

## The Old Rectory Nursing Home (Doncaster) Limited

# The Old Rectory Nursing Home

### Inspection report

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### Ratings

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

# Summary of findings

## Overall summary

### About the service

The Old Rectory is a care home providing nursing and personal care. It can accommodate up to 36 people. The service provides support to older people. Some people using the service were living with dementia. There were 22 people using the service at the time of the inspection.

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

Some relatives and staff told us they did not feel there were enough staff across the service and told us sometimes people were left waiting to receive support. We did not observe this during our inspection; The provider was regularly assessing staffing levels using a dependency tool.

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.

Risks were managed in a safe way and staff knew how to protect people from the risk of harm and abuse. Medicines were managed safely, and systems were in place to ensure lessons were learned when things went wrong.

People received care and treatment from competent and skilled staff who had the relevant knowledge to meet people's needs. The provider had a system to ensure all staff had regular training and were kept up to date with best practice.

The management team had improved the governance systems to monitor the quality of the service and to ensure people received safe and effective care.

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 and update

The last rating for this service was requires improvement (published 6 October 2021) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

We undertook this focused inspection to check they had made improvements and had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this

inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. This included checking the provider was meeting COVID-19 vaccination requirements.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Old Rectory Nursing Home on our 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?

Good ●

The service was safe.  
Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.  
Details are in our effective findings below.

### Is the service well-led?

Good ●

The service was well-led.  
Details are in our well-led findings below.

# The Old Rectory Nursing 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. 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

The Old Rectory Nursing Home 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 who was in the process of registering 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. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with two people who used the service and nine relatives on the telephone about their experience of the care provided. We spoke with eight members of staff including the manager, general manager, nurses, care staff, ancillary staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed a range of records. This included two people's care records, health records and medication records. We looked at a variety of records relating to the management of the service, including policies and audits.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from harm as systems to prevent abuse were effective.
- Staff received training in safeguarding awareness and were able to describe the signs they would look for to identify different types of abuse. We felt confident that if they reported any such concerns to the management team, these would be dealt with appropriately.

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

- Systems to assess, monitor and reduce risks to people were effective. People had risk assessments which reduced risks.
- Staff were pro-active and recognised people's support needs, giving them opportunity to intervene before incidents occurred.
- Staff knew how to record and report incidents on the provider reporting system. Lessons were learnt from accidents and incidents to drive improvements in the service.

Staffing and recruitment

- The manager used a dependency tool to determine the number of staff required across the service. We found there were enough staff available to meet people's needs. However, we received a mixed response from people and staff about staffing levels and whether these were sufficient to meet people's needs in a timely way.
- We did not observe anyone waiting to receive support on the day of our inspection and we did not find evidence people had come to harm as a result of any staff shortages. We spoke with the manager about the feedback we had received, and they said they kept their staffing levels under review.
- Staff had been safely recruited. Staff told us that they hadn't start their employment until the provider had received references and had clearance back from the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People's medicines were safely managed.
- Systems were also in place for the storage and safe disposal of medicines.
- We observed the administration of medicines and saw this was done in a caring way.
- Staff received medication training and had their competency checked to ensure they were safely managing people's medicines.
- People's care plans included protocols which provided staff with information on how to administer as and

when required medicines.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

#### Care homes (Vaccinations as Condition of Deployment)

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.

- We found the service had effective measures in place to make sure this requirement was being met.



# 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 this inspection the rating is good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- Staff involved people in how they received their personalised care and support. A person told us, "I like living here and the staff look after me well."
- Assessments of people's needs were supported by advice from other professionals. For example, support of a dietician for meeting a person's nutritional needs and Speech and Language (SALT) for advice for people who have difficulties with communication, eating, drinking and swallowing.
- Staff were able to explain people's needs and how they supported them.

Staff support: induction, training, skills and experience

- Staff received appropriate training and had the skills they required to meet people's needs.
- Training plans were in place and these were reviewed and updated on a regular basis.
- Staff told us they had the required skills to meet people's needs. One member of staff told us, "The training definitely gives me the skills to do the job."
- Staff had supervision meetings with a member of the management team which supported their development. We received mixed feedback from staff around supervision, some staff felt they were valuable whilst some had not had many. The manager had a plan in place to ensure staff were adequately supervised.
- New staff members completed a structured introduction to their role and ongoing support.

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

- People's dietary needs were highlighted in their care plans and any risks of malnutrition were managed. Food and fluid charts were in place for those people at most risk to monitor intake and prompt reviews where required.
- People had choices and access to food and drink throughout the day. Where people wanted to have a specific meal, they were able to request this.
- The dining environment was pleasant, and people were not rushed whilst eating. A member of staff sat and chatted with people during their mealtime.
- People were given a number of meal choices and one person asked for their meal to be swapped and this was done promptly.

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

- The environment was been updated and going through a programme of redecoration.
- There was an easily accessible garden space.

- There were different areas for people to use for their preferred activities, and private space to spend time with their families or visitors, or to have time alone.

Supporting people to live healthier lives, access healthcare services and support

- People received care from health professionals in a timely manner and referrals for relevant professionals were completed.
- Staff worked effectively with healthcare professionals to make sure people had the support and equipment they required to meet their needs.

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 MCA 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.

- Where people lacked capacity to make certain decisions for themselves, this was recorded in their care records. Capacity assessments and specific best interest decisions had been undertaken which considered people's preferences and wishes.
- We saw staff asked people for their consent when supporting them.
- Staff were provided with MCA training and understood the principles.
- The manager ensured DoLS applications had been made in a timely way.

# Is the service well-led?

## Our findings

### 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. 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; How the provider understands and acts on duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.

At our previous two inspections we found a breach of regulation 17 (Good governance). There were insufficient and inadequate systems in place to monitor and improve the quality of the service and systems needed embedding into practice. At this inspection we acknowledged enough improvements had been made and the provider was no longer in breach of regulation 17.

- Since the last inspection a newly appointed manager had come into post whose application to become the registered manager with the Care Quality Commission was progressing.
- The manager was clear what was expected of them in their role which included working on a service improvement plan which reflected the ongoing improvements being made to support safe care and practices. The manager was being supported by the provider's extended management team including the quality improvement manager to drive through the improvements.
- There were systems in place to monitor the service. The manager was strengthening existing systems and creating additional monitoring to further drive improvement. For example, a recorded daily walk round was now in place. Areas that were identified for attention were discussed at a daily flash meeting where a representative from each department addressed any shortfalls found.
- Professionals gave positive feedback on the service reporting that they had seen positive changes to areas such as IPC, medication and the environment.
- The provider met their responsibilities under duty of candour. Investigations into incidents and complaints took place and responded to.

Continuous learning and improving care; Working in partnership with others

- The management team understood their responsibility to inform people and relevant others in the event something went wrong with people's care. If things did go wrong, apologies were given to people, lessons were learned, and these were used to improve the service.
- Feedback from relatives was they felt the provider responded to any issues raised. Relatives said they felt listened to.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The manager had made some changes to staff roles and responsibilities to better meet the needs of the service.
- There was a clear staffing structure in place and staff were clear about their role and responsibilities. Staff told us they felt well supported and the management team were always available if needed and they enjoyed their work.
- Meetings with staff took place to discuss the running of the service, reinforce areas of good practice and areas for improvement.

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

- People were encouraged to be involved in their care and staff took time to make sure people's choices and preferred routines were maintained. A relative said, "They do run things past me at times. There is also a suggestion box at reception. I suggested that they needed a white board in the nurses room so that they knew when people were going to visit, and they put one up."
- In response to the COVID-19 pandemic staff supported people to stay in touch with their loved ones whilst continuing to follow government guidelines.
- Staff told us they worked well as a team for the benefit of people who lived there. There were handover and staff meetings, so all staff were kept up to date and made aware of any changes.
- The management and staff team took account of people's individual needs including preferred lifestyle choices. For example, people were supported to personalise their individual rooms.
- Staff and the management team understood the need to work in partnership with community health and social care professionals to achieve positive outcomes for people.
- The management team welcomed our inspection and feedback. They showed their commitment to continually making improvements and keeping people at the heart of these.