were celebrated with people. This demonstrated to people that they mattered and were valued by the staff.
- The registered manager continued to lead by example, instilling in staff the values and ethos of the service. They had an exceptionally caring approach towards people who used the service. A member of staff told us, "I can't emphasise enough how caring and devoted [registered manager] is to the place."
- All staff we spoke with demonstrated that they knew people extremely well. They also emphasised the importance of supporting people as individuals, respecting their equality and diversity.

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

- Several people living in the home had complex needs associated with their communication, and were not able to communicate verbally. We saw how staff understood people's body language, and supported them to communicate their needs as much as possible.
- Staff clearly demonstrated to us how they supported people to have as much choice and control in their lives as possible.
- Staff gave examples of how they supported people emotionally, with understanding and compassion. For example, if people presented with behaviours that some people could find challenging, they understood how to work with them.
- People and relatives were involved in people's care. One relative told us, "They really keep you up to date with everything."

Respecting and promoting people's privacy, dignity and independence

- People were supported to have as much control and choice over their environment as possible. Two people proudly showed us their bedrooms, which they were pleased with. They had them decorated as they chose and whichever personal items they wanted in there.
- People were supported to maintain as much independence as possible as their conditions changed. Others were supported to become more independent, for example, staff empowered people to go out into the community and join in activities. This was achieved through working with people to manage their own behaviours and risks as much as possible.
- We saw that staff always respected people's privacy, for example, knocking on doors if they wished to go into anybody's bedroom.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

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

- People received a highly personalised package of care which not only met their needs and preferences, it meant they were able to live as full and independent a life as possible. The registered manager and staff planned and promoted person-centred, high-quality care and good outcomes for people. This took into account the physical, mental, emotional and social aspects of a person's life, by providing opportunities for people to enhance their social lives, their physical ability through exercise, and addressing their health needs promptly.
- Some people using the service had come through a pathway of needing full support in services such as secure units. They were empowered to move on from this in a sustainable way, through the support of this home.
- There continued to be a range of activities people were involved in. One person said, "A few go to church next door on a Sunday, I go to church occasionally." They added that, "The best thing about living here is the outings." The other person gave us examples of weekly trips out bowling, swimming, walking and visiting different places. A staff member told us, "It's amazing, it's not work, you're out every day, going bowling, going swimming, having picnics." A relative added, "They go on holiday once a year, they all look forward to that."
- People spent their time as they wished whilst in the house. One person said, "I get to go on the computer. I like watching animal videos and listening to 70s and 80s music." The other told us they liked to go in another lounge to watch TV.
- Staff supported people to follow their individual hobbies and interests. These were also recorded in their care plans.
- Staff supported people according to their individual needs and preferences, including their personal care.

Improving care quality in response to complaints or concerns

- Both the people and a relative we spoke with said they would feel comfortable to speak with any staff or the registered manager if they had any issues. There had not been any recent formal complaints.

End of life care and support

- The registered manager had organised for staff to attend training in end of life care which was planned for this year.
- They described important aspects of end of life care and gave us an example of how the staff team had supported someone previously. There were care plans in place for end of life.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- One person told us, "You couldn't wish for a better home than this." Without exception, everyone we spoke with said they would recommend the home to others. A relative said the home was, "Absolutely superb, I can't speak highly enough of what they do there."
- Staff communicated transparently to people and their relatives, and the registered manager understood their responsibility around the duty of candour.

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

- The registered manager was also one of the owners of the provider's organisation. A member of staff told us, "[Registered manager] has always been constant and the staff long standing, it's so calm." Another said, "[Registered manager] is a tremendous leader, it's a close-knit staff group, she supports staff and [people] very well. We're a good team."
- The registered manager participated regularly in providing support directly to people in the home and regularly supported staff.
- Although there were not always formally recorded checks in place, the registered manager clearly had a good oversight of the service and the staff. This included regular visual checks of staff competencies, health and safety and monthly medicines checks.
- The registered manager understood what notifications were required by CQC.

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

- The management team continued to consult with people about their care and about the service. The views of people using the service were at the core of quality monitoring and assurance arrangements. The feedback the service had received was overwhelmingly positive and therefore confirmed that the service provided was tailored to people's needs.

Continuous learning and improving care

- The service worked with any involved professionals to improve care for individuals whenever possible. The staff team had an ethos of continuously providing the best possible care to people.
- Where there were areas for improvement, development and further learning, these were discussed in staff meetings and action taken.

#### Working in partnership with others

- The registered manager engaged with other organisations and agencies for up to date information and sharing knowledge, including Norfolk and Suffolk Care support and Investors in People.