Hantona Ltd

The Old Rectory Nursing and Residential Home

Inspection report

56 High Street
Langton Matravers
Swanage
Dorset
BH19 3HB

Tel: 01929425383

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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

This unannounced inspection took place on 13 December 2016.

The Old Rectory Nursing and Residential Home provides nursing or personal care for up to 34 people. There were 25 people living in the home at the time of our visit, some of whom were living with dementia.

The service had a registered manager. 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, relatives and staff told us the home was well run and that the registered manager was visible and accessible. There were enough staff to meet people's needs and staff were unhurried. Staff described the home as a happy place to work and told the registered manager was supportive.

Staff told us they received sufficient training to support them to carry out their job roles competently. New staff completed an induction to ensure they were orientated to the home, its policies and procedures and had knowledge about the care and support needs of people living there. Three new staff told us the induction was very good. Staff were supported through regular supervision and an annual appraisal.

People's risks were assessed and plans developed to ensure care was provided in a safe way and that people's risks were minimised. A variety of risks were assessed including risk of skin damage, falls and malnutrition. People's risks were reviewed and if there were changes in the level of risk, plans were updated to reflect the change.

Staff were aware of what constitutes abuse and what actions they should take if they suspected someone was being abused. Relevant checks were undertaken before staff started work. For example checks with the Disclosure and Baring Service were undertaken to ensure staff were suitable to work with vulnerable people.

Medicines were managed safely. Medicine Administration Records (MAR) were signed to indicate that people's prescribed medicine had been taken. Staff offered people a drink and remained with them when they administered their medicine. There were on-going checks throughout the day to ensure the amount of medicines were correct.

People were supported to eat and drink. They were offered a choice of where they would like to eat and what they would like. People told us the food was very good and feedback on the menus was obtained.

People were treated with dignity and respect and their privacy was maintained. They were supported to remain as independent as possible.

People and their relatives told us staff were kind and caring. There was a relaxed atmosphere in the home and there was appropriate use of humour. Staff told us it was a happy place to work and we saw there were positive interactions between staff and people and within the staff team.

People had the opportunity to be involved in a choice of activities, including one to one time, craft, and entertainers, pets as therapy or cake making. The activity coordinator was exploring resources to offer people more variety of activities as well as alternative activities aimed at people living with dementia.

There were quality monitoring systems in pace which meant areas for improvements could be identified and actions taken to ensure improvements were made. People's views were obtained through surveys. We saw that responses to surveys was generally positive. Actions had been taken to address any comments made or when results indicated that improvements could be made. For example the activity coordinator had been appointed and was being supported to review activities and provide more variety of activities.

Concerns and complaints were managed appropriately. We saw that any complaints which had been received had been investigated and had a satisfactory outcome. Information on how to raise concerns or complaints was on display in the home and people told us they knew how they would complain if they needed 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

The service was safe. There were sufficient staff to meet people's needs.

People received their medicines as prescribed.

People's risks were assessed and care was delivered to minimise the risks to people.

People were at reduced risk from harm and abuse. Staff were aware of how to identify and respond to actual or potential abuse.

Is the service effective?

Good

The service was effective. People were cared for by appropriately trained staff.

People had choices at mealtimes such as what to eat and where to sit.

Staff understood the requirements of the Mental Capacity Act 2005 (MCA) and how this applied to their daily work.

People accessed healthcare when required.

Is the service caring?

Good

The service was caring. People were cared for by staff who treated them kindly. There was a relaxed atmosphere in the home.

People were supported to remain as independent as possible and had their privacy and dignity maintained.

People were involved in decisions about their care.

Is the service responsive?

Good

The service was responsive. People received personalised care and staff were knowledgeable about peoples preferred routines.

People had opportunity to participate in activities.

Concerns and complaints were managed appropriately and within an agreed time frame.

Is the service well-led?

Good

The service was well led. The registered manager was visible and accessible.

There were systems in place to monitor the quality of the service and to ensure improvements were on-going.

The Old Rectory Nursing and Residential Home

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 was planned to check 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.

This unannounced inspection took place on 13 December 2016; it was carried out by one inspector.

Prior to the inspection we reviewed information we had about the service. This included notifications received about changes to the service and other important information. We did not request a Provider Information Return (PIR). A PIR 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. We gathered this information during our inspection.

We spoke with five people and two relatives. We also spoke with ten staff which included the registered manager, registered nurses, the head chef, housekeeping and care staff. We looked at four care records and a sample of the Medicine Administration Records (MAR). We also contacted a representative from the local authority quality improvement team.

We looked around the service and observed care practices throughout the inspection. We saw four weeks of the staffing rota, the staff training records, and other information about the management of the service. This included accident and incident information, emergency evacuation plans and quality assurance audits.

We used the Short Observational Framework for Inspection (SOFI).This is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People told us they were happy living in the home, one person told us they were confident staff would keep them safe. A relative told us they considered the home to be a safe haven for their relation. Staff were able to describe to us how they would recognise abuse such as bruising and changes in a person's behaviour. Staff were aware of how to report abuse, including how to report concerns about poor practice. One member of staff explained to us the whistleblowing procedure and told us they knew how to contact the CQC if they had concerns that people were not being cared for appropriately. The registered manager demonstrated that they had assimilated learning from any safeguarding activity. For example, additional measures had been put in place to record when people had either been offered or refused oral care as well as requesting? training from a specialist healthcare professional regarding oral hygiene.

Medicines were managed safely. Medicine Administration Records (MAR) were signed to indicate people's prescribed medicines had been taken. We observed staff remained with people and offered a drink when administering their medicines. There were checks in place throughout the day which consisted of running totals of medicines to ensure that amounts were correct. There was information about people's allergies and any special requirements. Medicines were stored securely and at the correct temperatures.

Staffing was provided at the assessed level. The registered manager told us they adjusted staffing levels according to people's needs. We saw that rosters reflected this. New staff were subject to appropriate pre-employment checks such as checks to ensure they were safe to work with vulnerable adults. This included references and checks with the Disclosure and Baring Service (DBS). Agency staff were used to cover unfilled shifts which were caused either by staff vacancies or unplanned absence. Checks had been made to confirm agency staff were recruited safely and had the appropriate skills

People had a full assessment of their needs which included specific risk assessments, such as pressure area care, eating and drinking and mobility. When a risk was identified there was a care plan which provided guidance to staff how to support the person in such a way as to reduce the risk. For example one person was at high risk of falls. They had a risk management plan which included supporting the person to have the correct footwear and mobility equipment as well as ensuring they had a call bell within reach. We saw that the risk management plan was reviewed regularly. When the person's risks of falls increased further actions were taken such as they were moved to a more suitable room. Staff also completed a falls diary which was analysed to ensure that appropriate actions were taken and a referral to a healthcare professional was made when needed. We saw appropriate referrals had been made and recommendations had been followed.

Accidents and incidents were reported appropriately and there was a monthly check to ensure that any actions to prevent a reoccurrence had taken place. For example one person had four falls in one month. Actions which had been identified were completed such as to refer the person to a health care professional and put other safety measures in place such as an alarm mat to alert staff when the person was mobilising.

People had individual personal evacuation plans which gave details about the level of support each person

would need if they needed to be evacuated from the building in an emergency situation such as fire.

The home was safely maintained and there were regular checks such as water quality, electrical items and moving and handling equipment.

Good

Is the service effective?

Our findings

People told us the food was very good. One person told us "I've just had a brilliant breakfast, I enjoy the food, it's excellent." Another person told us "The food is lovely, I have a choice." Menus were clearly displayed and people had a choice at mealtimes and alternatives to the menu were provided. For example one person had sandwiches at lunch time instead of either of the hot meals which were on offer. Each person requested what they wanted for breakfast. For example we saw people had various combinations of a cooked breakfast and some had cereal or toast.

People had their nutritional needs assessed and a special diet or support was provided to ensure they had sufficient food and drink. An example of this in one person's care plan it stated they sometimes forgot to eat. Their care plan described how the person needed verbal prompts to remind them to eat. Staff recorded each time the person had a drink to ensure they remained hydrated. They were also weighed weekly to monitor them for weight loss. During our visit the person was provided with finger foods to encourage them to eat. We saw the person managed this well and ate their meal. Some people required support to eat and we saw staff provided this on a one to one basis.. We observed staff explaining to people about their meal.

Staff told us they had sufficient training to carry out their jobs effectively. Mandatory training included safeguarding, moving and handling, fire safety and health and safety. There was a system to record when training had been completed and when it was next due. This meant staff were kept up to date with essential training. One member of staff told us they had recently completed training in infection control. They told us this was essential to ensure that people were protected from cross infection and they explained to us how the training supported them to follow good practice guidance. They told us they were supported to undertake further training and had completed a level three, health and social care diploma. New staff completed an induction. Three recently appointed staff described the induction as very good. Staff were supported through regular supervision which was either on a one to one, group or observational. One member of staff told us supervision was supportive and they felt able to request further learning which was organised with them.

Registered nurses are required to revalidate their registration with the Nursing and Midwifery Council (NMC). The registered manager told us one nurse had revalidated the previous month and they had a record of when all nurses were due .This meant registered nurses working in the home had up to date registration with the NMC.

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 by 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. The application procedures for this in care homes and hospitals are

called the Deprivation of Liberty Safeguards (DoLS). The registered manager had made appropriate applications for a DoLs, two of which had been authorised by the local authority.

We checked whether the service was working within the principles of the MCA. Staff told us how they supported people to make their own decisions. For example one member of staff told us they checked people's care plans to ensure they knew what the persons preferences were as well as asking them. They told us about one person who was unable to tell them what they wanted to wear; they explained they knew the person didn't like to wear trousers as this had been documented. They told us they showed the person a choice of two items of clothing and took notice of their non- verbal responses. Staff explained they worked well as a team and if a person who lacked capacity declined personal care they would communicate with their team members. They told us they would support the person in the least restrictive way by giving the person time, changing the member of staff or use distraction such as engaging the person in an activity that interested them. Some people required a decision to be made in their best interests. We saw that staff had followed the correct processes. For example they had completed a decision specific mental capacity assessment and consulted with family and healthcare professionals.

People had access to healthcare when they needed it. Feedback from relatives included "They have asked the doctor to visit my (relation) and they let us know what's happening." We saw people were supported with appointments to healthcare professional. The registered manager told us they worked well with the local district nursing teams as well as GP's. They had quarterly multidisciplinary team meetings. This meant staff were supported by healthcare professional to provide the right care and support to people.

Good

Is the service caring?

Our findings

We received positive feedback from people and their relatives about staff. Comments included "I am delighted with the care, staff are marvellous." "The staff are wonderful, I'm being extremely well looked after." "It's like your own home." One relative told us "Staff have been fantastic; my (relative) wouldn't have stayed here if the care wasn't so good." We observed staff being patient and attentive to people. For example one person kept calling out and staff responded patiently each time responding to the person's questions and providing reassurance.

Staff were knowledgeable about people's daily routines. For example one member of staff talked to us about one person's preference to have a cup of tea in bed before being supported to get up. Another member of staff told us about one person who liked to stay in bed until late morning. People and their families had involvement in decisions about their care. One relative told us "We are kept fully informed and they check with us what we think." We saw relatives were sent correspondence inviting them to reviews of their relation's care plans and one relative told us "They take into account our views." One person told us they had recently moved into the home and felt they had been included in planning their care. They told us staff had listened to what they didn't like as well as what they liked. Another person told us "I tell them if I want something, it's a good place to be, if they're not sure they ask you'd have to go a long way to beat it."

People's privacy was maintained. We saw that doors were closed when people were being supported with personal care and there was signage to alert people to knock before entering. Staff described to us how they supported people to maintain their dignity including encouraging people to maintain their independence as much as possible. For example one member of staff told us that some people required support to wash and dress, they told us they supported people to do as much as they could such as wash their face or shave. One person told us staff were respectful and supported them to retain some independence.

There was a relaxed atmosphere in the home. Staff told us they enjoyed their work and that they worked well as a team. For example one member of staff told us "I love it here, we're a great team." Another member of staff told us "We've got a really good team and lovely residents." People, relatives and staff talked about the use of humour. For example one person told us "We have a good laugh." Another person told us "The staff are fun." A relative told us the staff joke and bring a smile to their relation's face. A new member of staff told us they were attracted to their job because it's a happy place to work.

Good

Is the service responsive?

Our findings

During a survey in June 2016 people and relatives were asked for feedback about the activities offered at the home.66.6 % agreed there were suitable activities. We spoke with the registered manager about these results. They advised us that they had since recruited a full time activity person and that they were supporting them to develop further resources to support them with providing activities for people living with dementia. They had also increased the variety of activities on offer, such as booking entertainment and Zoo Lab. Other activities in the home included cake making, hand massage, pets as therapy, watching films and one to one time for talking, shopping or make up. An activities questionnaire was completed with people and their relatives. For example one person preferred to spend time in their own room. staff provided one to one time with them, we saw they had enjoyed a one to one session in which they were supported with having make up applied. Another person identified crafts as an interest which they had opportunity to participate in.

The activity coordinator had introduced a system to log activities, which included a daily log to demonstrate who had been involved in activities and how well they worked. As well as this people had individual activity sheets. This meant there was a record of how effective activities were and how often people were participating in activities. For example we saw one person had been involved in five group activities during one month. Their records showed they had been offered involvement at other times.

The home fostered links with the local community such as local singers visited, there were regular visits from the local vicar and volunteers attended to assist with crafts.

Staff told us they need to be flexible with activities as people's motivation and interest changed on a daily basis. They told us it was important to ask people at different times if they would like to be involved in an activity.

People received personalised care. Staff knew people as individuals and were knowledgeable about their backgrounds. People told us they had choices about their daily routines. For example one person told us "There's my bed-I can go when I want." Another person told us they were supported to continue with their usual routines such as using a taxi to go out independently each day.

People and their relatives were asked for their views. There were regular surveys and meetings. The most recent survey was June 2016. The responses were overall either good or excellent in all areas. Some suggestions had been received which we saw had been followed up. For example one relative commented they would like better phone systems which had been actioned. A small percentage of people had responded to say they didn't know who to approach with concerns and actions had been taken to address this, which included up dating notice boards and having information available in reception. We saw minutes from a meeting held in August 2016 which showed that information was shared such as updates on staff recruitment, hairdressing and chiropody visits. People were asked for their views on the menus and there was opportunity to provide general feedback. All responses were positive.

Concerns and complaints were managed appropriately. We saw that when complaints had been received they were logged and managed within the policy specified timeframe. Complaints were subject to an investigation by the registered manager. Three complaints had been received in the six months preceding our visit. There had been an investigation and a satisfactory outcome for each of these complaints. One person told us "I would definitely complain if I needed to- we're allowed to speak our mind."

Good

Is the service well-led?

Our findings

The service was well led. The registered manager had a good understanding of their responsibilities for sharing information with CQC and our records told us this was done in a timely manner. The service had made statutory notifications to us as required. A notification is the action that a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them.

There were quality assurance systems in place which consisted of regular audits. For example there were regular checks on medicines, people's weights, accident and incident reporting, infection control and health and safety. We saw that where areas for improvement had been identified they were incorporated into a monthly action plan. We saw that actions had been completed to ensure improvements were made. For example following an infection control audit actions were taken to ensure that clinical waste was appropriately protected.

Staff told us they were confident in the management and leadership of the home and told us they considered management were supportive. One member of staff gave us an example of how they had personally been listened to and supported by the registered manager. Other staff described an open door policy and felt they could approach the registered manager at any time. The registered manager was visible and accessible and we observed staff, people and relatives were relaxed and comfortable in their presence. The registered manager had an office on the ground floor which helped to keep them informed of what was happening around the home.

People and relatives described the home as well run. They told us communication was good and that they experienced the registered manager as approachable. One person told us "Of course it's well run-they know what they're doing."

Staff worked well as a team and there was clear communication between staff members throughout our inspections. Staff were professional with each other and told us they felt supported and valued by management. Information was shared with staff during meetings. For example in the minutes of a staff meeting in July 2016 feedback was given to staff regarding a reduction in accidents and incidents. Staff were thanked for their contribution and hard work in achieving this. This showed us management were open with staff and also showed their appreciation.

We found that people's care records, had been well maintained and amended as people's needs changed. Records relating to other aspects of the running of the home such as health and safety maintenance records were accurate and up-to-date.