J B Jobanputra

The Old Rectory Retirement Home

Inspection report

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Ratings

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

Overall summary

This inspection took place on 14 January 2015 and was unannounced. At the previous inspection in September 2013, we found that there were no breaches of legal requirements.

The Old Rectory Retirement Home provides accommodation and personal care for up to 20 older people. There were 18 people living at the home at the time of inspection. The accommodation is over two floors. A stair lift had been provided for people to access both floors during the installation of a replacement shaft lift. There are two communal lounges, a dining room, conservatory and a garden with seating.

The home was run by a registered manager who was present on the day of our visit. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

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 premises were not secure, as the inspector gained entry to the home, without being met by any staff. The provider told us that action had been taken to address this shortfall after our visit.

The provider had robust procedures in place to make sure that a variety of checks were carried out on staff, before they started work at the home.

People told us that they felt safe at The Old Rectory. Staff understood how to recognise abuse and to report their concerns so that swift action could be taken to keep people safe. There were procedures in place for managing risks in relation to individual people and the environment.

Staff stored and managed medicines safely, but a recommendation has been made about how to check that medicines are stored at the correct temperature.

People enjoyed their meals and said that they were offered choices about what they ate. People were assessed to identify if they were at risk of poor nutrition and action was taken to address this. People's health care needs were assessed and appropriate referrals were made to health care professionals. A relative said that when their mother was ill, the staff had called the doctor, before they had had time to raise their concerns with the registered manager.

Staff had regular training so that they could gain the skills and knowledge that they required to meet people's needs effectively. The provider had increased staffing levels in response to changes in people's needs.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Whilst no-one living at the home was currently subject to a DoLS, we found that the manager understood when an application should be made and how to submit one.

People said that the staff were kind, caring and compassionate, and visitors said that staff were patient and understanding. Staff knew people's likes, dislikes and past histories, so that they could support them to make decisions and engage them in conversation about topics that they enjoyed.

People's care, treatment and support needs were clearly identified in their plans of care. Guidance was in place for staff to follow to meet people's needs and it included information about people's choices and preferences.

An activities co-ordinator was employed to support people in a range of hobbies and activities. This included individual and group activities as well as arranging entertainment for the home.

People knew how to make a complaint, which the registered manager took seriously. The registered manager investigated and took action to rectify any minor niggles or more serious complaints.

The home was well led. Relatives and visitors told us that the registered manager and provider were visible, involved in their care and approachable. Staff understood the aims of the home, were motivated and had confidence in the management of the home. They said that there was good communication in the staff team and that it was a good place to work.

Systems were in place to review the quality of the service and included feedback from people who lived in the home and their relatives. The results of these surveys were that the majority of people were satisfied with the care provided at the home. Where there were shortfalls, the registered manager had taken swift action to address them.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe because the premises were not secure.

The provider had a robust recruitment procedure in place. Staffing levels had recently been increased and were still under review at the time of the inspection to ensure that they continued to meet people's needs. Staff knew how to recognise and report abuse.

People were supported appropriately to take their medicines.

The home and its equipment were checked and maintained. Assessments were undertaken of any risks to people who used the service and written plans were in place to manage these risks.

Is the service effective?

Good

The service was effective.

Staff had regular training to ensure that they had the skills and knowledge to meet people's needs. They were aware of the requirements of the Mental Capacity Act 2005.

People were given choices about food, and supported to eat and drink according to their needs.

Staff were effective in liaising with other healthcare professionals if they had any concerns about a person's health.

Is the service caring?

Good

The service was caring.

People felt well cared for and that they were treated with kindness and compassion.

Staff knew people well, knew their likes and dislikes and treated them as valued individuals.

People and relatives were included in making decisions about their care.

Is the service responsive?

Good

The service was responsive.

Staff were knowledgeable about people's support needs, their interests and preferences in order to provide personalised care.

People were offered a range of activities which were provided by an activities co-ordinator. This included individual and group activities and visitors from the local community.

Summary of findings

People knew how to raise any concerns and the home took appropriate action to resolve them to people's satisfaction.

Is the service well-led?

Good

The service was well-led.

The registered manager and provider were approachable and there was good communication within the staff team. All staff understood their roles and responsibilities and the importance of treating people as valued individuals.

People and their relatives were regularly asked for their views about the service and they were acted on. Staff had a clear understanding of the home's aims and these were put into practice.

The provider visited the home weekly to ensure that people were receiving quality care.

The Old Rectory Retirement 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 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.

This inspection took place on 14 January 2015 and was unannounced. It was carried out by two inspectors. The inspection was brought forwards because of concerns raised to the Care Quality Commission (CQC) from an anonymous source, in regards to people's care and welfare. We investigated these concerns as part of our inspection visit and found that they were not substantiated.

As the inspection was brought forward we did not send the service 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. However, we looked at previous inspection reports and notifications about important events that had taken place at the service. We also obtained feedback from a chiropodist and the local priest, who are regular visitors to the service.

We spoke to nine people who lived in the home, four relatives and a district nurse. Conversations took place individually with people and/or their relatives in the lounge and in people's own rooms. We spoke with the registered manager, administrator and seven staff. This included kitchen staff, cleaning staff, senior staff and care staff who worked days and nights.

We observed staff helping people with food and drink, assisting people with their mobility needs and talking with people during the day. We saw the communal areas of the home and a number of bedrooms, for which we were invited in by people who lived in the home.

During the inspection we viewed a number of records including three care plans, three staff recruitment records, the staff training programme, staff rota, medicines records, environment and health and safety records, risk assessments, staff team minutes, menus, complaints, whistle blowing and staff disciplinary procedures and quality assurance surveys.

Requires Improvement

Is the service safe?

Our findings

People told us that the staff were friendly and approachable and that they felt safe. Comments included, "I feel safe and well cared for here"; and "I have settled in well: The staff are very kind". People said that staff were often busy, but that they were usually around. One person said, "Staff are always popping in to see me". Relatives told us that they felt confident that when they left the home their relatives were safe and well looked after.

On arrival, the inspector was able to gain entry into the home without staff being aware. This meant that the premises were not secure. The provider wrote to us six days after our visit. They confirmed that appropriate measures were now in place in relation to the security of the premises. However, the provider had not taken action to protect people and staff against the risks associated with unsafe premises until we, brought this to their attention.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff were able to talk about safeguarding, and show that they understood the different types of abuse. There was a rolling programme of training to ensure that new staff received training in safeguarding adults and that this training was refreshed on a regular basis. Staff knew to report any concerns to the most senior person on duty. They felt confident that they would be listened to, but that if their concerns were not taken seriously, they said that they would refer them to the Care Quality Commission or the police.

The home's whistleblowing policy and procedure was given to staff as part of their induction. Each member of staff was given a copy which they signed to confirm that they had read and understood it. Staff demonstrated that they knew how to "blow the whistle". This is where staff are protected if they report the poor practice of another person employed at the service, if they do so in good faith. Staff understood that they could talk to the registered manager or with the home owner. The registered manager attended meetings with the local authority to ensure that they kept up to date with safeguarding procedures. They had a copy of the document 'Multi-agency safeguarding vulnerable adults: Adult protection policy, protocols and guidance for Kent and Medway'. This contained guidance for staff and managers on how to protect and act on any allegations of abuse. However, this copy was not the most up to date edition and the registered manager took immediate action to ensure that this was obtained.

Each person's care plan contained individual risk assessments in which risks to their safety were identified. These included risks involved in people taking medicines, moving about the home, if people were confused, if they had a seizure or they were prone to falls. They included clear guidance for staff about any action they needed to take to make sure people were protected from harm. Monthly assessments were made of people's bedrooms to check that they provided a safe environment. For example, checking that the smoke alarm, call bell, and window restrictor (to prevent people from falling from the window), were operating and that there were no trip hazards. Regular checks were also made on the equipment that they used, such as Zimmer frames and hoists, to ensure that they were maintained in good working order.

The provider had undertaken a fire risk assessment to determine the hazard from a fire and the likelihood and consequences if a fire should occur. This assessment had been kept under review and actions taken to minimise the risks. Fire equipment was regularly checked to make sure it was in good working order and each person had a personal emergency evacuation plan (PEEP). This set out the specific requirements that each person had to ensure that they could be safely evacuated in the event of a fire.

Accidents and incidents were recorded and included details of what had taken place and the action taken by staff in response. All reports were sent to the registered manager, so that they could see if there were any patterns or trends. For example, to see if a person who had a number of falls were falling at the same time of day or night, so that staff could take further action to lessen the risks.

The registered manager had assessed people's dependency levels based on the information about people's care needs in their care plans. They told us that four people required two people to assist them with a hoist in order to move from one place to another. Staffing levels in the home were based on these assessments. Staffing levels at the home had been reviewed in August 2014 in response to concerns from staff that people's needs had increased. The registered manager had met with staff to discuss their concerns that people needed extra support to

Requires Improvement

Is the service safe?

help them get up in the morning and to go to bed at night. As a result, staffing levels increased in between 5pm and 8pm from two to three care staff. In October 2014, the provider increased the staffing levels between 7.30am and 8am from three care staff to five care staff, with the agreement that this could be extended to 8.30am if needed. During the week, the registered manager was also on the premises at 7am to provide additional support as needed. This meant that the provider had responded to changes in people's needs and had taken action to address staff concerns to ensure that their were sufficient numbers of staff on duty.

The service had suitable recruitment procedures in place. Applicants were required to complete an application form with a full history of their employment; provide proof of identity; two written references, including one from the last employer; and a health declaration. A Disclosure and Barring Service (DBS) check was carried out prior to confirmation of employment. This check identifies if prospective staff have had a criminal record or are barred from working with children or vulnerable people.

Applicants were asked to attend an interview where they were asked questions about their experience and suitability for the role. Once offered employment, new staff were given a job description, and their terms and conditions of employment. They were also required to read and sign policies in relation to their employment so that they understood their roles and responsibilities.

Senior staff who administered medicines had been trained in how to do so safely. Medicines were stored securely in lockable cupboards in a locked room and transferred to a drugs trolley for administration. Medicines were well organised and stored separately for each person. Medicines with a short shelf life, such as eye drops, were routinely dated on opening to make sure that they were given before they became unsuitable to administer. The staff checked the temperature of the drugs fridge each day, but did not check the room temperature, to make sure that medicines were kept at the right temperature.

Controlled drugs (CDs) were stored in a cupboard that met the regulatory requirements. CDs are prescription medicines that are controlled under the Misuse of Drugs Act 1971. CD records were accurately maintained and signed by two staff to ensure that there was an accurate record. Medicine administration records (MAR) were accompanied by a photograph of each person so that staff could give the right medicine to the right person. Guidance was also in place to alert staff to any allergies that a person may have. Staff were observed administering medicines safely. They checked what medicine a person was prescribed by their doctor, gave the medicines to the person, checked they had taken it, and then signed the MAR chart immediately afterwards as a record. MAR charts were clearly and accurately completed and included clear directions for staff.

Information about people's medicines was recorded in their care plans. These included a signed directive from their doctor to administer homely remedies such as paraceutomal if the person had pain, or other medicines for everyday concerns. Medicine reviews were carried out by people's doctors at regular intervals to check that their medicines were appropriate for their conditions.

We recommend that the service consider current guidance on the correct room temperature to store medicines.

Good

Is the service effective?

Our findings

People said that they enjoyed their meals and that they were asked what they wanted to eat. "I get a choice of what to eat and I usually go downstairs for my meals", one person told us. People had responded to the home's survey, stating that they had enough to eat, had enough choice, and were happy with their meal times. A relative said, "Mum says the food is good. I know that it is as I have had a number of meals brought to me whilst I have been here". Another relative said that when their mother was ill, staff asked her what she wanted to eat and gave her exactly what she wanted, to encourage her to eat and get better.

Lunch included two choices of main course, one of which was a vegetarian option. This was followed by a choice of desserts. Lunch looked appetising and was well presented. People were offered a choice of cold drinks with their meals. Some people liked an occasional glass of wine or a sherry at meal times. Menus were planned and discussed by the two cooks, and took people's individual meal preferences into account, and seasonal changes. There was a four weekly meal planner, which showed a varied and nutritious diet and people could ask for alternative items if they wished to do so.

Breakfast was served in people's bedrooms. It included cereals, porridge and toast, and could include cooked items if requested. The cooks prepared a hot dish at tea times, as well as items such as home-made soup, sandwiches, home-made cakes, fruit and yoghurts. Mid-morning and mid-afternoon drinks were served with biscuits; and drinks were served in the evenings. People could ask for a snack or hot/cold drink at any time. The cook spoke knowledgeably about people's different dietary needs, such as diabetic diets, and puree foods. People's weights were recorded monthly to identify anyone who had lost or gained weight. People with a low weight were given fortified foods to increase their calorie intake.

The kitchen was visibly clean and well organised. The cook retained records of daily cleaning programmes, and food, fridge and freezer temperatures. A recent visit from the Environmental Health Department showed that the home had been awarded the highest rating of five stars for the kitchen hygiene management.

People said that they had access to health professionals. One person told us that staff were supporting them to get a new hearing aid, as they had recently lost it. Relatives said staff responded to people's health needs and kept them up to date with any changes in their relative's health. "Mum has made improvements in her mobility since she has been here", one relative told us. "When she was ill, I told the manager, but she had already called the doctor to come and see her". The provider had reliable procedures in place to monitor people's health needs. People's care plans gave clear written guidance about people's health needs. People's care plans showed that nutritional assessments were carried out on admission and were reviewed monthly. Other assessments included pressure area checks, falls assessments, moving and handling assessments and pain assessments. Staff contacted people's doctor and other health professionals when required, including physiotherapists, opticians, and district nurses. Visiting health professionals told us that staff contacted them appropriately and acted upon any advice or treatment that they recommended. A district nurse told us that the staff always contacted them for advice or concerns about people's pressure areas, and carried out suitable practices to prevent pressure ulcers, for example, assisting people to change position every two to three hours, and using pressure-relieving mattresses and cushions. The district nurses visited to carry out blood tests, injections and wound care dressings, and said that staff always offered to accompany them while they were giving people treatment.

The staff induction programme included training which was essential to their roles. New staff also shadowed experienced staff until they were assessed as able to work unsupervised in their job roles. Care staff were required to carry out the nationally recognised Skills for Care Common Induction Standards (CIS), if they had not previously worked as care staff. CIS are the standards people working in adult social care need to meet before they can safely work unsupervised. Staff were encouraged to undertake a Diploma/Qualification and Credit Framework (QCF) to levels 2 or 3 in health and social care. These build on the common induction standards and are nationally recognised qualifications which demonstrate staff's competence in health and social care. The majority of care staff had achieved these awards.

Staff told us that they had regular training updates. One staff member said, "We are always doing training!" They explained that most training was face to face training carried out by a recognised training company. Some training was carried out over several weeks using

Good

Is the service effective?

workbooks with a test at the end. All staff completed essential training during their six month probationary period. This included topics such as fire safety, health and safety, infection control, first aid, safeguarding adults and moving and handling. One of the staff was qualified as a trainer for moving and handling, so that this could be carried out and assessed using the equipment in the home. A district nurse confirmed that staff carried out the correct practices for assisting people with a hoist.

Staff were supported through individual supervision sessions with the manager or deputy manager every two months, and had yearly appraisals. Staff said that they could "ask anything" at any time, and knew that the manager or senior staff would help or advise them.

Staff had received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act aims to protect people who lack capacity, and maximise their ability to make decisions or participate in decision-making. The Deprivation of Liberty Safeguards concern decisions about depriving people of their liberty, so that they get the care and treatment they need, where there is no less restrictive way of achieving this. Staff showed their understanding of this training in relation to people's ability to make decisions about their care needs. The registered manager demonstrated that they knew under which circumstances to hold a meeting for a person who lacked capacity, in order to make a decision in their best interests.

Staff obtained people's verbal consent before attending to their personal care needs, or assisting them to move from one place to another. We heard staff asking, "Would you like to go to the lounge now?" and "What would you like to drink?" showing their consideration for people's preferences. Care plans contained people's signed consent to having their photographs taken for identity purposes and to show their agreement to their individual care plans.

Some people had "Do not attempt resuscitation" (DNAR) orders in their care plans. These showed that people's mental capacity to make this decision had been assessed. DNARs had been appropriately discussed and signed with people's family representatives and their doctor.

Good

Is the service caring?

Our findings

People spoke positively about their experiences of living at The Old Rectory. Comments included, “Staff are kind, compassionate and caring. They cannot do enough for you and both staff and management are marvellous”; “I have been to a number of places, but this is home”; and “It is a relaxed and friendly place. I have never had a cross word said to me. Kindness is an important thing when you get older; and I have found it here”.

Relatives and visitors to the home said that staff were caring. They said that some people at the home could be challenging, but that staff had a lot of patience, “never lost their cool” and treated people with dignity and respect. One relative told us, “This is the most professional and loving establishment I have ever been in. Over several years of visiting, I have never heard a cross or irritated response from the staff, even in times of sometimes acute provocation. The staff are magnificent.” Another relative said, “The staff spoil people here.” A compliment that we received about the service praised the caring nature of the home. “My father was cared for with such compassion and kindness. His dignity was maintained at all times. His key worker always found the time to gently massage his face and hands which soothed him immensely”.

Feedback from the home’s survey was that everyone rated the standard of care at the home as either ‘excellent’ or ‘good’. Everyone thought that staff were courteous and the registered manager approachable. Staff treated people with patience and understanding during our visit and understood their preferences. For example, a person responded that they did not like sandwiches, when asked what they would like for supper. Staff responded that they knew they liked the pate and that maybe they would prefer the soup in a mug rather than a bowl. Visitors said that they were able to visit at any time and were made to feel welcome. One relative said that when their mother was ill, they were able to stay with them and were offered regular meals and cups of tea.

Staff demonstrated that they understood people’s likes and dislikes, such as what made them upset and what cheered them up. Care plans contained information about people’s preferences and about their family history. Staff knew about people’s family and previous occupation and interests. They said that it was important to know this information as it helped them to develop a conversation with a person. Staff said that some people liked to talk about their family and also to listen to them talking about their family.

People told us that they were involved in making day to day decisions such as what they wanted to wear, where they wanted to sit and how they spent their time. A new shaft lift was being installed and for the period of the installation, a stair lift was available. People told us that before the works commenced that they had been asked for their preferences in relation to whether they wished to use the stair lift to come downstairs for activities and meals or to remain upstairs and have their meals in their room. This meant that people had been involved in making decisions about their care and that their views had been listened to and respected.

Staff were trained to treat people with privacy and dignity and to promote their independence. Care plans gave guidance on how staff could support people with this, such as if a person was able to wash their hands and face, or to choose their own items form the menu. Staff also knew how to support people who were unwell. One staff member explained how they gave a person a cuddle and held their hand when they were unwell which had a positive effect on their well-being.

Some people had ‘Future wishes’ recorded in their care plans, or ‘Living Wills’ showing if they would prefer to stay in the home rather than go to hospital in the event of serious illness. A frequent visitor to the home told us that “Staff are incredibly compassionate if someone is dying, and ensure they get all the support they could possibly hope for.”

Good

Is the service responsive?

Our findings

People and relatives said that they were involved in planning their or their relatives' care. A person who had recently moved to the home said that it had not taken them long to settle in, as staff were responsive to their needs. People told us that they had enough to occupy them, and that entertainers visited the home. They said they did not have any complaints. One person told us, "I am quite content and do not have any complaints"; another person said, "You can't fault it".

Care plans provided staff with suitable information and clear directions to enable them to care for each person. They included personalised guidance for each aspect of care required, such as people's mobility, nutrition, personal care needs and social preferences. The plans included people's preferences, such as the times they preferred to get up or go to bed, if they preferred a bath or a shower; and if they liked to join in with group activities. If people needed assistance to move their position, to prevent pressure ulcers, staff recorded this on additional charts to monitor that it had occurred as frequently as intended. The staff also undertook daily checks for people's skin, nail and hair care, recording if people had developed any sore areas, if their nails were clean, and if they had been attended to by the hairdresser. The registered manager reviewed care plans monthly to make sure they were kept up to date.

Staff wrote daily reports for morning, afternoon and evening, providing a picture of the person's day, and if they had slept well at night. There was a handover between each shift of staff to communicate any particular needs or concerns about each person. People had a key worker who took a specific interest in them and maintained a close working relationship to ensure they had everything they needed. People had a picture of their keyworker in their room to remind or help them identify who this person was. Key workers wrote a monthly report to provide an overview of any changes in the person's care needs, health or behaviour, so that the staff team could respond to them.

Staff encouraged people to continue with their hobbies and interests. The registered manager provided people with an events news sheet every month, which listed activities and events taking place each day. An activities co-ordinator was employed to support people to continue with their hobbies and interests. Activities varied according to people who were living in the home, and included knitting, cooking, card games, dominoes or board games. The staff provided a weekly 'shop' on Wednesdays, so that people could purchase small items such as sweets and toiletries without having to go out of the home. Some people read daily newspapers and there was a library of large print books available. People told us that they liked to sit in the garden or conservatory in the summer and to chat with other people. One the day of the inspection, the home was having a new lift installed, and an area of the home was out of use, including a conservatory where people often liked to socialise. The activities co-ordinator had arranged for a 'Pat dog', to visit people's individual rooms, so that people had something different to enjoy during the repair work.

Group activities included sing-alongs, armchair exercises, and quizzes. Other people came into the home on a regular basis to support musical entertainment, especially singing. People were supported in going out of the home with their relatives and staff took people out to do shopping or to the beach or places of interest in fine weather. Some staff took people out in their own time, which showed a strong dedication to caring for people and helping them to do the things that they enjoyed. The home had frequent visits from members of the local church and the priest visited to share Holy Communion with people on a regular basis.

The complaints procedure was included in the Residents' Guide, which was made available to people when they were admitted to the home. This provided people with clear details about sharing concerns with the staff or manager in the first instance; with the provider (who visited regularly), or with outside agencies. The procedure included contact details for these places, so that people living in the home, or visitors, were easily able to raise any concerns or complaints.

People said that they did not have any complaints, but if they did, they would be able to talk to staff and they were confident that action would be taken to resolve their concerns. The home kept a record of minor concerns and niggles such as if a person's food was cold, or their room was cold. The record showed that swift action had been taken to address any concerns. A relative told us, "I have told the manager about some concerns that I have had, and they have listened and acted on them". Staff understood the home's complaints policy and said they would try and sort out any minor concerns that people had

Good

Is the service responsive?

straight away. However, if the complaint was more serious they would contact a senior member of staff and make a record of the complaint. The home owner visited the service weekly and so was available for people to speak with him if they had any concerns.

Good

Is the service well-led?

Our findings

People told us that the registered manager was approachable and that the home owner/provider visited the home each week. "The manager has been in to see me twice today already", one person told us. A visitor complimented the registered manager and told us, "It was she who put us on the right track. She has been extremely supportive". Another person said, "The owner comes and visits. He is a very nice and has made a number of improvements since I have been here". Visitors said that the home had "A great atmosphere" and one visitor told us that they would be happy to move to the home themselves. One relative told us, "I am always welcomed when I come and feel like part of the family". One relative sent us a compliment which describes the culture of the home as open, inclusive and empowering, "The Old Rectory creates a family atmosphere in which each person is treated as an individual and made to feel valued".

The registered manager had a visible presence in the home, and people knew her well. She had an open door policy, and encouraged people to speak with her at any time. She usually arrived at the home early in the morning, to support the staff team and to keep in contact with the night staff.

The registered manager was supported by a deputy manager and an administrator. The registered manager and administrator were able to help us with all aspects of the inspection, locating information and documents as requested.

Staff understood the aims and philosophy of the home and how to put them into practice. One staff member said that it was their role to treat and care for people, as they would their own mother. Another staff member told us that it was important to give people a high quality of care, as for some people, it would be the last place that they would live. Staff said that as it was a small home, they got to know people's individual characters well.

The registered manager sent out yearly survey questionnaires to people and their relatives and analysed the responses. These surveys were used to identify and make changes in the service, so that there was on-going improvement. The feedback was very positive and individual comments included, "I am happy living here"; and "The care is excellent". Each item raised by a person had been investigated and the person and their relative informed of the action that had been taken. For example, one person had reported that their mattress cover was wrinkled, making the bed uncomfortable. The registered manager had arranged for the mattress cover to be changed immediately. Another person had stated that they did not like one of the meal times and the registered manager had arranged for this person to have their meals at the times of their choice.

In addition the provider had received a number of compliments about the service. One person wrote "For making my Dad feel special and loved. Thank you. For always maintaining my Dad's dignity and never making him feel a nuisance". Another person had written to the provider saying, "Such a wonderful thing to have found you and for my father to now be actually experiencing the welcome and healing that is so palpable at The Old Rectory".

Staff told us that the registered manager and provider were approachable and accessible. Staff said that the staff team were friendly, worked well with one another and that there was good communication between all staff teams. They said that it was an enjoyable place to work as there was a good atmosphere. Many staff had worked at the home for a number of years and there was a low staff turnover. Staff were supported through individual supervision and yearly appraisal. Staff meetings were regularly held as well as meetings for staff in the same job roles. Staff told us that they were able to voice concerns at these meetings and that although staff had different opinions, the outcome of the meetings were positive.

The provider telephoned the home every day to speak to the registered manager or her deputy , including weekends. He also visited the home once a week to speak to staff and every person who lived in the home. Staff had the provider's telephone number, so they could contact him if they needed to at any time. The provider wrote a written report of his visits to the home each month. The last report was in January 2015 and included feedback about the issues that people and staff had discussed with him. People had talked about how they had enjoyed the events leading up to Christmas and staff had talked about a visit by the mental health team. He reported that there had been no complaints and the home was awaiting delivery of a stair lift so a new shaft lift could be fitted and so improve the facilities for the people that lived at the home.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises People were not protected against the risks associated with unsecure premises. Regulation 15 (1) (b)