Mr & Mrs T Blundred

The Old Rectory Residential Home

Inspection report

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Ratings

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

Overall summary

The inspection took place on 4 and 5 August 2015, and was an unannounced inspection. The previous inspection on 28 August 2013 found no breaches in the legal requirements.

The service is registered to provide accommodation and personal care to 35 older people a few who may be living with dementia. The premises were previously a rectory and have been extended twice, most recently in December 2014, increasing its numbers from 26 to 35. At the time of the inspection the service also offered short-stay care and accommodation dependant on vacancies. It has 31 bedrooms, four of which can be used for double occupancy. Most bedrooms are suitable for people for those with physical mobility problems. People

Summary of findings

had access to assisted bathrooms, dining room/coffee area, hairdressing salon, library and lounge/conservatory. There is a secure and well maintained accessible garden with level paving and seating areas.

The service has an established registered manager, who is one of the providers. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People told us they received their medicines safely and when they should. However we found shortfalls in areas of the management of medicines, including records and guidance and administration.

Most risks associated with people's care and support were assessed, but the level of detail recorded in the risk assessments was not sufficient to ensure people always remained safe. There was a shortfall in the recruitment records held on staff files relating to one type of record.

People were involved in the initial assessment of their care and support needs. However there was no evidence that people were involved in reviewing these needs. Care plans lacked detail about how people wished and preferred their care and support to be delivered or what independence skills they had in order for these to be encouraged and maintained.

People told us their consent was gained through discussions with staff. People were supported to make their own decisions and choices and these were respected by staff. Staff had received training in the Mental Capacity Act (MC) 2005. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. We found in one instance a capacity assessment had not been recorded and where people had given written consent this had not been reviewed when their capacity had changed.

People benefited from living in an environment and using equipment that was well maintained. There were records to show that equipment and the premises received regular checks and servicing. Over the last year the premises had benefited from second large extension. A development plan was in place to address areas that were tired and work was due to start in August 2015. People freely accessed the service and spent time where they chose.

New staff underwent an induction programme and shadowed experienced staff, until staff were competent to work on their own. Staff training included courses relevant to the needs of people supported by the service. Staff had opportunities for one to one meetings, staff meetings and appraisals, to enable them to carry out their duties effectively.

People felt safe in the service. The service had safeguarding procedures in place and staff had received training in these. Staff demonstrated an understanding of what constituted abuse and how to report any concerns in order to keep people safe.

People were happy with the service they received. They felt staff had the right skills and experience to meet their needs. People felt staff were kind. People had their needs met by sufficient numbers of staff.

People were supported to maintain good health and attend appointments or were visited by healthcare professionals. Appropriate referrals were made when required and recently assessments had been undertaken by a physiotherapist.

People had access to adequate food and drink. They told us they liked the food and enjoyed their meals. People were involved in the planning the menus. Staff understood people's dietary needs and special diets were well catered for.

People felt staff were caring. People were relaxed in staff's company and staff listened and acted on what they said. People said they were treated with dignity and respect and their privacy was respected. Staff were kind in their approach and knew people and their support needs well.

People had a varied programme of suitable leisure activities in place, which they had help choose to help ensure they were not socially isolated. People enjoyed activities and outside entertainers who visited, such as singers and playing musical instruments, darts, board

Summary of findings

games, reminiscence, reading and audio books, walks in the garden, exercises, and bingo and movie nights. Family and friends visited and were made welcome at the service.

People told us they received person centred care that was individual to them. They felt staff understood their specific needs. Staff had built up relationships with people and were familiar with their life stories and preferences. People's individual religious needs were met.

People felt comfortable in complaining, but did not have any concerns. People had opportunities to provide feedback about the service provided both informally and formally. Any negative feedback received had been addressed or a plan was in place to take action. People and visitors could also complete feedback about the care and support provided to an independently organised national survey. The responses had scored 9.8 out of ten.

People felt the service was well-led. The registered manager adopted an open door policy and senior staff sometimes worked alongside staff. They took action to address any concerns or issues straightaway to help ensure the service ran smoothly. Staff felt the registered manager motivated them and the staff team.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the end 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.

Risks to people were not always managed to ensure their safety. Shortfalls in the recruitment of staff meant that one type of required records were not always in place.

Appropriate arrangements were in place for the safe handling, and disposal of medicines, but the storage, administration and recording of medicines were not always safe.

Incidents and accidents were appropriately monitored, responded to and analysed. Staff knew how to respond to safeguarding appropriately.

Is the service effective?

Requires improvement

The service was not always effective.

People were supported to make choices and decisions, but where they lacked capacity, assessments had not been recorded.

Staff received induction and training relevant to their role. Staff were supported and received regular meetings with their manager.

People were supported to maintain good health and attended or were visited by health professionals in order to do so. People were referred to healthcare professionals when needed.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect and staff adopted a kind and caring approach.

Staff supported people to maintain their independence.

Staff took the time to listen and interact with people so that they received the care and support they needed. People were relaxed in the company of the staff and communicated happily.

Is the service responsive?

Requires improvement

The service was not always responsive.

People's care was personalised. However their care plans did not reflect their wishes and preferences or people's skills in relation to their personal care in order to promote their independence.

People had a varied programme of activities and were not socially isolated.

Summary of findings

The service sought feedback from people and their representatives about the overall quality of the service. Any concerns were addressed promptly and appropriately.

Is the service well-led?

Requires improvement

The service was not always well-led.

The level of detail in some records was not always sufficient to accurately reflect people's wishes and preferences in relation to the personal care.

The providers adopted an open and inclusive atmosphere to all. Audits and checks were in place to ensure the service ran effectively.

Senior staff worked alongside staff, which meant any issues were resolved as they occurred and helped ensured the service ran smoothly.

The Old Rectory Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 4 and 5 August 2015 and was unannounced. The inspection was carried out by two inspectors 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. The expert by experience had personal experience of caring for older people.

Before the inspection, the provider completed 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. Prior to the inspection we reviewed this information, and we looked at previous inspection reports and notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

We spoke with eleven people who used the service and three visitors. We spoke with the providers, one of whom is the registered manager and 12 members of staff including the deputy manager, the health and welfare officer, the administrator and the cook.

We observed staff carrying out their duties, communicating and interacting with people. We reviewed people's records and a variety of documents. These included seven people's care plans and risk assessments, medicine management records, training and supervision records, staff rotas, equipment and premises servicing records and quality assurance records and survey results.

After the inspection we contacted six health and social professionals and other professionals who had had recent contact with the service and received feedback from three.

We used recent quality assurance feedback the service had received from people.

Requires improvement

Is the service safe?

Our findings

People told us that they felt risks associated with their support were managed safely and they felt safe when staff used equipment to aid their mobility, such as the bath chair or specialised bath. One person said "I feel safe here as I was concerned being at home on my own". Most risks associated with people's care and support had been assessed. For example, risks in relation to managing behaviour that challenged, moving and handling and mobility. Staff talked about the safe practices that were in place to reduce these risks, but the level of detail recorded in people's risk assessments was not always sufficient. For example, moving and handling risk assessments stated what equipment people needed, and how many staff were required to support the person, but personalised information about how to move the person safely was lacking in the risk assessments examined. There was a lack of information about the signs and symptoms someone may display if they became unwell in other circumstances. For example, when they had epilepsy or diabetes.

We were told by a staff member that one individual had epilepsy and was prescribed medicines to control seizures. The staff member told us that other staff were aware of the individual's epilepsy but had not had any formal epilepsy training. The staff member said when this person had a seizure they would not have a "Full fit" but would drop to the floor if standing. This contradicted what the care plan stated. The care plan overview said this individual had four to five seizures per month; seizures can last between two and three minutes and if a seizure should last longer than five minutes an ambulance should be called. The care plan was not up to date and it did not reflect the current needs of this individual. There was a document in the care file titled 'Section 3 Mobility', which stated that when the individual falls during a seizure, staff will supervise and ensure the area around the person is safe. There were no further details or guidelines for staff to follow about how they should supervise the individual; this document was last reviewed on 10 May 2014. We spoke to the registered manager about this and they agreed that the care file for this individual was out of date and did not reflect the current needs. They agreed that the care file did not help staff understand how support should be offered to this individual.

Risks to people were not always managed to ensure people's safety. Records did not reflect the individual risk or actions needed to reduce these risks. Records stated that one person should be checked 'every 30 minutes' to keep them safe, but there was no evidence to show these checks were actually happening. Another risk assessment contradicted what staff told us, the risk assessment stated the person's position should be changed whilst they were in bed 'every 2 hours', but again there was no evidence of this happening and staff told us this person moved freely in bed and did not require "Turning". In another example one person was at risk of choking and there was information about the texture of their food and the appropriate way to assist them with eating, but the assessment lacked information about what the signs of choking were and what action staff should take to keep the person safe.

In some bedrooms we saw some medicine, topical ointments, lotions and a cough syrup left unsecured. The registered manager said that it was the choice of the individuals if they wished to keep these items in their rooms. We looked at some people's risk assessments in relation to this. The individual who had cough syrup in their room had a risk assessment in place, which stated the individual could self-administer creams, but did not make any reference to cough mixtures. We were told by a staff member that it was not usual for this person to have cough mixture in their bedroom and it must have been brought in by a relative without the service knowing.

People felt their medicines were handled safely and they got them when they should. We observed people being given their medicines at lunch time. The staff member in charge of dispensing consistently signed for the medicine before administering, which meant that should a person choose to refuse their medicine or if it was accidently ruined the staff member would not be able to record accurately on the Medication Administration Record (MAR) chart. In between taking the medicine to the intended person the staff member locked the medicines trolley but left the blister pack containing medicines on top of the trolley. This posed a risk as the medicines trolley would be left unattended and although other staff members were present they were busy serving lunches and attending to people's needs. We observed the staff member talking with people in a kind, unhurried way, explaining that it was time for their medicine and telling them what they were being given. We spoke to the registered manager about the practices we observed. They told us it was practice within

Is the service safe?

the service to always sign the MAR chart before the medicine was given so they did not forget to sign. We pointed out this was not what their medication policy stated was the correct procedure and conflicted with training staff had received. This was not safe practice as some medicine may be refused or ruined and records would not accurately reflect this.

There was some conflicting information recorded on the MAR charts and the information for when people required medicine, which was not regular, for example, Paracetamol for pain relief. We saw that a document inserted next to the MAR chart for one person stated that two Paracetamol tablets should be taken up to four times a day when required. On the MAR chart it stated that one or two tablets should be taken every three hours. This meant that the person would be receiving inconsistent and unsafe support with their medicines. We found some missing signatures on the MAR charts for the day of the inspection, which the registered manager rectified immediately with the staff member who had administered the medication.

One person was on holiday and had taken their medicine with them in the blister packs as well as an amount of Tamazepam and Paracetamol, but there was no record on the MAR chart to say the quantity, which had been taken. This meant that staff would be unable to account for the medicine, which remained and how much had been used on the persons return, this meant medicines were not being accounted for or audited safely.

Some hand written entries of medicine on the MAR charts had not been signed and some information sheets for creams were not in place. We found that there had been four medicine errors in June 2015, and that the service had made follow up reports stating what action was taken.

We looked at the controlled drugs storage and did a stock check on the controlled drugs held. We found that the majority of the controlled drugs were in order. However, there was a missing Tramadol capsule 50mg belonging to one person. The registered manager said they would investigate this immediately; temperatures were being taken and recorded. There was a medicines policy in place which was current and reviewed regularly.

The provider has failed to fully assess all the risks to people's health and safety, do all that is reasonably practical to mitigate any such risks and ensure the proper and safe management of medicines. The above is a breach of Regulation 12 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Recruitment processes at the service were not robust. Recruitment files contained evidence of a Disclosure and Barring Service (DBS) check having been undertaken (these checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people). There was proof of the person's identity and evidence of their conduct in previous employments. There was a completed application form on each file. However, there were gaps within the employment history that staff had provided. The registered manager told us these gaps had been checked out during their interview, although this information had not been recorded, which was required by legislation. Information required by legislation helps to ensure people were protected by safe recruitment procedures because required processes had taken place.

The provider has failed to have available information specified in Schedule 3 in relation to each person employed. This is a breach of Regulation 19 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Incidents and accidents were appropriately responded to, monitored and analysed. The registered manager told us that they would look at information, which was gathered from monitoring sheets of incidents and accidents, and would follow up and act upon the information they received. We saw this to be the case from the records we reviewed. We were satisfied that the registered manger was following up and acting on incidents, which may pose harm to individuals.

People felt the premises was well maintained and staff felt any issues were quickly resolved.

The service completed all of the necessary checks for keeping equipment safely and well maintained. There were two stair lifts which had both been serviced on the 3 June 2015, several hoists and slings had also been tested and certificated to show they were fit for purpose. Portable Appliance Testing (PAT) testing for the service had been undertaken on the 1 May 2015. Electrical installation had been tested and was up to date, emergency lighting and fire detection was serviced, regularly checked and records made and there had been several fire drills with the

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involvement of staff members. Over the last year the premises had benefited from second large extension, creating a spacious and homely environment that people freely accessed. A development plan was in place to address some areas that were tired and work was due to start in August 2015.

People felt safe in the service and if they were unhappy they would speak to the registered manager or staff. Safeguarding had been discussed at a residents meeting so people knew about keeping safe. During the inspection the atmosphere was calm and relaxed. There were good interactions between staff and people with people relaxed in the company of staff. Staff were patient and people were able to make their needs known. Staff had received training in safeguarding adults; they were able to describe different types of abuse and knew the procedures in place to report any suspicions of abuse or allegations. There was a clear safeguarding and whistle blowing policy in place, which staff knew how to locate. The registered manager was familiar with the process to follow if any abuse was suspected in the service; and knew the local Kent and Medway safeguarding protocols and how to contact the Kent County Council's safeguarding team to report or discusses any concerns.

People told us "This is a very nice place to be, there are always enough staff around if I need them". People's needs were met by sufficient numbers of staff. Staffing at the service consisted of the registered manager, the deputy manager, the health and welfare officer (their role was to focus on the medical and health needs of people), and an administrator. The service had six health care assistants on duty throughout the morning from either 7am or 8am until 2pm. In the afternoon from 2pm until 8pm there are four health care assistants on duty. From 8pm until 8am there were two wake night staff. The registered manager told us that when staffing numbers decrease due to sickness or annual leave they would cover with existing staff if they could and then they used agency staff, which would usually be the same agency workers for consistency. The deputy manager, health and welfare officer or the registered manager would help "on the floor" when staffing numbers were low.

At the time of the inspection the deputy manager was on maternity leave so the registered manager and health and welfare officer were covering their duties. In addition to this there was a cook, kitchen assistant, maintenance person/ gardener, and domestic staff. At weekends there were five health care assistants on duty during the morning. The registered manager told us they felt there were sufficient numbers of staff to meet the needs of people at the weekend, because there were no visits from GPs or other professionals. On Saturday and Sunday the kitchen assistant did some of the cleaning duties as well as their usual ones. The registered manager told us they had been recruiting and were awaiting checks before new staff could commence their duties. There was also a vacancy for a wake night staff member.

One person told us "I am very unsteady on my feet and can't bend down very much at all, so it's difficult to steady myself, the carers are lovely, they all help but sometimes I do have to wait to be picked up after a fall. I feel safe because I know someone will come along and help me". Another person said, "This is a very nice place to be, there are always enough staff around if I need them".

Each person apart from one required some support with their personal care. One person required two staff members to provide support with their personal care. The registered manager told us that they used a daily recording tool called 'morning routine' to assess the support needs of each individual. This tool indicated how much support a person needed with their personal care and how much time staff had to allocate to the individual. The registered manager said that staff would complete this daily and they would analyse the information. They told us according to the analysis they would then add in more staff when needed. The registered manager felt this adequately monitored the levels of staffing. They said they would reassess the levels of staffing if more people were to take up occupancy in the service. We observed interactions in the communal lounge in the afternoon and found that staff had time to sit with people and engage in meaningful conversation. Staff did not appear to have to rush from task to task and there was a relaxed feel to the communication between people. One person told us "I am very happy here, I don't need help with anything because I can wash and dress myself, but there are plenty of people around if I do need them. I can get up and go to bed when I like which is usually quite late".

Requires improvement

Is the service effective?

Our findings

People and their relatives were satisfied with the overall care and support they received. Comments included, "I am quite happy here". "It's very pleasant". "My daughter visited nine different homes and this was the best. It's very good, it has its faults and problems, but it's good I can't complain". "This is a very nice place to be". "What a lovely calm ambience and I could live here myself if I had to find somewhere". "The home is not too large and people seem to be getting along fine together". "I am very happy here". "The care is excellent". This was also reflected in a recent quality assurance survey people had completed when they said they were happy with their care and support. Professionals we contacted felt staff had a good understanding and knowledge of people and their care and support needs. People reacted and chatted to staff positively when they were supporting them with their daily routines.

People felt staff had the right skills and experience to meet their needs. Comments included, "They are competent". "Some are better than others, some are very good and some are just starting". "The good ones are very good". Professionals told us, "I think the staff must be well trained as they all seem to be on the same page, and work as a unit". "The registered manager makes sure that the residents are very well looked after, and all their needs are taken care of".

People had signed various consent forms although some of these had been some time ago and had not been reviewed in the light of people's capacity to make these decisions changing. People told us their consent was gained, by staff discussing and asking about the tasks they were about to undertake. Records showed one person occasionally presented challenging behaviour; there were no restrictions in place. People said staff offered them choices, such as what to have to eat or drink or what to wear. The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards. Staff had received training to help enable them to understand their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The registered manager told us that the service had been involved in one best interest meeting regarding a person receiving medical treatment. This had been triggered by an assessment of the person's capacity to make this decision undertaken by the registered manager, although this assessment had not been recorded. The decision had involved the individual, staff, a solicitor, an advocate, the community mental health team and the consultant. Bed rails were in place for one person, which were detailed on a risk assessment and the decision to use these had included the family and community nursing team.

The registered manager told us that 16 people had a Lasting Power of Attorney in place. Staff understood that people had the right to make their own decisions. Most people had the capacity to consent to live and receive support at the service. However when people were developing or had developed dementia the registered manager understood they were required to assess their capacity and was in the process of contacting the local DoLS office for advice and guidance. This is an area we have identified as requiring improvement.

Staff understood their roles and responsibilities. Staff had completed an induction programme, which met Skills for Care common induction standards. Skills for Care common induction standards are the standards people working in adult social care need to meet before they can safely work unsupervised. The induction including an orientation to the building and policies, procedures and practices and shadowing experienced staff until it was felt they were competent. During the inspection one new member of staff was shadowing an experienced member of staff. Staff had a three month probation period to assess their skills and performance in the role. The service had recently introduced the new care certificate induction training and one staff member had completed their first standard and two others had received their joining details. Records confirmed that staff received initial training and this was refreshed periodically. Training included moving and handling, food hygiene, first aid, and infection control and fire safety. Some staff had received specialist training in dementia awareness, diabetes, continence management, falls prevention, maintain a healthy skin and managing challenging behaviour. Recently staff had received training in running a reminiscence session with people. Staff felt the training they received was adequate for their role and in

Requires improvement

Is the service effective?

order to meet people's needs. The service had 16 active care staff and 13 staff had achieved a Diploma in Health and Social Care (formerly National Vocational Qualification (NVQ)) level 2 or above and another staff member was working towards this qualification. Diplomas are work based awards that are achieved through assessment and training. To achieve a Diploma, candidates must prove that they have the ability (competence) to carry out their job to the required standard.

Staff told us they had opportunities to discuss their learning and development through one to one meetings with their manager. Senior staff told us they worked on shift and during this time staffs practice was observed and checked against good practice. Staff said they felt well supported. Regular staff meetings were held where staff had the opportunity to discuss any practice concerns and policies, procedures and good practice was reiterated. The registered manager had recently introduced a new appraisal system, some appraisals had taken place and others were planned.

People had access to adequate food and drink. People told us they liked all the meals and were asked about dishes they wanted to go on the menu or be taken off during residents meetings. In a recent quality assurance survey people said they were satisfied with the quality of food, choice, portions and refreshments. Comments about the food included, "We get a fried breakfast on a Sunday". "The quality is good. Sometimes it is not as hot as I would like, but it is good portions". "The food here is very good and plenty of it". "I do like a cup of tea first, but I don't always get one if they are rushed". "The food is very good, I get enough to eat. I come down to breakfast because it's a nice place to be". "Sometimes there is just too much". "The food is very good". "The food has improved considerably in the last six months, but for some reason today it was horrible, it's not usually like that". "I don't have a great appetite, I never have had, and I eat mostly fish as I have a digestion problem".

A four week rolling menu was in place, which showed people had a varied diet. People were asked their choice of meal during the morning of each day. Each day there was a main meal and a vegetarian option. The main meal was served at lunchtime with a light meal or sandwiches about 5pm. The choice of main meal on the first day of the inspection was salmon and broccoli bake, with potatoes and green beans or a tomato and mushroom pasta bake. One person chose an alternative of fish to these to dishes. Staff told us two people did not like the tomato pasta bake once they received it so an alternative of omelettes were cooked for them. This was followed by a desert and a choice of hot drink. At supper time people had sandwiches and a cream tea. People could choose where they wanted to have their meals with most choosing the dining room at lunchtime. The registered manager told us most people chose to have trays in their rooms at breakfast time.

Some people required a special diet, such a diabetic, vegetarian and lactose free. These were catered for. The registered manager told us that four people were at risk of poor nutrition. People's weight was monitored and a fortified diet was in place. For example, full fat milk was used or cream added to increase people's calorie intake. Health professionals had been involved in the assessment of people's nutritional needs. One person required a soft diet and this was catered for, other people had their nutrition supplemented by prescribed fortified drinks. Staff sat at the table discretely with some people, whilst assisting one person to eat. Aids and adapted equipment were used to help encourage people's independence when eating and drinking, such as bowls and cutlery.

People's felt their health needs were met. Records confirmed people had access to dentists, doctors, the nurse, opticians, dietician and the community mental health team. A chiropodist visited the service regularly. People told us that if they were not well staff quickly contacted the doctor or nurse and they visited. Staff told us they knew people and their needs well and would know if someone was not well. Staff were working with health professionals to monitor and improve people's health, such as monitoring and treatment of pressure sores or sore areas of skin. People had received exercises from the physiotherapist and they were encouraged by staff to do these. In some cases success meant people on short stay care were able to return to their own home. Another person staff gently reminded to stand up straight when walking to aid their mobility. During the staff shift handover on the first day of the inspection staff raised that one person had an area of sore skin and staff were to monitor. On the second day of the inspection senior staff had acted on this and had asked a health professional to visit.

Good

Is the service caring?

Our findings

People told us staff listened to them and acted on what they said and this was evident from our observations during the inspection. People said the staff were kind and caring. Their comments included, “They don’t rush me”. “They are very friendly; they have a joke and a laugh”. “They are very helpful”. “The carers are lovely, they all help”. “The carers are very nice”. “Everyone is very helpful here”. “They are kind and not rushed”. “Staff are kind and cheerful”. “Nothing is too much trouble for anyone”. “The staff are always kind and cheerful and I feel quite confident with them. I am not afraid to ask for anything I want because nothing is too much trouble”. “It's lovely when they hold my hand and talk to me as my confidence has gone, I can't even turn the pages of a book now”.

During the inspection staff took the time to listen and interact with people so that they received the care and support they needed. People were relaxed in the company of the staff, smiling and communicating happily. In a recent quality assurance survey people said that staff were friendly and helpful.

A social care and other professionals felt staff were “Very” caring. Comments included, “This is the one (service) I would choose for me or a member of my family”. “I have never heard anything untoward or seen people ignored. Staff are always polite”. “They (the staff) know the residents well, and treat them as individuals. I hear them speaking to them (people) and they talk with kindness and take an interest in what they are saying, they are also very caring towards them”. “(The registered manager) will always try to encourage all to engage with what's going on during the day, but if they do not want to that's fine, but they will always be asked”.

One staff member was observed to have a very caring attitude with people. It was gestures, such as a pat on the cheek or hand, a cheerful smile and chat, especially when assisting with lunch time. They had time to talk to people and see if they needed help in cutting food or holding a cup.

Another staff member was observed helping people back in to the lounge after lunch, retiring to bedrooms or taking to the toilet. They were calm and confident and chatted to people as they assisted them.

Recently staff had attended reminiscence training. The registered manager told us about one member of staff who had been inspired by this training and was now organising several activity sessions involving people including purchasing bulbs ready for people to plant and preparing a recipe to make a Christmas cake.

People confirmed that they were able to get up and go to bed as they wished and have a bath or shower when they wanted. One person said, they valued their independence and could “get up and go to bed” when they liked “usually quite late” they told us. People were able to choose where they spent their time. During the inspection people accessed the house as they chose. There were several areas where people were able to spend time, such as the garden, the lounge, the conservatory, the library or a coffee area in the dining room as well as their own room.

People said they had their privacy respected. People told us staff knocked on their door and asked if they could come in before entering. In a recent quality assurance survey people said that they were treated with respect and had adequate privacy. Staff talked about how they promoted privacy and dignity. For example, during personal care routines people were left in private in the toilet or in the bath if they wanted to be. Bedrooms were individual and reflected people’s hobbies and interests. Some people had brought in their own possessions to enhance their rooms.

People’s care plans contained some information about their life histories. The registered manager told us this information was included in all care plans, but varied in detail depending on if people had family and if they were involved in the person’s care and support. The registered manager had recently obtained a template for collecting life history information and intended to use this with families to improve the information already held. People’s care plans detailed people’s preferred names and we heard these being used. Staff felt the care and support provided was person centred and individual to each person. People felt staff understood their specific needs. Staff had built up relationships with people and were familiar with their life stories and preferences. During the inspection staff talked about people in a caring and meaningful way.

During the inspection it was apparent that people had forged friendships with other people living at the service and some choose to spend time sitting with these friends.

Good

Is the service caring?

The service had embraced the new Care Certificate. The Care Certificate is the first time an agreed set of standards that define the minimum expectations of what care should look like across social care have been developed. It sets out the learning outcomes, competences and standards of care ensuring that support workers are caring, compassionate and provide quality care. The provider told us four staff had signed up for the Care Commitment and would make pledges against the commitment.

During the inspection staff talked about and treated people in a respectful manner. A social care and other professionals told us that people were treated with dignity and respect. Comments included, "There is a lot of laughter and fun and a homely atmosphere". "From what I have observed the residents are content and well treated". During the inspection when people required support with personal care they were assisted to the privacy of their own room or bathroom. Relatives told us that people's privacy and dignity was always respected. Care records were individual for each person to ensure confidentiality and held securely.

People's religious needs were met. The registered manager told us that one person went out to church twice a week. A visiting lay preacher also visited the service at least monthly and held a communion service for those that wanted to attend.

People's and their relatives confirmed that family and friends were able to visit at any time. One relative told us they had been offered lunch on their previous visit and said that it was very good. They and their relative had eaten in the lounge so that they were able to talk more freely, which they felt was handled well. Ten people had a telephone in their room or a mobile phone so they could keep in contact with friends and family, some people also used the internet.

The service had received lots of compliments from relatives during 2015. Some of their comments included, "We are all entirely grateful for finding such a wonderful place for mum….It has always amazed me how dedicated and loving you have all been towards mum". "Thank you for looking after me (was on respite care) so well. I wasn't too happy coming, but you all made me feel very welcome and happy to be there. The care I received was superb and I wouldn't hesitate to recommend you". "Just wanted to thank you and your staff for the care you are giving my mum, she looks so much better now. She is definitely more lucid these days when I speak to her, this is obviously down to the interaction she has with you guys". "I wanted to write and thank you all for the love, kindness, patience and friendship you all gave to my father… He was very happy and extremely well looked after and called it 'home'. I always felt very welcome at the Old Rectory whenever I came to visit and was grateful to everyone for looking after my father so thoughtfully, often going above and beyond the call of duty to ensure he was OK. I wouldn't hesitate to recommend The Old Rectory to anyone who is looking for somewhere. I can't thank you all enough for the love and professionalism you have shown my family".

People's independence was maintained. People told us they like to be as independent as possible. One person said, "I need some help with dressing especially as I can't bend very well, but I do like to be independent and do some things for myself". Daily records showed that staff encouraged people to do what they could for themselves. For example, one entry showed that a person washed the parts they could and staff supported only with the other areas. Professionals told us people were "Encouraged to so things".

People told us they had regular residents meetings where the provider kept them up to date with events and information. These meeting had been used to discuss recognising and understanding abuse and equality and diversity. There was also an information pack/folder in each person's bedroom. This contained information about the service and what people could expect whilst living there. People received a monthly newsletter with information about new staff, up and coming activities and people's birthdays.

The registered manager told us at the time of the inspection people were able to make their own decisions and choices or were supported by their families or their care manager, when required. One person had accessed and been supported by an advocacy service whilst considering medical treatment. Contact information for an advocacy service was contained within each person's room in their introductory information folder.

Requires improvement

Is the service responsive?

Our findings

People were very happy with the care and support they received and felt it met their needs.

People told us that a member of their family had visited the service prior to them moving in to have a look round. When people's move had been planned their needs had been assessed prior to moving into the service. When people's admission had been in an emergency the assessment had taken place after they moved in. Care plans contained a copy of the pre-admission assessment undertaken by the staff. This information, observations during the visit and discussions with family members was used to ensure that the service was able to meet people's needs.

Care plans were developed from discussions with people, observations and the assessment. Most care plans contained information about people's needs in relation to health, mental health, mobility aids, continence, medicines, tissue viability, personal care, diet and social interests. However one care plan for a person who had moved in during June 2015 had not been fully completed. There was information relating to the management of their medicines, but apart from this the only information available to staff was contained within the pre-admission assessment, which we found during discussions with staff did not reflect the person's current care and support needs, in particular in relation to support they required with their personal care.

Another care plan had not been reviewed since 2014 and since that time a close relative of the person had died, but the care plan still frequently referred to this relative. Care plans lacked evidence that people had been involved in developing them or their review. The registered manager told us that during the pre-admission assessment everything was discussed with the individual and sometimes a family member, but following this it was an area that she acknowledged did need improvement.

Care plans lacked information about people's preferences and wishes about how they wanted to receive their care and support and what people could do for themselves and what support they required from staff in relation to their personal care, in order to develop or maintain their independence. For example care plans stated '(The person) needs full assistance with personal care. Bed bath and frequent flannel wash throughout the day and regular application of creams needed'. Another stated '(The person) requires assistance from one carer when bathing. (The person) needs carers to attend to her personal care and help dress day to day due to their limited movement'. '(The person) requires carers to gently encourage and initiate personal care. Staff will assist (the person) when having a bath. Staff will assist (the person) to dress if struggling. These statements did not inform staff how they should support people and did not support people's receiving their care and support in line with their wishes or ensure staff adopted a consistent approach in order to encourage independence. This was despite one care plan stating that a person 'needed to use her independence to maximum potential'.

The provider has failed to maintain an accurate and complete record in respect of each service user, including a record of the care and support provided to the service user and decisions taken in relation to the care and support provided. This is a breach of Regulation 17 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff demonstrated that they knew people and their needs well. They were able to talk about people's current care and support needs in detail. Most care plans had been reviewed within the last six months by staff. In addition some people were visited and their care and support reviewed at least annually by the community mental health team.

People had a programme of leisure activities in place, to help ensure they were not socially isolated. One person said, "I am never lonely as there are always others around, more people here than at home". People agreed there were things to do. The activities for the week were displayed on a board using leaflets, pictures and photographs. Activities included darts, snakes and ladders, and walks in the garden, exercises, visiting pets, manicures, bingo, local singing group, dominoes, audio book, book reading and movie night. Staff told us people enjoyed the outside entertainers that visited, such as people with musical instruments and singers. A volunteer organisation visited and undertook reminiscence sessions with people. Staff told us events were made more meaningful and special by arranging activities, such as a sweep stake at the time of the grand national horse race. During the inspection we saw people reading newspapers and books, playing bingo, playing snakes and ladders, listening to staff read a local magazine and having a sing-a-long. One visitor said, "How

Requires improvement

Is the service responsive?

good to see the staff with the residents". We heard individuals enjoyed doing jigsaw puzzles or knitting. The registered manager said people often used the coffee area or library to play dominoes or other games. People came to the library during the inspection and changed their reading books and told us there was a “Good selection of books”. Two people enjoyed audio books and newspapers. Two people access the community independently, another attended an outside daycentre and another person continued to use their own hairdresser in the community. Some people had their own computers and there was one available for people to use in the library. There was a hairdressing salon within the service and a hairdresser visited frequently. People told us she was “Good” and they enjoyed having their hair done. There was also a ‘shop’ where people could purchase items, such as toiletries.

The service met the needs of people including those with physical disabilities. The Old Rectory Residential Home benefited from being a large and spacious building, but had a homely atmosphere. This meant people had space to walk or access different seating areas to spend time with family or friends or alone. Accommodation was on three levels and accessed by a passenger lift although in one area access was via a stair lift. Level paths from the premises meant people were able to access and walk round the garden. Different corridors within the service had been carpeted in different colours so people could orientate themselves as to which part of the building they were in or their bedroom was in. Carpets and flooring were of a plain colour and the registered manager told us this would be continued following the next phase of refurbishment, to suit the needs of people living with dementia. Other ways the environment had been adapted to aid people with dementia was that name plates with people’s names and a photograph for people’s bedroom doors had recently arrived at the service. A large faced clock which also displayed the day and date was displayed in the lounge and calendars, diaries, pictures and written reminders were used in people’s rooms. The registered manager told us the Kent Blind Association had visited and advised the providers on the environment and changes had been made to lighting.

People told us they would speak to the registered manager, a staff member or their family if they were unhappy, but did not have any complaints. They felt the registered manager would “Tackle what you tell her”. There had been no complaints since 2011. There was a complaints procedure displayed within the front hallway and this included the timescale that people could expect a response by. However it did not contain the contact details of the local authority or the local government ombudsman should people not be satisfied with how their complaint was handled, which is an area for improvement. The registered manager told us that any concerns or complaints would be taken seriously and used to learn and improve the service.

People had opportunities to provide feedback about the service provided. There was a suggestions/comments box within the service, which the registered manager opened monthly. There had been none received recently. There were regular residents meetings where people could give feedback and were kept up to date with events within the service. For example, people were asked for feedback on the menus and entertainment. People had completed questionnaires this year to give their feedback and make suggestions about the service provided. These were held on files in the office were mainly positive and negative responses had been acted on where possible. There was also lots of compliment letters mainly from relatives, which were positive about the service their family member received.

Requires improvement

Is the service well-led?

Our findings

There were shortfalls in care planning records. For example, care plans lacked detail about people's wishes and preferences and about what people could do for themselves and what support staff needed to provide.

The provider had failed to maintain an accurate and complete record of the care and support provided and decisions taken in relation to people's care and support. This is a breach of Regulation 17 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other records were up to date, well maintained and accessible during the inspection. Records were held securely.

Audits were carried out to monitor the quality of the service and to identify how the service could be improved. This included regular checks on the cleaning standards and infection control, medicines records, monitoring care plan, risk assessment and medicine reviews, medicine stock and expiry dates checks and on-going monitoring of training including using Skills for Care monitoring system, which flagged when refresher training was due. Although the care plan and risk assessment review audit had failed to identify the shortfalls highlighted during the inspection.

Staff had access to policies and procedures, which were contained within a folder and was held in the service. These had recently been reviewed and were kept up to date by the provider. However the provider had not identified that staff were not following the medicine policy when administering medicines.

There was an established registered manager in post who was supported by senior staff. The registered manager worked eight hours a day Monday to Friday. People felt the registered manager was approachable and open. In a recent quality assurance survey people said they could speak freely to the providers or other senior members of staff if they needed to. There was an open and positive culture within the service, which focussed on people. The registered manager told us that they motivated their staff through social events and get togethers, as well as staff meetings, appraisals and supervision. The service held family events which people, their families and staff and their families attended, which helped to forge a family atmosphere. Staff told us, "It is a really good place to work. (The providers) are always here and on hand and we could go to either of them with any problem". "We work as a team, the staff are nice and everyone works together".

People and relatives felt the service was well-led and spoke positively about the registered manager. Comments included, "(The registered manager) is helpful and we are well looked after". "You can't fault the place". "I have booked my own room for when I need it. I can't fault the place it's clean, friendly and safe and the staff are nice and cheerful. What a lovely atmosphere to be in". "I telephone the manager to say thank you even if it is late at night because I think it's important. They don't mind. I can also say if I don't like something too". Staff felt the service was well-led. One staff member said, "We are here for the residents and do as much for them as possible and in a way that they want".

Staff felt the registered manager's door was "Always open" and they listened to their views and ideas. For example, one staff member told us they had gone to the registered manager with a concern. They told us how this had been investigated and action taken to address this.

A social care and other professionals felt the service was well-led. They told us "It's because it is family led. Being led by a family makes it such a nice place". "It is an excellent home". "All in all I would not hesitate to place anyone here". "As it is a family concern I feel that they extend the family atmosphere to include everyone in the building, staff and residents alike, when you walk into the Rectory the ambience is always calm and serene, and it stays like that throughout the day. I personally believe that it is run as a very professional but kind establishment, and is one of the best in the area". Comments relating to the registered manager included, "They are very nice, happy and motherly. They know about all their residents and their individual needs". "I get on very well with (the registered manager), their team and care staff". "The registered manager is always on the ball, and makes sure everything runs smoothly".

Within the service the provider had a set of aims and objectives. The registered manager told us these were discussed with staff during their induction and linked to their annual appraisal. Staff told us the aims and objectives

Requires improvement

Is the service well-led?

included making everyone happy and giving them a good quality of life, a home from home. Make residents comfortable as it is their home, give them choices and respect their rights.

People had completed quality assurance questionnaires to give feedback about the services provided. These were mainly positive although there were areas where improvement was possible, such as the laundry service. Any area where there was room for improvement had been investigated and action taken or plans were in place.

People could also completed questionnaires as part of a national review of services programme. People and other third parties could post comments and ratings of services or their experiences. This fed into a scoring system and at the time of the inspection the service had been awarded 9.8 with the highest score being 10. Areas of feedback included quality of care, staff, management, cleanliness, food and drink, activities, safety and security, value for money, rooms and facilities.

Staff said they understood their role and responsibilities and felt they were well supported. They had regular team meetings where they could raise any concerns and were kept informed about the service including updates from audits, practice and procedural issues and any risks or concerns. Staff also used a shift handover to keep up to date. Staff felt there was good team work within the service and they enjoyed their work.

The Environmental Health Officer had visited the service in June 2015 and awarded the service five stars, which is the highest award.

The service were members of the National Care Homes Association and the Kent Care Homes Association. The provider and registered manager attended regular meetings or seminars held by these associations; they also had links to a network of local providers and registered managers and used the internet to keep up to date with changes in guidance and legislation.

The service had signed up to the Social Care Commitment. **The Social Care Commitment is the adult social care sector's promise to provide people who need care and support with high quality services.** It is a Department of Health initiative that has been developed by the sector, so it is fit for purpose and makes a real difference to those who sign up. Made up of seven statements, with associated 'I will' tasks that address the minimum standards required when working in care, the commitment aims to both increase public confidence in the care sector and raise workforce quality in adult social care. The statements were the basis for the provider's development plan, which had recently been drawn up and including reviewing recruitment and retention of staff processes to ensure they reflected the standards.

The atmosphere within the service on the day of our inspection was open and inclusive. Staff worked according to people's routines.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 17 HSCA (RA) Regulations 2014 Good governance The provider had failed to maintain an accurate and complete record of the care and support provided and decisions taken in relation to people's care and support. Regulation 17(2)(c)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider has failed to fully assess all the risks to people's health and safety, do all that is reasonably practical to mitigate any such risks and ensure the proper and safe management of medicines. Regulation 12(1)(2)(a)(b)(g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed The provider has failed to have available information specified in Schedule 3 in relation to each person employed. Regulation 19 (3)(a)