Royal Mencap Society

The Old Rectory

Inspection report

Somerton Road
Winterton-on-Sea
Great Yarmouth
Norfolk
NR29 4AW

Tel: 01493393576
Website: www.mencap.org.uk

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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?	Outstanding
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
The Old Rectory is a residential care home providing accommodation and personal care for 7 adults with learning disabilities and/or autistic spectrum disorder. There were 7 people living in the service at the time of our inspection. The service is larger than recommended by best practice guidance. However, we have rated this service good because the service was arranged in a way that ensured people received person-centred care and were supported to maximise their independence, choice, control and involvement in the community.

The Old Rectory is an older building and each person has their own bedroom. People shared bathroom facilities. There is a lounge and a large kitchen and dining area. There is also a large garden people can access.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People received exceptionally person-centred care. People's needs, wishes and aspirations were clearly identified, and staff supported people to be as independent as possible. Staff supported people to attend events in the local community, access employment and follow their interests. Detailed assessments of people's communication needs took place, and staff engaged with people using their preferred way of communicating. Staff sought specialist advice from other professionals to help with the planning of end of life care for people. There was a complaints procedure in place and complaints were responded to according to the procedure.

People were cared for in a way which was respectful, and which upheld their dignity. People's right to privacy was respected and staff knew when to give people space. Staff were quick to offer people reassurance when people became distressed or expressed concerns.

Staff understood their responsibilities in relation to safeguarding and people felt safe living in the home. People's individual risks had been assessed and planned for, as well as environmental risks. People's medicines were managed safely and administered according to the prescriber's instructions. Action was being taken to improve the overall cleanliness of the service.

Staff completed training relevant to their role and received regular supervisions. People were supported to

have a healthy diet, and access healthcare professionals when needed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service had a clear ethos, and prioritised people's quality of life. People, their relatives, staff and the public were involved in sharing their views about the service. Effective governance systems were in place to drive improvement. Staff worked closely with other organisations to further improve the care people received.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
Rating at last inspection
The last rating for this service was good (published 26 May 2017).

Why we inspected
This was a planned inspection based on the previous rating.

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 exceptionally responsive.

Details are in our responsive findings below.

Outstanding

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.

Inspection team
The inspection team consisted of one 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 inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 spoke with two people who lived in the service, the registered manager, area operations manager and four members of care staff. We reviewed a range of records. These included two people's care records and

the medication record for one person. We looked at one staff file in relation to recruitment and staff supervision. A variety of records relating to the management and safety of the service were reviewed.

After the inspection
We spoke with the relatives of two people. We also continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Good

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 told us they felt safe living in the home.
- Staff understood what constituted abuse and were able to tell us how they would escalate any concerns. Staff also told us they had received training in safeguarding and training records confirmed this.
- The contact details for the local safeguarding team were displayed on a noticeboard in the main hall.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong
- Risks relating to people's individual needs had been identified and planned for. Risk assessments were detailed and clearly explained what action staff needed to take to reduce known risks. For example, some people showed behaviour that challenged. Risk assessments detailed what people's individual triggers were and what support staff needed to offer to ensure the safety of the individual and that of others.
- Risks within the environment were assessed and planned for. Risk assessments were in place which covered all areas of the home, including high risk areas such as the kitchen.
- Safety checks were carried out on firefighting equipment, electrical items and the safety of the water supply was tested yearly.
- Accidents and incidents were recorded, and reports showed appropriate action had been taken in response to any accidents or incidents. The area operations manager told us they collated this data and analysed it for trends and patterns so action could be taken to reduce the risk of future occurrences.

Staffing and recruitment
- One person's relative told us, "There's always enough staff." Our observations showed there were enough staff working to meet people's needs and some staff were spending one to one time with people.
- The registered manager told us they kept people's care needs under review and staffing levels could be flexible according to how much support people required.
- We reviewed one recruitment file. We saw that references and a satisfactory check with the Disclosure and Barring Service had been obtained. This ensured the member of staff was of suitable character.

Using medicines safely
- The medicines administration record we reviewed showed the person was given their medicines as prescribed. There were no gaps on the charts and the stocks of people's medicines tallied with the amount we would expect to see still in stock.
- Staff told us they received training in the administration of medicines. Training records confirmed staff attended training and also had their competency in this assessed yearly.
- The area operations manager told us they carried out regular audits of people's medicines.

Preventing and controlling infection

● Before our inspection, an infection, prevention and control visit had been carried out by another agency. This report showed a number of concerns relating to the cleanliness of the home. At our inspection we found that improvements had been made, however, further improvements were still needed.

● Our observations showed staff wore the correct personal protective equipment when required, for example, when cleaning or preparing food.

Good

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.

Ensuring consent to care and treatment in line with law and guidance; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

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.

● Assessments of people's capacity were detailed in their care records. Where people did not have the capacity to make decisions for themselves, for example financial decisions, these were clearly documented and showed people's relatives and/or legal representatives had been involved in discussing the decision.
● DoLS applications had been made to the Local Authority where it was in people's best interests to deprive them of their liberty. Applications clearly detailed what restrictions were in place to ensure people's safety.
● Staff had a good understanding of the MCA and how it applied to their role.
● The registered manager told us if someone was referred to the service then they would assess their physical, emotional and recreation needs. This was so they could be sure the person's needs could be met and the service was the most suitable place for them.

Staff support: induction, training, skills and experience
● All new staff completed an induction, this included introductions to people who lived in the home and getting to know people's care needs.
● The provider had a comprehensive training package in place. Staff compliance with the training completion was good. Staffs' knowledge was regularly assessed, and observations of their practice took

place.
● Staff attended regular supervisions with a senior member of staff where they could discuss any support they required and training opportunities. Staff also received annual appraisals.

Supporting people to eat and drink enough to maintain a balanced diet
● People told us they liked the food. One person said, "The food is nice." They went on to tell us they liked curry and would sometimes get it as a takeaway. Mealtimes were flexible and people had their meals at a time of their choosing.
● On the day of our inspection we saw some people having their breakfast in the kitchen. There was a calm atmosphere and people were laughing with staff and talking about their plans for the day. We also observed one person cooking the teatime meal with support from a member of staff.
● Risks relating to people's nutritional intake had been identified and planned for. Staff we spoke with were able to tell us about people's individual nutritional requirements and our observations showed people's meals were prepared according to their needs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● Records showed staff worked with other professionals to provide people with consistent care. Staff supported people to attend reviews of their care with other professionals.
● One staff member told us how they supported one person to attend appointments at the local GP practice for an ongoing healthcare need. We saw from people's care records that timely referrals were made to other healthcare professionals and guidance from professionals was reflected in people's care plans.
● People had a care plan in place which detailed the different healthcare professionals involved in their care. This care plan also detailed what specific support they required for each appointment as this was dependant on who they were seeing.

Adapting service, design, decoration to meet people's needs
● People had their own rooms which were decorated to their liking. There were also a number of communal rooms where people socialised with others. The service also benefitted from a large garden which had an allotment.

Good

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

- People and their relatives told us staff were caring. One person said, "The staff are kind." One person's relative told us their family member was treated, "Very well." A second relative described their family member's care as, "Fantastic."
- Our observations showed staff supported people in a kind and empathetic way. Some people were a bit apprehensive about our presence when we first arrived. Staff were quick to address any concerns people had and introduced the inspection team to people and explained our role. We saw one person being gently encouraged to have a drink. The member of staff was speaking to them in a soft voice and took their time supporting the person.
- Staff spoke with kindness about the people they supported. One staff member told us, "It's so rewarding" and "I get so much from [my work]."

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

- People we spoke with told us they were involved in the planning of their care. One person said," [We] go through paperwork." A second person told us they were able to contribute to their care plans. A relative we spoke with explained, "I see [family member's] care plans and make comments and highlight anything."
- People told us how they were always offered choice. One person told us, "I can choose what I want to do with my time." People we spoke with told us about the different activities they liked to do and where they liked to go when they went out.
- Staff had a good understanding of people's individual communication needs. Staff we spoke with told us how they offered choice to people who were unable to verbally express their preferences. One example included showing people a choice of clothes when supporting people with getting dressed.

Respecting and promoting people's privacy, dignity and independence

- People we spoke with told us how staff respected their privacy. One person explained, "Staff leave me alone when I want to be left alone."
- Staff ensured people were cared for in a dignified way and ensured doors and curtains were closed when supporting people with their personal care.
- People's independence was promoted. On the day of our inspection, we saw people going to the local village to do their own shopping and being supported to cook.

Outstanding ☆

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 now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; 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's received exceptionally person-centred care which was adapted to meet their needs and preferences. People's care was also regularly reviewed. Relatives we spoke with told us how their family member's care was personalised. One relative explained, "[The staff] do a grand job, they know [family member's] needs well." A second relative said, "[The staffs'] main concern is the residents, they do their job well." Staff had a very good understanding of people's individual preferences. For example, one member of staff told us in detail about what could upset one person. They told us this could be something as little as not liking their cushion placed in the certain way.

● People were supported by staff who knew them exceptionally well, for example, one person always liked to hold a crisp packet. Staff had a collection of crisp packets so the person had a choice, this was because they regularly liked to change this throughout the day. Staff had identified an innovative way of supporting the person to be able to evacuate the home in the event of fire. They had laminated a crisp packet on the back of the fire instructions, and staff could show the person the crisp packet and they would then follow them to evacuate the building.

● We heard many examples of how people were supported to maintain contact with their relatives. One person's relative described how their family member was supported to attend family events by staff. Staff told us about the lengths they had gone to help people reconnect with family members and about the positive effects this has for the individuals involved. For example, one person had been helped to trace a relative they had lost contact with many years ago and another person was supported to maintain a relationship with their sibling. Staff provided emotional support to both people and their relatives to ensure the relationships were maintain these relationships. Staff also drove people to visit their relatives. Staff we spoke with told us how people enjoyed time spent with their relatives.

● One person told us the registered manager had got them a caravan so they could spend time outside of the main house. The registered manager had identified this person would benefit from extra space so the person could store some of their possessions and have some space away from the main house to be able to spend time alone when they wished to which was important to them. The person we spoke with went on to tell us about how staff had helped them to set their caravan up like a restaurant when they had a friend visit for Valentine's Day. Having this space away from the main house meant they could meet up with their friend privately and was something that they had really wanted to do.

● Staff had a good awareness of how to support people in their relationships. Staff we spoke with explained what support they gave people to enable them to express themselves in the way they preferred.

● Staff recognised they had needed to improve the way they monitored people's bowel health. They

understood that people could find this a sensitive topic, so they worked with staff at a local hospital and developed ways of asking people about their bowel health and they also had pictures to aid the conversation. One member of staff told us this helped to minimise any reservation about discussing this care need. This approach meant any concerns could be identified, and advice sought in a timely manner.

● People's care was planned with the main emphasis on people's aspirations and quality of life. People at the service were able to use assistive technology to learn new skills and live their lives as independently as possible. Tablet computers were used by some people. People told staff what new skills they wanted to learn, and staff would personalise a step-by-step process on the tablet. For example, one person was able to make a cup of tea independently with using their tablet. Before they moved in to the service, they had not been able to carry out such tasks independently. This had enabled the person to have a real sense of achievement and had helped them to build their confidence in their own abilities.

● One person told us they had two jobs, which they very much enjoyed. Staff were innovative in their plans for supporting the person to build their confidence with using the bus to get to their work independently. Firstly, staff sat with the person, then sat on the seat behind them, then slowly sat further and further away from them. The final plan is to sit on the top deck of the bus and watch them get off the bus for work. The person also had assistive technology in the form of a watch which would tell them which bus stop to get off at. This also had an 'SOS' button and GPS technology, if this was pressed, staff would be alerted, and they could find the person.

● People told us about the activities they participated in outside of the home. One person said, "I go to the pub with my friends. I go to football and to the shops." A second person told us they went to Church. There was a large garden, and each person had their own flower bed where they could grow plants of their choice every year. There were also chickens and one person told us how they enjoyed looking after them. Staff told us that one person had not left the home for two years, but with some gentle encouragement, they now enjoyed going out for a drive with a member of staff which was a really big achievement for them.

● Staff sometimes took their dogs into work so people could spend time with them. One person told us, "I like talking about dogs." Staff told us another person liked dogs, and we saw their room had many dog-themed items in their room. As many people liked animals, a member of staff organised for donkeys to visit at Christmas, the donkeys and the staff were dressed in a festive way and people were able to walk the donkeys into the local village. The registered manager showed us a video of this, and people looked genuinely happy. The service also had volunteers. One volunteer had horses and people went to visit the horses.

● In response to the recent coronavirus outbreak the registered manager had identified that people would miss being able to go to the local shop to do their shopping and so had set up a tuck shop in the grounds and stocked this with items people wanted to buy. We were informed by the registered manager people "absolutely loved" the new shop and the pictures we were sent showed that people looked happy with the new addition.

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 comprehensive plans in place to show how they expressed their needs and how they preferred to communicate with staff. For example, we saw one person liked people to tap them on the forehead once they had acknowledged them. Each person had a detailed communication assessment in place. This detailed how people's posture, facial expressions and verbal communication changed depending on the emotion they were experiencing. These were extremely detailed and ensured that all staff were able to communicate as effectively as possible with each person living at the home.

● Staff engaged with people using people's preferred communication needs, this included Makaton and using objects of reference. The work carried out to ensure effective communication meant that people were able to share their views in ways that they may not have been able to do previously.
● Information such as the fire evacuation plan, meeting minutes and the complaints procedure were written in easy read format. Pictures of the staff on duty were placed by the door, this meant people knew which staff would be working during the day and night.

Improving care quality in response to complaints or concerns
● The service had a complaints procedure in place and the registered manager told us how complaints were investigated to see if any lessons could be learnt. One complaint had been made about the service in the past 12 months.
● We saw the complaints procedure had been discussed at a recent meeting with people living in the home. The minutes stated people were happy; but knew they could raise any concerns with the registered manager or staff.

End of life care and support
● Where people were receiving care at the end of their lives, staff worked alongside other healthcare professionals to ensure people's needs and wishes were planned for and that people were cared for in a thoughtful and dignified way. Staff knew people very well and had an extremely good understanding of their needs, including for end of life care. For example, we saw that one person had a separate care file which described their specific needs in detail. The person was able to move to a large room downstairs where they could access the garden from their room which was really important to them. The registered manager liaised with the person's next of kin to arrange buying a shed which had been transformed to a sensory room for the person.
● One person's relative told us, "[The staff] are doing their best for [family member's] condition, they're doing their upmost to make things easier for [family member]."

Good

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

- There was a clear ethos within the service, and that was to ensure the service was person-centred and there was an emphasis on people's quality of life. The people we spoke with told us they liked living in the home. A relative told us, "[Family member] has a good life." A staff member explained, "Here, we have a great emphasis on getting people out into the community."
- Staff spoke positively about their work. One staff member said, "[It's] a lovely atmosphere, a lovely home."
- People and their relative were complimentary about how the home was managed. One person's relative told us, "The service is managed well." A second relative we spoke with told us they had fostered a good relationship with the registered manager and said the service was, "run well."
- People and their relatives were invited to complete a questionnaire about the service provided. The latest analysis of this showed people were happy with the service.
- Monthly meetings were held for people who lived in the home. Meeting minutes showed people discussed what outings and activities they wanted to take part in. There were also regular staff meetings. Records showed a clear agenda and staff discussed the culture of the home and any changes to people's care needs.

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 regulatory responsibilities and our records showed that we had been notified of reportable incidents in line with the regulations.
- The registered manager spoke openly about the complaint they had received and what action was being taken to investigate the complaint.

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

- There was a clear staffing structure in place and staff understood who they would report any concerns to. Each of the provider's services had a quality of life champion. The quality of life champions met regularly to discuss good practice and share ideas.
- There was a comprehensive governance system in place. The area operations manager carried out monthly audits and spoke with staff working in the home. They also completed a full review of the service every four months and sent a report to the registered manager. Governance systems were effective at identifying areas for improvement and clear action plans were in place which detail who was responsible for

the remedial action and when actions should be completed by.

Working in partnership with others

● Staff sought advice from other healthcare professionals to further improve outcomes for people. For example, staff worked in partnership with a specialist dementia nurse so they could gain a better understanding of people's experience of dementia and how best to plan their care. Staff also worked with staff from the local hospital to improve how they spoke with people about their bowel health.