Allen Heath

The Old Rectory

Inspection report

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Ratings

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

Overall summary

We inspected The Old Rectory on 18 August 2015. This was an unannounced inspection. The service was registered to provide accommodation and care for up to 26 older people, with a range of medical and age related conditions, including arthritis, frailty, mobility issues, diabetes and dementia. On the day of our inspection there were 21 people living in the care home.

The registered manager was not present on the day of the inspection, as they were out of the country. 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.

Present throughout the inspection was the provider and a senior care worker, with extensive managerial

Summary of findings

experience, who had recently been appointed as acting manager. The provider confirmed that the intention was for this member of staff to become the registered manager "hopefully before the end of the year."

People's needs were assessed and their care plans provided staff with guidance about how they wanted their individual needs met. However care plans were not 'user friendly', they were cumbersome, disorganised and poorly maintained and the lack of structure meant that information was not readily accessible. This was an area that we considered required improvement and we have asked the provider to address the identified shortfalls.

People were at potential risk from unprotected radiators, a lack of accessible call bells (or relevant risk assessments) and inconsistent standards of hygiene. This also was an area that we considered required improvement.

People were happy, comfortable and relaxed with staff and said they felt safe. One person spoke about the kindness of the staff. They told us "They bend over backwards for us." Relatives also spoke positively about the home and the care provided. One relative told us "The staff here go that extra mile…..they are very patient."

People received care and support from staff who were appropriately trained and confident to meet their individual needs and they were able to access health, social and medical care, as required. There were opportunities for additional training specific to the needs of the service, such as diabetes management and the care of people with dementia. Staff received one-to-one supervision meetings and annual appraisals were also in place.

There were policies and procedures in place to keep people safe and there were sufficient staff on duty to meet people's needs. Staff told us they had completed training in safe working practices. We saw people were supported with patience, consideration and kindness and their privacy and dignity was respected.

Safe recruitment procedures were followed and appropriate pre-employment checks had been made including evidence of identity and satisfactory written references. Appropriate checks were also undertaken to ensure new staff were safe to work within the care sector.

Medicines were managed safely in accordance with current regulations and guidance by staff who had received appropriate training to help ensure safe practice. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately.

People were supported to make decisions in their best interests. The registered manager and staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People's nutritional needs were assessed and records were accurately maintained to ensure people were protected from risks associated with eating and drinking. Where risks to people had been identified, these had been appropriately monitored and referrals made to relevant professionals, where necessary.

There was a formal complaints process in place. People were encouraged and supported to express their views about their care and staff were responsive to their comments. Satisfaction questionnaires were used to obtain the views of people who lived in the home, their relatives and other stakeholders.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of this 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.

People were at risk from certain unhygienic equipment, unprotected radiators and a lack of accessible call bells or relevant risk assessments.

People were protected by robust recruitment practices, which helped ensure their safety. Staffing numbers were sufficient to ensure people received a safe level of care.

Medicines were stored and administered safely and accurate records were maintained.

Is the service effective?

Good

The service was effective.

People received effective care from staff who had the appropriate knowledge and skills to carry out their roles and responsibilities.

Staff had training in relation to the Mental Capacity Act (MCA) and had an understanding of Deprivation of Liberty Safeguards (DoLS). Capacity assessments were completed for people, as needed, to ensure their rights were protected.

People were able to access external health and social care services, as required.

Is the service caring?

Good

The service was caring.

People and their relatives spoke positively about the kind, understanding and compassionate attitude of the registered manager and care staff.

Dedicated staff spent time with people, communicated patiently and effectively and treated them with kindness, dignity and respect.

People were involved in making decisions about their care. They were regularly asked about their choices and individual preferences and these were reflected in the personalised care and support they received.

Is the service responsive?

Requires improvement

The service was not always responsive.

Care plans were disorganised, inconsistent and poorly maintained, with information often difficult to access or track. A lack of regular auditing and reviewing of plans meant they did not always accurately reflect the care and support people received.

Summary of findings

People were encouraged to make choices about daily living and staff had a good understanding of their likes, dislikes and identified support needs.

A complaints procedure was in place and people told us that they felt able to raise any issues or concerns.

Is the service well-led?

Requires improvement

The service was not always well led and there was a lack of consistency in the management of the service.

Communication, including information sharing, was limited and quality monitoring systems were inconsistent. Incidents and accidents had been recorded but were not routinely monitored for any emerging trends or themes.

Staff said they felt valued and supported by the manager. They were aware of their responsibilities and felt confident in their individual roles.

People and their relatives were encouraged to share their views about the service. Staff shared and demonstrated values that included honesty, compassion, safety and respect.

The Old Rectory

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.

The inspection took place on 18 August 2015 and was unannounced. The inspection team consisted of an inspector and an expert 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. They had experience of a range of care services.

Before the inspection we looked at notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law. On this occasion we did not request 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. We also contacted the local authority social services and contracts and commissioning team.

During the inspection we spoke with three people who lived in the home, four relatives, three care workers, the cook, the activities coordinator, a visiting health care professional, the acting manager and the registered provider. Throughout the day, we observed care practice, the administration of medicines as well as general interactions between the people and staff.

We looked at documentation, including four people's care and support plans, their health records, risk assessments and daily notes. We also looked at three staff files and records relating to the management of the service. They included audits such as medicine administration and maintenance of the environment, staff rotas, training records and policies and procedures.

The service was last inspected on 18 September 2014. It was found to be non-compliant in three outcome areas, including consent to care and treatment, meeting nutritional needs and assessing and monitoring the quality of the service. Since then concerns raised by relatives, health care professionals and the local authority regarding staffing levels, alleged neglect and poor practice (including lack of staff training in the use of hoists)

Requires improvement

Is the service safe?

Our findings

People and relatives spoke positively about the service and considered it to be a safe environment. People said that they felt safe, free from harm and would speak to staff if they were worried or unhappy about anything. One relative told us, "I think it's good here. I know mum is safe here because she wasn't at home." Another relative told us, "The staff go that extra mile. They seem to watch people, so that if they look as though they're starting to get upset, they'll talk to them to get their minds on to something else. The staff are very patient.''

However some concerns were identified during our inspection, including at least two radiators on the upper floor which were very hot to the touch and were not fitted with an appropriate safety guard. Some bedrooms did not have accessible call bells adjacent to beds, which meant people could not readily call for help or assistance if needed. We were told this was because, "Some residents lack capacity to be able to use them." However, this was not evident in care plans or risk assessments we looked at and it was unclear how those people could alert staff or how staff would be aware if someone needed help or had fallen from their bed. Throughout the premises we saw several unhygienic, worn and dirty toilet brushes, which placed people at potential risk from the spread of infection. We also saw that paper towel holders in the communal lavatories were empty and there was no alternative means of hand drying.

People using services must be protected from receiving unsafe care and treatment. Providers must do all that is reasonably practicable to prevent avoidable harm or risk of harm. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We have identified this as an area that requires improvement.

There were enough staff to meet people's care and support needs in a safe and consistent manner. The provider told us that staffing levels were regularly monitored and were flexible to ensure they reflected current dependency levels. They confirmed that staffing levels were also reassessed whenever an individual's condition or care and support needs changed, to ensure people's safety and welfare. This was supported by duty rotas that we were shown. The acting manager told us, "If we have more high dependency needs, including end of life care, I'm told we can bring in more staff." The provider told us, "I've never used agency workers here." This helped ensure consistency and continuity of care.

Throughout the day we observed friendly, good natured interactions. People were comfortable and relaxed with staff, happily asking for help when they needed it. Although there were only two care staff and the acting manager on duty on the morning of our inspection, we saw staff made time to support and engage with people in a calm, unhurried manner. People and relatives we spoke with had no concerns regarding the number of staff on duty. The acting manager explained that there would usually be a senior carer, two carers and the manager on duty during the day but told us, "Today I'm doing both roles – manager and senior carer."

Medicines were managed safely and consistently. We found evidence that staff involved in administering medication had received appropriate training. We spoke with the acting manager regarding the policies and procedures for the storage, administration and disposal of medicines. We also observed medicines being administered. We saw the medication administration records (MAR) for people who used the service had been correctly completed by staff when they gave people their medicines. We also saw the MAR charts had been appropriately filled in to show the date and time that people had received 'when required' medicines.

People were protected from avoidable harm as staff had received relevant safeguarding training. We saw documentation was in place for identifying and dealing with any allegations of abuse. The whistleblowing policy meant staff could report any risks or concerns about practice in confidence with the provider or outside organisations. Staff had a good understanding of what constituted abuse and were aware of their responsibilities in relation to reporting any such concerns. Staff told us that because of their training they were far more aware of the different forms of abuse and were able to describe them to us. Records showed that all staff had completed training in safeguarding adults and received regular updated training. Staff also told us they would not hesitate to report any concerns they had about care practice and were confident any such concerns would be taken seriously and acted upon.

Requires improvement

Is the service safe?

To help ensure the safety of people at the Old Rectory, the provider operated a robust recruitment procedure, which included obtaining completed application forms with full employment history, relevant experience information, eligibility to work and satisfactory reference checks. Before staff were employed, the provider also requested criminal records checks through the Government's Disclosure and Barring Service (DBS) as part of the recruitment process. The DBS helps employers ensure that people they recruit are suitable to work with vulnerable people who use care and support services.

There were arrangements in place to deal with emergencies. Contingency plans were in place in the event of an unforeseen emergency, such as a fire. We saw the home was generally well maintained, which also contributed to people's safety. Maintenance and servicing records were kept up to date for the premises and utilities, including water, gas and electricity. Maintenance records showed that equipment, such as fire alarms, extinguishers, mobile hoists, the call bell system and emergency lighting were regularly checked and serviced in accordance with the manufacturer's guidelines.

Good

Is the service effective?

Our findings

The service ensured the needs of people were consistently met by competent staff who were sufficiently trained and experienced to meet their needs effectively. People and relatives spoke positively about the service and told us they had no concerns about the care and support provided. One person told us "The staff are very efficient. They know me very well and what I need." A relative told us "I think the staff here are fairly well trained and they know what they're doing."

Staff said they had received an effective induction programme, which included getting to know the home's policies and procedures and daily routines. They also spent time shadowing more experienced colleagues, until they were deemed competent and felt confident to work unsupervised. One member of staff told us "Training is obviously important, so people know and understand what they're doing and it's very good here."

The Care Quality Commission has a duty to monitor activity under the Deprivation of Liberty Safeguards (DoLS). In March 2014, changes were made by a court ruling to the Deprivation Liberty Safeguards (DoLS) and what may constitute a deprivation of liberty. If someone is subject to continuous supervision and control and not free to leave they may be subject to a deprivation of liberty. We found that the acting manager was aware of the process and understood when an application should be made and how to submit one.

The Mental Capacity Act (MCA) 2005 was designed to protect and empower people who may lack the mental capacity to make their own decisions about their care and treatment. The philosophy of the legislation is to maximise people's ability to make their own decisions and place them at the heart of the decision making. Where people lacked the mental capacity to make decisions the service was guided by the principles of the Mental Capacity Act 2005 (MCA) to ensure any decisions were made in the person's best interests. The acting manager told us that to ensure the service acted in people's best interests, they maintained regular contact with social workers, health professionals, relatives and advocates. Following individual assessments, the service had three DoLS authorisations in place.

Staff had received training on the MCA and DoLS and understood the importance of acting in a person's best interests and protecting their rights. They were aware of the need to involve others in decisions when people lacked the capacity to make a decision for themselves. This ensured that any decisions made on behalf of a person who lived at the home would be made in their best interests. The acting manager described how a person who, due to their mental state, had been refusing to take vital medication. Following a, best interests meeting, involving a GP and the person's relative, it was decided that the medicines should be administered covertly. This had proved successful and the individual's condition had since improved. Staff also described how they carefully explained a specific task or procedure and gained consent from the individual before carrying out any personal care tasks. People confirmed care staff always gained their consent before carrying out any tasks.

We observed lunchtime in the dining area, which looked attractive and welcoming. Tables were nicely set with clean tablecloths and cruets available on each table. Most people ate independently but we observed staff assisting some individuals, as necessary. There was a choice of corned beef hash or quiche with chips and a member of staff told us the vegetables for the day were "cauliflower, runner beans and sprouts." People spoke positively about the meals provided. Although one person told us, "The food is alright but sometimes I would really much rather have a sandwich. I don't ask though because I don't want to cause any bother." Staff were aware of the importance of good hydration and we observed people were offered and had access to a range of hot and cold drinks. Tea and coffee was provided throughout the day.

People were supported to maintain good health. The acting manager confirmed that people at the Old Rectory were registered with local GPs and district nurses came in regularly to administer insulin or provide any medical support necessary. Care records confirmed that people had regular access to healthcare professionals, such as GPs, speech and language therapists, podiatrists and dentists. Individual care plans contained records of all such appointments as well as any visits from healthcare professionals.

Good

Is the service caring?

Our findings

We received positive feedback from people and their relatives regarding the caring environment and the kind and compassionate nature of the staff. They told us they had the opportunity to be involved in individual care planning and staff treated people with kindness, dignity and respect. We observed a significant number of warm, good-natured and caring interactions between people and staff, with a lot of cuddles and hand holding. One person told us, "I'm very well looked after, couldn't be better." Other comments included: "They are just great. There are enough staff and they work very hard" and "They are nice girls. Everything is quite satisfactory." Relatives also spoke highly of the care and support provided. One relative told us "I would recommend this home to anyone. The staff are very kind to my mum. She can get agitated and swear sometimes but they are always very patient with her."

These views were reinforced by a district nurse who had been visiting the Old Rectory for over two years and had seen many changes in that time. They spoke of having noticed "big improvements in the last few months" and described how the environment was "very different now, with new carpets, furniture and decoration." They also talked about improvements in the quality of the care staff. They told us "Staff here have always been caring, but not always very professional." They said that individuals who weren't so professional "seem to have gone now." They told us"My colleagues and I have had concerns in the past – and have certainly raised them. And I'm pleased to say that the owner and his wife have listened to us and have done something about it. They are keen to make things better for people living here – and they have."

Throughout the day we observed staff being helpful, compassionate and caring. We saw and heard staff speak with and respond to people in a calm, considerate and respectful manner. They spoke politely with people and called them by their preferred names. Conversations with people were not just task related and we saw staff regularly check out understanding with people rather than just assuming consent. We also saw staff knocking on people's doors and waiting before entering. In other examples of the consideration people received, we saw people wore clothing that was clean and appropriate for the time of year and they were dressed in a way that maintained their dignity.

We observed that staff involved people, as far as practicable, in making decisions about their personal care and support. Relatives confirmed that, where appropriate, they were involved in their care planning and had the opportunity to attend reviews. They said they were kept well-informed and were made welcome whenever they visited. Staff were clearly dedicated to the people and were happy, confident and enthusiastic One member of staff told us "I absolutely love working here. I wake up in the morning and look forward to coming in."

We saw people's wishes in respect of their religious and cultural needs were respected by staff who supported them. Within some care plans, we also saw individual end of life plans, which showed the person's involvement in them. They included details of their religion, their next of kin or advocate, where they wished to spend their final days and what sort of funeral they wanted.

Requires improvement

Is the service responsive?

Our findings

Staff were aware of the importance of knowing and understanding people's individual care and support needs, so they could respond appropriately and consistently to meet those needs. However, people's individual care needs had not been adequately assessed or planned. People's needs assessments and care plans did not always provide staff sufficient clear or up to date information to ensure people's needs were met appropriately.

We looked at a sample of files relating to the assessment and care planning for four people. Each care plan had been developed from the individual assessment of their identified needs and we saw that people were assessed before they moved in to the service, to ensure their identified needs could be met. However, the pre-admission assessments we looked at were inconsistent with many sections incomplete. They were also often unsigned with no indication who had carried out the assessment. We saw one person's needs had not been fully assessed prior to moving to the Old Rectory and their file contained out of date information in relation to their care at the previous home The plans themselves were disorganised and lacked structure, making it difficult to access or track specific information. In several cases, the index bore little relation to the actual contents of the plan. We also found many examples of information being duplicated and of reviews not being adequately recorded.

During our inspection we saw throughout the home a large number of notices for staff, some of which were of a personal and private nature. For example there were notices detailing people's individual continence requirements in communal lavatories. This information could have been shared more discreetly, particularly in relation to people's personal care details.

These issues were discussed with the provider and acting manager. They acknowledged shortfalls in the current care planning process and said the number and nature of notices, throughout the home would be addressed, in accordance with their own dignity policy. They agreed the care plans could be more concise, so making information more readily accessible. The provider assured us that plans were regularly reviewed and updated, but acknowledged that the recording of such reviews could be improved. Work had already begun to improve the format of the care plans. They confirmed they were currently working closely with the local authority contracts department to revise the structure and content of the plans. They told us they recognised the benefits of these improvements but said the work was proving to be "a lengthy process."

Staff worked closely with individuals to help ensure that their care, treatment and support was personalised and reflected their assessed needs and identified preferences. People told us they were happy and comfortable with their rooms and we saw rooms were personalised with their individual possessions, including small items of furniture, photographs and memorabilia. People said they felt listened to and spoke of staff knowing them well and being aware of their preferences regarding how they liked to spend their day. While walking around the home we saw that one person became disorientated in the lift and began to get very agitated. The response was immediate as a member of staff assisted them and sensitively reassured them until they calmed down. Relatives we spoke with all felt that the home was inclusive and they were "part of the team".

There was an activities coordinator, who was very evident throughout our visit and people appeared to enjoy their involvement. We observed that one person was doing some sewing and the coordinator was encouraging other people to assist with filling bird feeders in the garden.

People and their relatives told us they were satisfied with the service, they knew how to make a complaint if necessary. They felt confident that any issues or concerns they might need to raise would be listened to, acted upon and dealt with appropriately. Records indicated that comments, compliments and complaints were monitored and acted upon and we saw complaints had been handled and responded to appropriately. For example, we saw that, following a concern raised by a relative, a person had their care plan reviewed and their support guidelines amended. Staff told us that, where necessary, they supported people to raise and discuss any concerns they might have. The provider told us they welcomed people's views about the service. They said any concerns or complaints would be taken seriously and dealt with quickly and efficiently, helping to ensure wherever possible a satisfactory outcome for the complainant.

Requires improvement

Is the service well-led?

Our findings

People, relatives and staff spoke of changes in management in the past but generally felt there had been some significant improvements over recent months. People said they felt there was "a better atmosphere" and more of an open culture within the home, They said that staff seemed happier now and were "friendly and approachable".

Relatives said that they were always made to feel welcome when they visited and spoke of the "homely" environment. They also spoke positively about the new acting manager. One relative told us, "She is a vast improvement. She hasn't been here long but she is making a difference. The staff seem to be more on the ball since she came." During our inspection, we also observed that the provider was very active and had a visible presence around the home.

However, we found shortfalls with auditing systems and inconsistent communication between the manager and staff. The lack of information for staff in relation to meeting people's needs had not been identified through the quality and risk monitoring systems. The auditing system also did not identify that information in care plans was difficult to locate and that care plans were overly large and contained duplication, as well as unnecessary or out of date information.

There were blank templates in place to record and monitor accidents and incidents; however they had not been completed. We were aware from previous notifications received that incidents, including falls, had taken place within the last year, however we found little evidence that they had been documented internally. This demonstrated that there was no effective and consistent analysis of incidents and accidents, to look for any emerging trends or themes and to help reduce the likelihood of such incidents reoccurring.

Nobody we spoke with could describe any complaints they had made or how that had been responded to. Staff did tell us that they wouldn't hesitate to talk to the manager if they had any concerns about colleagues' behaviour but they said that they worked well together, "as a team". People also said they were encouraged to raise and discuss any issues or concerns they may have. They told us the acting manager was, "Very approachable" and "Easy to talk to." This was supported by members of staff who we spoke with. One told us, "Morale is so much better here now and residents and staff are encouraged to raise any concerns or issues they might have."

Staff were aware of their roles and responsibilities to the people they supported. They spoke to us about the open culture within the service and said they would have no hesitation in reporting any concerns they had. They were also confident that they would be listened to by the manager and any issues acted upon, in line with the provider's policy.

The acting manager notified the Care Quality Commission of any significant events, as they are legally required to do. They also took part in reviews and best interest meetings with the local authority and health care professionals.

Quality assurance systems, although variable, including audits and satisfaction surveys were in place to monitor the running and overall quality of the service and to identify any shortfalls and improvements necessary. Through regular audits, providers can compare what is actually done against best practice guidelines and policies and procedures. This enables them, where necessary, to put in place corrective actions to drive sustainable improvements and raise the overall standards of service provision.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment People who use the service were not always protected from risk to their health and safety. Regulation 12 (1), (2) (a)