

The Old Rectory Specialist Care LLP

The Old Rectory

Inspection report

Old Rectory
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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 is a residential care home for up to 25 people in an adapted property. There were 21 people living in the home at the time of our visit, the majority of whom were living with dementia.

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

People felt safe and were comfortable and relaxed with staff who supported them. Relatives told us they felt their family members were safe and very well cared for. Throughout the inspection we saw kind, relaxed, compassionate and caring interactions between people and staff. We observed that staff were respectful of people and took time to offer support and reassurance when needed.

There were enough staff to meet people's needs and there was a core of staff who had worked at the home for a number of years. Staff understood and anticipated people's needs which contributed to the calm atmosphere at the home.

Staff knew people well and how to identify, assess and mitigate any risks to their safety. Medicines were managed safely and effectively by staff who were trained and competent to do so.

Staff received frequent training, support and supervision and felt supported by the registered manager and provider.

People were supported to maintain a balanced diet. Staff were aware of people's likes and dislikes and any allergies and special diets.

People were supported to maintain their independence and have maximum choice and control in their lives. Where people lacked mental capacity to make decisions, these were made in line with the Mental Capacity Act and staff supported people in the least restrictive way; the policies and systems in the service supported this practice.

Care plans were person centred and they detailed how people wished and needed to be cared for. There was a happy relaxed atmosphere with a wide variety of activities and social stimulation for people. People were able to make choices about their day to day lives and were encouraged to continue to follow their interests.

There was an open and positive culture within the home and people, their relatives, staff and professionals told us the registered manager was approachable and helpful. There were robust management arrangements in place and systems to monitor the quality and safety of the service provided.

Rating at last inspection

The last rating for the service under the previous legal entity was Good, published on 8 January 2019.

Why we inspected

This was a comprehensive inspection based on the date the provider was registered with the Care Quality Commission.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for The Old Rectory on our website at www.cqc.org.uk.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

The Old Rectory

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors and an assistant inspector.

Service and service type

The Old Rectory is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 looked at all the information we had received about and from the home since the last inspection.

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.

We used all of this information to plan our inspection.

During the inspection

We met with all of the people living at the service and spoke with two people in detail. Not all people could speak with us about their experience of living at the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with four visitors about their experience of the care provided. We spoke with nine staff including the registered manager and provider, care staff and housekeeping staff. We also spent time observing care and support in communal areas and saw lunch served in the dining room.

We reviewed a range of records. This included three people's care records and their medication records.

We also held a remote video call with the registered manager to discuss the governance arrangements at the home.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. The registered manager sent us documentation electronically including staff training information, supervision records and a range of records used to monitor the quality and safety of the service. We sought feedback from six professionals who work with the service and received feedback from four. We received feedback from two relatives.

We continued to review the information we received from the service and feedback from relatives and professionals until 5 January 2021.

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

- People looked very comfortable and relaxed with the staff who supported them. People said they felt safe and staff treated them with kindness. One person said, "The staff are very good and friendly and it feels safe here." Relatives also told us they felt their family members were safe. One relative said, "The best thing for us is to know mum is safe and well looked after."
- There were safeguarding and whistle blowing policies in place and staff understood their role when reporting potential abuse or harm.
- Staff had completed safeguarding training. Staff we spoke with understood how to identify and report safeguarding concerns.
- There were three safeguarding leads at the home including the registered manager. Staff were confident any of the safeguarding leads would act on any concerns. They were aware of external organisations they could contact should they have concerns which had not been acted upon.

Assessing risk, safety monitoring and management

- People's care plans contained risk assessments which provided staff with a clear description of identified risks and guidance on the support people required. For example, where people had positive behaviour support plans in place, staff were able to quickly reassure the person when they were unsettled or upset. Staff consistently followed people's risk management plans in place.
- The service was well maintained. Regular checks of the environment were undertaken to make sure it was safe. Equipment such as fire detecting and lifting equipment was regularly checked and serviced by outside contractors.
- We identified some potential risks in relation to one of the staircases. The registered manager took immediate action to ensure these risks to people were minimised.
- There was an ongoing programme of servicing, repairs, redecoration and maintenance. Redecorating and carpet replacement were in progress during the inspection.
- Plans were in place to guide staff about the action to take in an emergency. Personal emergency evacuation plans (PEEP) were in place with information about people's support needs in an emergency.

Staffing and recruitment

- There were enough staff to keep people safe and a contingency plan was in place by using agency staff as last resort. The registered manager constantly kept the staffing levels under review. As part of their contingency plan, they had recently placed a temporary block on admitting any further people until they had recruited and inducted more staff.
- There was a core staff team who had worked at the home for a number of years. We observed people's

requests for attention were responded to quickly. Staff were knowledgeable about people and anticipated their body language and needs. The home was calm, relaxed, and well organised.

- The service had robust recruitment procedures in place at the last inspection. The registered manager confirmed there had not been any changes in the processes since the last inspection, so we did not look at staff recruitment records.

Using medicines safely

- People received their medicines safely from senior staff who had received training to carry out the task. This included specific training, and competency checks.
- Medicines management was audited regularly with systems in place for investigating any potential medicines errors.
- Some people were prescribed medicines on an 'as and when required' basis, for example for pain management. The service had protocols which provided staff with information about when these medicines should be given.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Safeguarding, accidents and incidents were recorded and investigated and where appropriate, measures were put in place to mitigate the risk of reoccurrence. Lessons learned were shared with staff at handovers, meetings and supervisions.

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

- Before people moved into or stayed at the home, their needs were assessed. This included working closely with other health and social care professionals. People and their representatives were involved fully in the assessment process. This helped to ensure people's individual needs could be fully assessed and met.
- People's physical, emotional and social needs were assessed, monitored and reviewed on a regular basis and as and when people's needs changed. The registered manager ensured that any changes in people's needs was communicated to all staff through the electronic system and handovers.
- One relative said about the assessment process and the care provided, "They are very attentive to my mother's needs and welfare. Staff always very pleasant and helpful."

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge to care for them effectively. Staff received training specific to their role. Regular dementia awareness training was provided including 'dementia bus training' which is an experiential training session so staff can understand what it is like to live with dementia.
- Staff also completed positive behaviour support training to support people living with dementia who may experience distress or anxiety.
- Staff interacted with people in a calm way to minimise any distressing situations.
- Staff felt supported by the management team, the training provided and received regular supervisions to develop their practice. One member of staff told us, "This is a great place to work, there's lots of training and investment in us."

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

- Care plans contained information about people's food preferences and specific instructions around their diets. The menu was varied, and people were given visual and verbal choices of the meals.
- There were drinks and snacks easily visible and accessible so people could help themselves to food and drinks when they were hungry or thirsty.
- People were able to have their meal wherever they chose. Most people ate in the main dining room, others sat having a meal with staff in the lounge and some people chose to eat in their bedrooms.
- Staff supported people to eat and drink in a relaxed way. They chatted with people throughout the meal explaining what people were eating and drinking.

- There were systems in place to monitor people's food and fluid intake when required. Staff were able to recognise where additional support was needed.

Staff working with other agencies to provide consistent, effective, timely care

- There were planned regular virtual and face to face health reviews for people with the GP. Staff were able to refer any healthcare concerns and they had good relationships with local healthcare professionals. One healthcare professional fed back to us that they 'worked collectively with the registered manager to ensure people got the best and most appropriate care.'
- We received positive feedback from health care professionals particularly about the service's approach to try and use non-medical interventions to support people living with dementia. One professional told us, "Communication has always been good between us and them. I always feel like they are doing a very good job there, they always come to us as a last resort, you know when they come to us, they really need assistance."

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

- The service was homely and met people's needs. People's bedrooms were personalised and reflected their interests.
- Consideration had been given to making a dementia friendly environment with easy to see signage and themed walls and areas. There were further plans to personalise people's bedroom doors to make them more recognisable to each person.

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

- Health plans for people were detailed. Accurate records relating to health were maintained and regularly updated.
- People were supported to access community health care professionals such as their GP and mental health services when needed.

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. There were systems in place to make sure any applications needed were made and any conditions on authorisations were met.

- Staff demonstrated good knowledge of the MCA. Staff asked for consent before any care or support was provided and this was recorded on the person's electronic record. One person said, "They listen to you and try to help you the best they can."
- People's care records included capacity assessments where needed and these were regularly reviewed. Where people were assessed as lacking capacity to make a decision, best interest processes were followed

and recorded.

- People told us they were consulted and listened to. For example, one person told us they wanted a key and front door lock fitted to their bedroom door and this was provided.

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

- The registered manager led by example to make sure people were always treated with respect and kindness. There were compassionate, kind and patient interactions between people and staff. Staff knew people really well. There was a relaxed, unhurried feel throughout the home. It was noticeable that staff had time to stop and chat to people or to reassure them. It never felt task led at any time.
- People and relatives were complimentary about the care home and the staff who supported them. One person told us, "I like it here. All the staff are very good and friendly." A relative said, "It's all very personal the care for both myself and my Dad."
- Staff spent time with people to make sure they were happy and content. We saw that when a person was upset a member of staff offered immediate reassurance and support. They asked them about things they knew would settle them and put on the person's favourite song and danced and sang with them.
- Staff knew people well and respected their different personalities and wishes. Some people enjoyed lighthearted and humorous conversations with staff and we saw and heard lots of laughter. Other people preferred to spend time alone in their bedrooms. One person told us staff always took the time to spend with them in their bedroom.

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

- Staff knew people well, how they wished to be cared for and what was important to them. People said they felt able to express their views on a daily basis.
- Staff told us that people were involved in planning their care wherever possible and people said their care was provided in accordance with their wishes. Relatives confirmed they were involved in developing their relatives care plans where necessary.

Respecting and promoting people's privacy, dignity and independence

- People were treated them with respect and dignity. We saw when people needed help with personal care, it was handled very discreetly by staff.
- Each person had a single room where they were able to spend time in private if they wanted to. Staff respected people's personal space. One person confirmed that staff respected their privacy and respected how they liked things arranged. For example, staff checked with the person if they were happy with how their bed was made and their personal items were positioned in the person's bedroom.
- Throughout the inspection we observed that people's independence was promoted. Staff encouraged people to do as much for themselves as they wished but were on hand when people needed support.

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.

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

- People had care plans which were personalised to their individual needs and wishes. Care plans contained information about people's previous lifestyles, interests and people who were important to them. This helped staff to understand people as individuals, their needs and wishes when caring for them.
- People's preferences were known by staff and the care and support reflected these. For example, activities were planned each day based on the preferences and interests of people rather than having a set timetable of activities. People were actively engaged in lots of different activities to keep them occupied either individually with staff or in small groups.
- People and relatives told us there were lots of opportunities for people to be occupied both in and out of the home. One person told us how they regularly went out in the minibus. A relative told us, "They try really hard to have celebrations of birthdays, offer events and sometimes just to ring the changes."
- People were able to follow their own routines. People said and we saw they made choices about all aspects of their day to day lives. During the inspection we saw people were constantly offered choices from where they wanted to spend time, what they wanted to do and what they wanted to eat and drink.
- Staff spoke about people in a way which showed they treated everyone as an individual and provided personalised care and support.

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 were supported to maintain contact with friends and family. During the COVID-19 pandemic the home had followed all government guidelines regarding restrictions on visiting. Staff made sure that people were able to keep in touch with those that were important to them. Regular email and newsletter updates were provided to people's relatives throughout the pandemic. One relative said, "Lockdowns were difficult, and we phoned every day and we had no worries or concerns."
- People and their visitors had a range of options available to ensure they could meet safely. Some people saw visitors in the garden, or in a safe visiting pod and others chose to have closer contact visits in the home. This all helped people to maintain their relationships.

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 had their communication needs assessed before they moved to the home. This helped to ensure

that all staff had information to support people to express themselves and their needs. This included the use of glasses and hearing aids and staff knew people's different ways of expressing and communicating their needs.

End of life care and support

- Staff, district nursing and hospice teams supported people when they required end of life care. The staff ensured that medical professionals were aware of people's needs and wishes. At the time of the inspection one person was being cared for in bed.
- People's individual preferences and wishes had been discussed with them and their relatives and recorded in their care plans.
- A professional told us that the service provided very personalised care and well managed end of life care. They told us about how well staff cared for people after the end of their life and that staff were always respectful.
- Following the death of a person the registered manager and staff team met and reflected how they had been able to support the person at the end of their life and whether there was anything they could have done better.
- Bereaved relatives had written thank you letters and cards to the staff at The Old Rectory following the death of their family member. One relative wrote, 'Thank you all so much for the love and care you have given to Mum not just at this time but during all her time at The Rectory. You have been rocks to me throughout all this time and during her last few days.'

Improving care quality in response to complaints or concerns

- There was a complaints policy in place which provided a clear process to record and investigate any complaints received. Relatives told us that they were able to discuss any issues with the registered manager. They told us they were confident if they had any worries or concerns that these would be addressed.
- For those people who were living with dementia, their care and support plans included details of how they would let staff know if they were unhappy or worried.
- There had only been one complaint in the past year. This had been fully investigated and responded to.

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 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

- People benefited from a registered manager, provider and staff team who promoted a positive culture. They focused on people being treated as individuals and being able to continue to live full and rewarding lives.
- Feedback about the registered manager was consistently positive from relatives and staff. The registered manager was accessible, and relatives and staff were confident issues would be addressed if brought to the registered manager's attention. One relative told us, "[The registered manager] is very efficient, responds very quickly and reduces my worries. She is always calm and sensible. She is doing the best for my dad often against the odds."

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

- The home had received many compliments about the care provided and had also received consistently positive feedback from a national care home review website.
- The provider and registered manager acted on survey feedback from people and their relatives. For example, following feedback about the laundry service an additional laundry assistant was employed.
- Relatives spoke highly of the registered manager and the communication between them. One relative said, "I am very pleased with [registered manager] and all the staff there, they are very friendly and helpful, and nothing seems too much trouble when I ask about anything. They are very good at communicating with me especially during lockdown."
- Staff morale was good which led to a happy environment for people to live in. Staff were proud of the teamwork and showed they genuinely cared for people living at The Old Rectory. One staff member said, "I feel well supported. I love it here, I love the residents, the job and the staff."
- Staff told us they felt valued and appreciated by the registered manager and provider. They felt their work during the pandemic had been recognised and they were well supported.

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 understood their responsibilities to be open, honest and apologise if things went wrong.

- People's relatives were kept informed of any important events or incidents. People's representatives (who had the appropriate authority) were also able to access their family member's electronic records remotely.
- The registered manager made sure we received notifications about important events so we could check appropriate action had been taken.

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

- The registered manager understood their regulatory responsibilities and was supported by the provider who regularly visited the home. The register provider was appointing an operations manager to further improve the governance systems in place across their services.
- The registered manager had a robust quality assurance plan that included surveys, monthly audits, peer audits completed by another of the provider's registered managers, which all fed into an overall improvement plan.
- The registered manager was committed to continuous learning and had kept their own knowledge up to date. They had completed a leadership and management course and was part of local improvement forums. They had implemented good practice initiatives seen in other dementia care services rated as outstanding.

Working in partnership with others

- The service worked closely with other health and social care professionals to ensure people received consistent and timely care. People's care records detailed the involvement of family members, specialist nurses, GPs and district nurses.