

Rectory Court Care Home Limited

Rectory Court

Inspection report

Rectory Court
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London
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Date of inspection visit:
31 July 2018

Date of publication:
27 September 2018

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 inspection took place on 31 July 2018 and was unannounced. Rectory Court can accommodate up to 41 people. This is the first inspection of Rectory Court since their registration with the Care Quality Commission (CQC) on 10 November 2017.

The service is situated in a purpose built large building with a large communal area, bedrooms and bathrooms located across three floors. Rectory Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of this inspection 16 people were living at the service.

Rectory Court has 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.

Staff followed the provider's safeguarding policy and processes. Staff knew how to manage an allegation of abuse and reported this promptly. Training in safeguarding adults was completed by staff.

Risks to people were assessed and managed to keep people safe. Risk management plans guided staff on how to manage those identified risks.

Medicines for people were managed safely. Staff had their competency assessed in medicine management before supporting people with the administration of medicines. There were systems in place for the storage, ordering and disposal of medicines.

There was enough staff working at the service. The registered manager arranged sufficient staff to support people's care and support needs.

Staff were supported in their jobs. Staff were supported with an induction programme, training, supervision and an appraisal.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and protected people's rights. People gave staff their consent to receive care and support. Care documents were signed and agreed to by people or their relatives.

People had enough to eat and drink throughout the day. Meals were cooked on site and the chef prepared a menu which people could choose from. This menu was flexible enough to meet people's preferences and nutritional needs.

Staff referred people for health and social care advice. People had access to specialist services when their health care needs changed.

People said staff respected them and were kind and compassionate. People's care and support was carried out in privacy which promoted their dignity.

People were encouraged to take part in activities that interested them. Staff supported people inside and outside the service with activities they enjoyed.

Assessments were completed with the involvement of people and their relatives. Assessments determined whether staff had the skills and knowledge to support people at the service and meet their needs. People's care and support was person centred. Assessments and care plans focussed on the needs and preferences of people requiring care.

Staff and people discussed end of life care. This enabled staff to record and carry out people's wishes and these were recorded so that people's needs and preferences were met at this point in their lives.

The provider had a system in place where people could make a complaint about the service. People and their relatives confirmed they could discuss any concerns with the registered manager or other senior staff and were confident their concerns would be dealt with effectively.

The registered manager fulfilled their requirements of their registration with the CQC. The CQC were kept informed of incidents that occurred at the service.

Staff were complimentary about the service. They said the registered manager and other senior staff were supportive and listened to them and any concerns they had.

There were systems in place to monitor and review the service. Audits of the service occurred on a regular basis. The service had support from the care and quality manager when required and provided support when areas for improvement were found.

Relationships were developed with health and social care services, which enabled people to receive co-ordinated care. Staff had developed relationships with charities and voluntary organisations who visited the service and provided activities for people.

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.

Staff understood the safeguarding policy. Staff followed the process to keep people safe from harm and abuse.

Assessments of risks to people's health and wellbeing were completed. Risk management plans helped staff manage those risks.

People had their medicines as prescribed. There were safe systems in place for the management of medicines.

There were enough staff available to meet people's needs safely.

Safe recruitment processes were followed to ensure that only suitable staff supported people.

Is the service effective?

Good ●

The service was effective.

Staff knew their responsibilities in relation to the Mental Capacity Act 2005 (MCA).

People had access to food and drink throughout the day. People had meals provided that met their dietary and nutritional preferences.

Staff were supported through induction, supervision, training and appraisal.

Staff referred people to health and social care services when their needs changed.

Is the service caring?

Good ●

The service was caring.

People discussed their care needs and how they wanted this delivered.

People said staff were caring, kind and compassionate to them and respected their privacy and dignity.

Is the service responsive?

The service was responsive.

The person-centred assessments considered people's individual needs and preferences.

Care plans detailed the support people needed and were reviewed on a regular basis.

People knew how to make a complaint about the service. The complaint process was made available to people to use to raise a concern or complaint.

People's views of how they wanted their end of the life care were assessed and documented in people's care records.

Good ●

Is the service well-led?

The service was well-led.

The registered manager was supported by a deputy manager and other senior managers.

Staff were confident in the abilities of the registered manager and said they were sympathetic and listened to them.

The registered manager sent notifications to the Care Quality Commission when important events occurred.

There were systems in place that monitored, reviewed and improved the service.

Good ●

Rectory Court

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 inspection took place on 31 July 2018 and was unannounced. The inspection team included one inspector and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that is completed by the provider to give some key information about the service, including what the service does well and what improvements are required. We also viewed the information we held about the service, including statutory notifications received. A notification is information about important events which the service is required to send us by law.

We spoke with 10 people using the service and four relatives. We also completed general observations of the service, communal areas and the interaction between staff and people. We spoke with six members of staff. This included the registered manager, the deputy manager, the care and quality manager, activities co-ordinator, two care workers

During the inspection we looked at four people's care records, four staff recruitment and training records and medicines records for all the people living at the service. We also looked at other records relating to the management and maintenance of Rectory Court.

After the inspection we received feedback from three health and social care professionals.

Is the service safe?

Our findings

People told us they felt safe living at the service. Their comments included, "The staff come and check at night but they do not wake me up" and "At night when I press the bell they come round the clock every hour to check that I'm fine, that I'm still here."

The registered provider had appropriate safeguarding processes in place. A safeguarding policy provided staff with guidance on how to manage an allegation of abuse. Staff developed their knowledge of abuse through safeguarding training. Staff described the actions they would take to protect people at risk of harm and abuse and who they would report this to.

Detailed risk assessments were kept in people's care records. Risk assessments identified risks associated with people's needs. Risk assessments looked at how people's health, mobility, nutrition and mental health needs affected them. Risk management plans guided staff on how to support people safely and to reduce the likelihood of risks occurring. For example, where a person had risks associated with poor mobility the management plan described the person's walking aids and the support needed from staff to reduce the risk of falls.

The registered manager had introduced assistive technology to monitor potential risks. Each member of staff had a mobile phone that was connected to the call bells and alarm systems. This enabled staff on duty to respond to emergencies promptly and record, review and monitor the care and support people received during the day.

People had their medicines administered safely. Staff completed training in medicine management to ensure they had knowledge to safely support people with taking their medicines. People confirmed they had their medicines as required. One person said, "They do the medication twice a day. They supply what you need." Relatives told us, "My [family member] gets medication" and "They [staff] dispense the drugs."

Staff had their competency assessed before they could support people with the administration of medicines. Each member of staff who administered medicines were assessed as safe following the completion of the medicine competency assessment.

The registered provider followed a robust recruitment process. This enabled only suitable staff to be employed and support people. Effective pre-employment checks were carried out prior to new members of staff working at the service. On each staff file there were copies of the completed application form including a full employment history which recorded any gaps in employment. Two job references were attached, with one from the staff member's most recent employer. Identification checks were also completed, which included the right to work in the UK. Disclosure and Barring Service (DBS) checks had been completed. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working in care services.

People were supported by enough suitably deployed staff. We checked the staff rota and these matched

with the numbers of staff on duty. People said there was enough staff to support them when they needed help and support. During meal times staff were available to support people and serve them meals. Staff commented that they also felt there was enough staff available. One member of staff said, "Yes, I think there are enough staff, when there are more people living here we will need more staff. But at the moment, there are enough staff to support residents."

People lived in an environment that was clean. We observed the communal areas and people's bedrooms which were clean, tidy and clutter free. A health and social care professional said there was a, "Very high standard of care, [in a] clean, and safe environment." We noted a cleaner was employed at the service who followed a cleaning schedule. People commented on the cleanliness of the service, they said, "They do the cleaning every day. The sheets are changed every day" and "The staff are helpful, kind, it all seems absolutely perfect, comfortable, clean."

Is the service effective?

Our findings

Staff received support through an induction, training, supervision and appraisal from the registered manager. Newly employed staff completed an induction programme. The induction programme gave staff an understanding of their role and helped them to gain knowledge, experience and building their confidence whilst working in the service. Staff were supported to achieve the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working. This training gives employers the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe care and support.

The registered manager provided staff with regular support through mandatory training in safeguarding, medicine management, basic life support and infection control. Records showed that staff had completed this training. The registered manager had a training matrix. This recorded the training available to staff and tracked when staff training was due for updating. A review of learning and development took place. The review made recommendations for training, face to face and E-learning to ensure staff received the most appropriate training that was based on best practice, current guidance and legislation. New General Data Protection Regulation (GDPR) training was arranged for staff. GDPR is a regulation in EU law on data protection and privacy for all individuals.

There were systems in place for staff to have an annual appraisal of their performance. However, no appraisals had been completed due to the time the service had been registered. Each member of staff had regular supervision. These meetings allowed staff and their manager to discuss their daily practice. The manager gave staff advice and discussed any concerns in their job. The registered manager held a supervision and appraisal tracker that recorded when staff supervision and appraisal was due.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. We found staff had cared for people in line with DoLS authorisations granted by the local authority. Staff completed training in MCA and DoLS which helped them to develop their practice and ensure they were meeting the requirements of the Act.

The registered manager confirmed the actions they would take to protect a person when they lacked the ability to make decisions for themselves. They had a process for people to have their mental capacity assessed and understood decisions were taken using the best interests meeting.

People gave staff their consent before receiving care and support. People said staff discussed with them what the plan for the day was and staff asked for their consent and permission before supporting them. One person said, "The help from the staff is not intrusive."

The chef liaised with people to make sure they were involved in the development of menus. Each dining room table and at the reception desk had a copy of the menu. Each day people could choose what they wanted to eat for their meal. A glass of wine was offered to people at lunch and evening meals, which some people enjoyed and was familiar to what they did at home. The chef was familiar with people's dietary requirements, nutritional needs and preferences and these were also recorded in people's care records. The staff used a schedule which had information about each person's diet, nutritional needs and preferences in the dining room. This enabled staff to monitor and check that each person received suitable food and drinks and to monitor their individual food and fluid intake. On each floor of the service there was a self-service café. People and relatives had access to hot and cold drinks, fruit and snacks. This was replenished and was available throughout the day.

People had access to routine healthcare services to ensure their healthcare needs were met. Staff contacted healthcare professionals to ensure people received the care and treatment they required. People told us that their health care needs were met by staff and other visiting healthcare professionals. People said, "There is a GP who comes around", "On Wednesday we get the GP. It is the same doctor from my practice" and "We can have our health checks." Each health or social care professional updated people's care records following their visit. This enabled staff to be aware of and monitor the support people received.

Is the service caring?

Our findings

People experienced care from staff that were kind and compassionate. People commented, "The staff are helpful, kind, it all seems absolutely perfect", "The staff are very good, courteous, helpful, always available. They encourage me to wash myself to help me stay independent and able to look after myself", "I can talk with the staff. Lovely place, lovely carers. They are caring, friendly and doing their best", "I am happy about the staff. They are good, helpful and very caring" and "I am just part of the family. I'm getting so emotional now. They will do anything for you. You couldn't get better." A health and social care professional added, "The staff have all been extremely caring in their attitude to the people they care for. They are extremely respectful and show an advanced understanding of those living with dementia." During our general observations of the service we found staff were considerate and thoughtful in the way they engaged with people and visitors. We noted staff talking with people in a friendly manner while asking people if they needed any support or a drink.

People and their relatives told us staff were respectful and treated them well. Their comments included, "Lots of laughter and joy here", "If you don't like something they will offer you something else" and "I love the maintenance guy. He can do anything to make you happy. I needed to do something for my earphones to be able to listen to the TV without disturbing others. In the end he found a way to settle the issue." We saw staff, people and visitors to the service enjoyed each other's company and respected each other's space from the way they interacted with each other.

People said staff were mindful of their personal space and ensured their privacy. People said that staff supported them to maintain their privacy. One person said, "The staff don't intrude but they are always there when we need them." We noted that staff carried out personal care and support in privacy. Staff knocked on people's bedrooms before they entered their personal space.

People were encouraged to be involved in the development of their care plan. Staff met with the person and their relative once they arrived at the service. The person's needs were identified and the support that people needed was recorded in a care plan. A copy was provided for people and recorded on their care records so staff had the most accurate information about people. Staff had access to the care management system which is a computer based system that allowed staff recording information and monitoring of data. Staff checked these records throughout the day and took actions to resolve any issues, for example if a person's hydration needs were not met, staff were prompted to provide drinks to a person.

Each person's care plan was reviewed on a regular basis to ensure care and support was appropriate. People and their relatives were involved in care plan reviews. This ensured people received the appropriate type and level of care to meet their needs and preferences.

People kept in touch with people that mattered to them. Visitors were welcomed at the service and visited the service when they chose. People and visitors said they could have lunch when the chef was made aware of this. We observed people and staff coming into the service during our visit. Some people went out to lunch with the relatives and others went to appointments.

The registered provider had access to services to provide people with advice. The registered manager had contact with local services that could provide advocacy services if this was required. People had the support of their legal advisors and relatives to act on their behalf.

Is the service responsive?

Our findings

Before people came to live at the service an assessment of their care needs took place. People and their relatives were involved in their assessment. People gave staff their opinions on their care and the support they felt would help them. Assessments were person centred because they considered people's views and this was included and captured in the assessment. People's likes, dislikes and personal histories were given to staff and this was recorded in their care plans. This information enabled staff to ascertain whether they could provide the required care and support for people.

People were involved in assessments that were completed during their first weeks of living at the service. The information from the assessments were used to develop care plans for people. The care plan detailed the support staff provided people to help them maintain their health and wellbeing. People had regular reviews of their care plans to ensure that people's needs were reflected.

Staff also reviewed people's care needs when these changed. This ensured people's care needs were kept up to date and staff had the most accurate information on people's needs.

People were made to feel welcome at the service. When people came to live at Rectory Court, staff made them feel comfortable. The registered manager said each person was given a bouquet of flowers when they moved into their new home. Each person's birthday was celebrated and made to feel special. The chef made a birthday cake for each person and staff and other people helped them celebrate their day.

The provider had a 'resident of the day' initiative for one resident each day each month. The resident of the day made that day in a month extra special for them. The registered manager told us, "The resident of the day is pampered for the whole day." The 'resident of the day' ensured caring and housekeeping staff were involved in promoting people's wellbeing and quality of life.

People's private information was documented in line with the Accessible Information Standard, for example providing documents using large print books to ensure these were accessible. The Accessible Information Standard makes sure that people with a disability or sensory loss are given information in a way they can understand.

People took part in activities they enjoyed. People's individual needs for activities were considered and arranged for them and we saw staff treated people in a way that respected their individuality. For example, one person enjoyed going on cruises to different countries around the world, before coming to live at the service. They told staff how they used to like to visit hot countries and enjoyed sunbathing. The team at Rectory Court got together, and involved the person to choose a sun lounger, parasol and wind breaker for privacy. A private part of the garden was set up which the person enjoyed sunbathing with a glass of champagne.

We spoke with the activities coordinator who was employed at the service. They said, "I enjoy working here so much. It's a pleasant place and management to work with. I am trying to offer a wide range of activities

for the residents to be involved and to keep them active. I drive the van of this service so whenever is scheduled or maybe when it is possible I like to drive them somewhere nice. Usually after lunch I offer each of them 'one to one' which is an opportunity to have a chat otherwise we keep on sharing activities." Health and social care professionals told us, "The activity leaders are exceptional in their commitment to well thought out stimulating activities that help wellbeing. They use a wide range of resources and skills to reminisce with residents" and "From what I have seen the staff are amazing, caring and courteous to those living at Rectory Court. I feel that the staff work very hard to make their residents happy and comfortable. They organise some lovely, regular activities at Rectory Court."

An activities programme was developed with people who had a choice and decided on the activities that took place at the service. There was a wide variety of activities people could take part in. People took part in armchair exercise stretching their legs and arms which people enjoyed. On Fridays people took part in 'Happy Hour'. During the 'Happy Hour' people listened to music, danced and were offered a selection of drinks from 4.30pm until 6pm. There was a minibus at the service and the activities coordinator would take people out for the day. One person enjoyed going to the local library and staff supported them to do this. People also went on outings to the zoo, Oxleas woods, the seaside, a museum and to the local pub. People had access to daily newspapers which were available in the reception area and people could order newspapers and magazines of their choice. These would be delivered if requested.

During the inspection there was a reading activity in the lounge with a volunteer who read extracts of from poetry books. People said they enjoyed this activity. A summer fete was held in the garden which involved people, family members and friends. People from the local area were invited to attend the event. There was a room made available for people to receive hair dressing services. The hair dresser visited the service each week, but could be scheduled at alternative times at people's request. People could use the service as they choose. There was a nail bar available and people could have a manicure if they wished.

People's spiritual needs were considered. Information about people's religious needs was gathered as part of the assessment process. People said they visited their local church when they chose. Staff arranged for religious services at the service for those who were unable to access local places of worship.

People were supported people with end of life care and staff had completed specific training to equip them to care for people at this stage of their life. People had made decisions on how they wanted their care at the end of life, with relatives being fully involved and aware of the arrangements people had put in place. The registered manager had begun developing relationships with a local hospice, so people and staff could benefit from the expertise in end of life care.

People and their relatives were supported to make a complaint if they needed to. At the time of the inspection there were no complaints made at the service. People were confident to make a complaint if they needed. People said, "If I have a complaint I speak to someone" and "I am aware of the complaint policy." The registered manager was aware of the complaints policy and how to deal with a complaint people made about the care and support they received.

Is the service well-led?

Our findings

People said that they felt the service was well managed and well run. People we spoke with said the management of the service was effective. People and their relatives commented, "The manager knows what she is doing", "We recommended four people to come here", "The manager is wonderful", "The manager's door is always open", "The manager bends backwards to meet our needs", "There's no worries. The quantity of the staff and the ethos will not change even when it gets bigger. It will remain the same." Staff said the registered manager was supportive. Staff said the registered manager was approachable and made them feel valued and respected. A health and social care professional said, "I feel [the service] is well led by excellent staff."

Staff had regular meetings. Each morning the registered manager held a '10 at 10' meeting with staff. This enabled all staff to discuss incidents that occurred or any planned events that happened in the service. This enabled all staff to be aware of what was happening in the service and the actions they needed to complete. The registered manager supported staff through regular whole staff team meetings every three months. The registered manager discussed the developments that occurred within the provider's services. This made sure everyone was informed about events that took place in the service and staff could share good practice and provide support to colleagues. All registered managers met on a regular basis. This allowed managers to discuss issues relating to their services and share and develop new ideas and best practice. Feedback from these meetings were shared with the staff team to implement best practices and improve the service delivery.

Staff performance was celebrated. The registered provider had a system that recognised staff contributions to the service. This was for staff who had provided exceptional care to people and whose contribution incorporated the ethos of the service. Each member of staff could be nominated as the 'employee of the month' and the successful member of staff would be awarded with a gift voucher. Each 'employee of the month' would attend an award ceremony and one would be awarded the employee of the year.

The registered manager met their registration requirements with the Care Quality Commission. They notified us of incidents that occurred at the service as required by law.

People were able to give their feedback about the service in a number of ways. People said they were asked to provide feedback about the service. People we spoke with were happy living at the service. Relatives were also encouraged to provide their feedback on the service. They said, "There are customer surveys by the front desk. People can fill them in whenever they want." People and their relatives were also encouraged to complete reviews on the Carehome.co.uk website. The feedback from the website showed a good response rate with positive reviews.

People and their relatives attended a 'residents meeting'. At these meetings people discussed things that mattered to them. For example, people talked about the menu and what they wanted included. People were able to contribute to the development of the menu. This meeting was chaired by a person living at the service and the minutes for the meeting taken by a member of staff and displayed on the notice board.

The registered provider had a clear vision and ethos for the service. People were at the centre of the service and this was evident during our observations and discussions with people and their relatives. The registered provider's focus was to support people in a caring and compassionate manner. Staff appeared confident about their role, worked well as a team and supported people in a compassionate way.

Three systems were in place to review the quality of care. In April 2018 staff carried out checks to monitor and review the service. Staff looked at the quality of care records, home environment, people's care needs, medicine management and infection control. Following this review, it was found that there was an issue with a cold water tank. An action plan was drawn up and records showed a member of staff acted to resolve this problem. The registered manager developed a service development plan for Rectory Court following that review to ensure all required actions were completed.

The registered manager completed unannounced visits at the service. These visits took place at different times during the night. This was to ensure staff provided consistent quality care.

The care and quality manager completed an audit of the service in May 2018, they found there were no major concerns or issues found at the service. However, there was an attempted break in at the service and as a result the registered manager had decided to install CCTV to keep people safe.

People benefited from links staff had made with the local community. The registered manager told us that several events had been hosted at the service. People and staff supported the Dementia Action Week knitathon with Alzheimer's UK and a community knitathon for Armistice Day. People and staff were involved in both knitathons and knitted flowers for the Dementia Action Week and Armistice Day.

The registered manager supported Diamond Club Holidays at Home, Age Exchange and Parkinson's UK Lewisham, by fund raising and donating money to these charities. The service also provided a meeting room venue to a local pain management support group. A health and social care professional said, "The care home has been extremely supportive of engaging with the local community to provide quality care provision and opportunities for their residents."

The service recognised the importance of empathy and understanding people's needs. The registered manager identified that staff, people and relatives had little insight into the lives of people living with macular degeneration. The Macular Society worked with Rectory Court, to improve awareness of macular degeneration and that anyone with the condition could get the support and understanding that they need. Macular degeneration is a condition that affects central vision, it may become blurry or distorted and gaps or dark spots may appear. As the condition progresses, the person's ability to see clearly will change. The awareness event included a day of seminars and talks regarding macular degeneration. Virtual tools were used to help improve people's vision with macular degeneration.

Following this event staff supported a person with macular degeneration that lived at the service. The person was told they no longer qualified for a delivery of talking books because they were not registered blind or partially sighted. Staff at Rectory Court looked at how they could support this person. Staff and the person discussed and arranged an internet link to be installed in their room. This allowed the person to access talking books via the internet via their television. People using the service had positive experiences of this because they were given information by the provider about how to access specialised support. The link with Macular Society charity also enabled staff to learn more about organisations that supported people with a disability to retain their independence.

People's care and support continued to be coordinated through partnership working with health and social

care services. Staff had developed working relationships with health and social care services. Staff had contact and developed links with specialist teams in health and social care departments. This enabled people to receive the appropriate care and advice in a timely way.