

First For Care Limited

# The Old Rectory Care Home

## Inspection report

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Date of inspection visit:  
29 April 2019

Date of publication:  
29 May 2019

## Ratings

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

# Summary of findings

## Overall summary

About the service: The Old Rectory is registered to provide accommodation with personal care for up to 23 older people, who may be living with dementia. There were 18 people living at the home at the time of our visit, one person was in hospital. Care is provided across two floors and communal areas were located on the ground floor. Not all bedrooms were ensuite.

People's experience of using this service:

People told us that they were happy living at The Old Rectory and were supported by staff who were kind, caring and supportive. Staff understood people's concerns and were quick to offer reassurance which helped reduce people's anxiety.

Risk assessments managed risks within people's lives and staff knew how to keep people safe from those risks.

People's dietary needs, preferences and nutritional needs were assessed and known by staff and when needed, people were referred to other professionals to support their healthcare needs. People received their medicines safely from trained and competent staff.

There were sufficient numbers of care staff on duty to keep people safe, with staff continually present in the main communal lounge to ensure people had support available to them when needed. The registered manager and deputy manager could support staff on the floor if emergencies happened.

Staff had training in relevant subjects and they knew their roles and responsibilities, such as safeguarding people from poor practice.

People continued to have choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff knew people well and supported people in line with their care plan. Care plan records were reviewed but in some cases, needed 'the small' but more personalised information for staff to provide the person-centred care, staff told us about.

People pursued opportunities to engage in activities and interests that kept them stimulated and involved in what they enjoyed. Plans to improve outdoor garden space would further enhance opportunities.

Since the last inspection visit, the registered manager had changed and had managed this service for 18 months. The registered manager had implemented and improved a number of quality assurance systems and checks that gave them confidence, people received a good service.

People, relatives and staff said the registered manager and deputy manager were visible and approachable. Staff said changes particularly over the last 12 months were for the better. Staff felt they worked better as a team which helped ensure people received good and consistent care.

The registered manager had further plans to improve upon the changes already made. The registered manager was working with other organisations and healthcare professionals to improve outcomes for people.

We found the service met the characteristics of a "Good" rating in five areas. For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection: Good. (The last report for The Old Rectory was published on 7 September 2016).

Why we inspected: This was a planned inspection based on the rating at the last inspection. The previous 'good' service provided to people continued. The overall rating continues to be Good.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received we may inspect sooner. For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

## 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 remained safe

Details are in our Safe findings below.

**Good** ●

### **Is the service effective?**

The service remained effective

Details are in our Effective findings below.

**Good** ●

### **Is the service caring?**

The service remained caring

Details are in our Caring findings below.

**Good** ●

### **Is the service responsive?**

The service remained responsive

Details are in our Responsive findings below.

**Good** ●

### **Is the service well-led?**

The service remained well led

Details are in our Well Led findings below.

**Good** ●

# The Old Rectory Care Home

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection Team:

One inspector carried out this inspection.

#### Service and service type:

The Old Rectory is a care home. People in care homes receive accommodation and personal care. 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:

The inspection was unannounced.

#### What we did when preparing for and carrying out this inspection:

Prior to the inspection, we looked at the information we held about the service and used this to help us plan our inspection. We looked at notifications that we had received about events that had happened at the service, which the provider is required to send to us by law. These included notifications about deaths, serious injuries, whistle blowing and safeguarding's. We also considered the Provider Information Return (PIR). This is information we ask the provider to send to us at least annually to give us key information about the service such as what it does well and any improvements they plan to make. Through our conversations with the management and staff we gave them an opportunity to tell us and show us how what they described to us translated into everyday practice.

During our visit, we spoke with three people who used the service but due to their limited verbal

communication, we could not hold a full conversation with them all. We spoke with two visitors and observed the communal areas to assess how people were supported by staff. We spoke with the registered manager, a deputy manager, a cook, three care staff and a senior staff member. We reviewed a range of records. For example, we looked at two people's care records, multiple medication records and examples of related healthcare records. We also looked at records relating to the management of the home. These included systems for managing any complaints, staff training and people's feedback. We looked at the provider's checks on the quality of care provided that assured them they delivered the best service they could.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong;

- Risks related with people's care were assessed, reviewed and managed in a safe way.
- Staff knew people's individual risks and the actions to take to minimise the risk of harm. For example, a person was at risk of falls, so staff ensured the person had their walking aids with them and they wore appropriate footwear. One staff member said a person had a sensor mat that when triggered, staff went to the person to check they were safe when mobilising. Individual risks recorded actions to take to help keep people protected.
- Environmental and health and safety checks risk assessments were completed so any known risks could be reduced. Checks of equipment such as hoists, slings, pressure relieving equipment and wheelchairs were regularly completed. Fire and water safety checks were completed at the appropriate intervals. Staff had completed both fire training and fire evacuation (drills). There were policies and procedures in the event of an emergency and fire evacuation and regular fire safety checks ensured equipment remained fit for use. Each person had their own individual personal evacuation plan to ensure their needs were recorded and could be met in an emergency.
- The registered manager learned from incidents that had occurred at the service and appropriate responses and actions had been taken to prevent the risk of future reoccurrence, for example monitoring of falls, incidents, accidents and fluctuations in people's weight.

Staffing and recruitment;

- Staffing levels met people's needs. People said they did not wait long for help.
- Staff said the staffing levels were enough to support people when needed. We observed staff responding to people in a timely way during our visit. Staff gave people plenty of time to communicate what they wanted to say or when they moved throughout the home. Alarm calls when raised, were responded to quickly.
- The registered manager completed a dependency tool that gave them confidence, the right staff numbers were on shift. If people's needs or occupancies within the home increased, the dependency tool was updated. The latest dependency tool showed staffing hours on duty exceeded assessed needs. Staff said this gave them time to talk with people or help people with any activities they wanted to do.
- We did not look at staff recruitment files because there was no information or concerns identified during our planning. The registered manager said all staff had pre-employment checks completed and enhanced criminal record checks to ensure they were of suitable character. They also told us staff had been at the service for some time so trust and confidence in staff practice had been established.

Using medicines safely;

- People received their medicines safely. Medicines were stored and administered safely and records we checked, showed staff had correctly signed medicines administration records when given.
- Time critical medicines were given at the correct time intervals which helped manage people's health conditions. If people required as and when medicines, clear instructions advised staff when to give them

safely, such as signs of pain and what safe doses to administer.

- Staff were trained to administer medication and regular audits ensured medicines continued to be given safely and as prescribed.
- We found people who received prescribed creams were given these as indicated, however we recommended the staff completed a topical cream chart that would make sure, those creams were applied consistently. The registered manager agreed to this action.

Preventing and controlling infection;

- The environment was clean and some communal areas were in the process of being repainted.
- Staff told us that they used Personal Protective Equipment (PPE) such as gloves and aprons to reduce the risk of the spread of infection and there were enough supplies available. We saw no concerns during our visit, however we had been told of examples when staff had not always removed their PPE when leaving a person's room. We were told this had been brought to the registered manager's attention.

Systems and processes to safeguard people from the risk of abuse;

- Staff knew how to protect people from abuse and poor practice. Staff were confident to raise any concerns with the registered manager or the provider. If staff felt no action was taken, one staff member said, "I would whistle blow – I can't not know something was not done." Staff said they had not witnessed any poor practice whilst at this service. The registered manager knew the procedure for reporting safeguarding concerns to the local authority and to us.

## 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

Good: People's outcomes were consistently good and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance;

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff followed the principles of the MCA. They explained to people what was about to happen before any intervention. We saw staff sought consent, for example, when supporting them with medicines or their personal care routines or where to go within the home.
- Where people were unable to make a choice, staff said, "Decisions are made in their best interests. We still give them choices – we can't take that away from them."
- The registered manager told us some people had 'approved restrictions' on their liberty, primarily because they were not safe to leave the home unsupervised.

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

- People's nutritional needs were met and people said they enjoyed the food.
- Specific dietary requirements were met and catered for. For example, the cook knew who required soft or pureed diets, these were prepared and served in accordance with people's needs. The cook said, "I speak to everyone, to see what they want. All our food is fresh and home-made."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care;

- Where people required additional support from other professionals, referrals were made in a timely way, to district nurses and GP's.
- Staff monitored people's health care needs and would inform relatives, senior staff members and healthcare professionals if there was any change in people's health needs. One relative said, "They are very good at keeping me informed – I don't have to ask...they tell me straight away, and they know (person). They know when something is not right."

Staff support: induction, training, skills and experience;

- Staff received an induction at the beginning of their employment. Training for staff new to care included the

Care Certificate. The Care Certificate is the nationally recognised induction standard.

- Staff completed ongoing refresher training, and received one to one meetings to support and guide them with their work. Training courses included specific training to meet people's individual needs, such as mental health, diabetes and challenging behaviours.

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

- People's rooms were decorated in line with their personal preferences and choices.
- People had access to assistive technology. For example, people had sensor mats in their rooms and call alarm cords to alert staff if they needed assistance.
- The registered manager had plans to continue to redecorate parts of the home and to utilise the extensive gardens and outside space for people. At the time of our visit, plans for a first-floor bathroom being changed into a hair salon was being considered. Other bath and shower rooms were available for people to use.

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

- People received a pre-assessment before they came to live at the home to ensure their individual needs were identified. These assessments were used to formulate more detailed care plans for staff to follow.
- Staff used care plans to help them deliver care and support to people, as well as using information from handovers. Care Plans were regularly reviewed to ensure they remained relevant to meet people needs.
- People were included in daily decisions. One person said, "They ask what I want to eat and drink." A relative said, "They involve (person) in decisions – staff don't just decide themselves." Staff understood respecting people's choice was an important part of their role.

# 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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence;

- People told us they felt respected by the staff. One person told us how they had a stomach upset and said, "Staff have helped me, they have been good and understanding." They said staff respected how they were feeling and made constant checks to ensure they remained comfortable.
- Staff told us how they ensured people's privacy and dignity was upheld. Staff gave us examples of how they protected people, such as knocking on doors before entering and keeping people covered as much as possible during personal care. Staff said all doors and curtains were closed. When staff checked to ensure people were comfortable, they spoke to people quietly to maintain people's dignity.
- Staff continued to maintain people's independence, such as providing people choice of what to wear, what to eat and what to do. Staff said it was paramount they continued to do this. One staff member said, "(Person) likes things their way but we still ask if they want anything."

Ensuring people are well treated and supported; equality and diversity;

- People said staff were patient with them, kind and people and relatives said they all got on well together.
- A relative said staff treated people well. They said, "Moving here has done (person) the world of good...she is always smiling and laughing." They said before moving to The Old Rectory, their family relative was quiet but now had become more involved in what was going on.
- The registered manager said they and staff respected people's rights, such as not unlawfully restricting people's freedoms, providing people with gender choice for care staff and respecting people's faiths and beliefs. Without exception, staff and the registered manager said people were well cared for and people received good standards of care from staff, who worked at the home for the right reasons – 'because they care'.

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

- People told us that staff supported them to be involved in making decisions in how they received their care.
- One person said staff helped them to remain as independent as possible, "The staff are very good, they allow me to do what I can which I like."
- The registered manager held meetings with people and relatives to obtain their views about the care and support they received. Minutes of these meetings were available for us to see. Where recommendations or suggestions had been made, relevant actions had been considered. Quality surveys were sent annually, seeking their views about the service. Results showed, everyone was pleased. During our visit, a relatives meeting was held.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control;

- People continued to receive the care and support needed. One relative said the care was, "Excellent."
- Care records contained information that was individualised. We found care staff's knowledge of people, especially 'the small things' was very good, but not always included within care plans. Staff said knowing people's past histories and behaviours helped them to know what to do to reassure people and de-escalate behaviours. A brief note in people's room, helped staff to know more about the person. Staff said this was helpful. Positive approaches that worked well, were not always recorded so we recommended this be incorporated into plans of care which would help provide the person-centred care needed. The registered manager agreed to review all of the care plans to ensure consistent care continued to be provided.
- The registered manager understood the requirements of the accessible Information standard (AIS) and took appropriate action to ensure these were met, such as using picture cards. The AIS places a responsibility on a service to identify, record, share and meet the communication needs of people with a disability or a sensory loss.
- People had access to activities, interests and hobbies that were tailored to individual needs and wishes.
- Pictures of activities that had taken place within the service were available to remind people what they had done. For people that preferred their own company or quieter areas, this was respected. For people who did not like group activities, staff supported people in their own rooms.
- Plans included improvements to the outside garden space and the registered manager said people wanted to be involved in with plants and growing vegetables. The outdoor space was being improved shortly so people could pursue their interests.

Complaints or concerns;

- People were involved in day to day choices so when people's actions or signs showed they were unhappy, staff supported people to prevent any concerns escalating. People and relatives knew how to make a complaint. The registered manager said when complaints had been raised, these were investigated and responded to within the providers expected timescales.

End of life care and support;

- At the time of our visit there was no one receiving end of life care.
- This is not a nursing home but where possible, people could remain at the home and as much support as possible would be provided to ensure if people wanted to stay, this could be accommodated. The registered manager said, "We do provide end of life care - some one passed away recently... it's awful because you are like a family but we do whatever we can to make it as easy as possible." The registered manager said they worked with support from healthcare professionals and involvement from the person's family when needed.

## 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.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility;

- There was a positive culture and attitude towards improving governance. Safety and quality audits and checks were carried out by the registered manager. This included reviewing all audits and analysing the information to identify trends and areas which may need improvement.
- The registered manager had identified where improvements were needed and strengthened their clinical and care audits to ensure outcomes for people remained positive. The registered manager had introduced new audits such as weight monitoring, pressure care audits and equipment audits. These audits were regularly completed and ensured staff delivered good quality, person-centred care. Audits seen were comprehensive and action plans were produced to address any issues raised.
- The registered manager was knowledgeable about people's care needs. They were able to provide us with all the information we asked for.
- Staff told us they worked well and communicated well with each other. Hand over systems and 'a significant book' had highlighted to staff on shift, what they needed to know and how to care for people. Staff said this worked very well and told them what they needed to know. Staff said they were aware of their responsibilities and accountabilities.
- The last inspection rating was displayed at the home, as required and the registered manager ensured information about specific events were notified to the Commission as required.

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

- People and relatives' feedback was sought. Satisfaction survey results showed people were complimentary about the service. Positive results showed people and relatives were satisfied with activities, the staff, the care, the environment and the quality of meals.

Working in partnership with others;

- The service involved people and their relatives in day to day discussions about their care in a meaningful way, as well as regular planned meetings.
- Quality and compliance with regulations were monitored through regular management meetings with the local authority and provider meetings.
- Links with outside services and key organisations in the local community were being improved and maintained.
- The provider worked with other organisations to achieve better outcomes for people and improve quality

and safety. This included the local authority and local Clinical Commissioning Group (CCG). The provider had taken on board findings following their quality visits and acted on their recommendations. This also applied to when an external pharmacy audit was completed.

- Staff worked with local services such as GPs and district nurses to ensure people's health and wellbeing continued to be promoted.

Continuous learning and improving care;

- The registered manager was committed to improving care. An action plan devised to address the shortfalls they found following their appointment continued to be monitored and improved upon. The registered manager told us they found a number of issues post the previous inspection, and prioritised these such as improvements to care plans, introducing new audits and implementing better falls analysis and staff training schedules. The registered manager was proud of the steps they and their staff team had taken to improve the service through feedback, observation and audits.

- Managers and staff shared lessons learned with each other to improve the care they provided and regular staff meetings and supervisions meant staff had the opportunity to share their feedback. Staff said the management team was approachable, listened and acted on feedback.