

Rectory Care Limited

# The Old Rectory Care Home

## Inspection report

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### Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

The inspection of this service took place on 3 August 2016 and was unannounced.

The Old Rectory is a care home registered to provide accommodation for up to 31 people who require personal care. On the day of our inspection there were 30 people living at the home.

There was a registered manager in post and they were present at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, registered managers 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. The registered manager was also one of the two providers who owned the home.

People were supported by staff who knew how to keep them safe and free from the risk of harm. They knew how to recognise and report any risks, problems or potential signs of abuse. Risks were assessed and managed safely whilst promoting people's independence. People were protected by safe systems in place for administering, storing and recording medicines.

People were supported by sufficient staff to meet their needs safely and effectively. People received flexible and responsive support. Staff were recruited through safe recruitment practices meaning that only people suitable to work in the role were appointed.

People were supported by staff who had the knowledge and skills to provide effective support. They received good training opportunities and training had been developed around the individual needs of the people who used the service. Staff competency was regularly reviewed and knowledge was updated to ensure it continued to reflect current best practices and legislation. Staff felt very well supported by the registered manager and their colleagues.

Staff understood their roles and responsibilities and worked well as a team to ensure people's needs were met. People's rights were protected under the Mental Capacity Act 2005 and staff understood how to protect people's human rights. The registered manager and the staff team were committed to offering a service that was centred on people's individual needs. People were offered choices as to how they lived their lives and staff recognised the importance of people making their own decisions

People enjoyed a variety of nutritious, home cooked meals that met their individual dietary requirements and preferences. Mealtimes were a relaxed and sociable experience for people. People were offered choices and alternatives. Drinks were readily available throughout the day.

Staff worked with healthcare professionals when required to ensure people's continued good health and wellbeing. A healthcare professional told us that they considered that the staff delivered very high standards

of care and support. This joint working ensured people's needs were met consistently and efficiently.

People were supported by staff who were extremely kind and caring. People enjoyed positive relationships with staff based on mutual respect and trust. Staff knew how people liked to be supported and provided care with a smile and sensitivity. People's privacy and dignity was always respected. People were valued and their views and opinions were always sought and acted upon. Visitors were made welcome and people were supported to keep in contact with people who were important to them.

People enjoyed an excellent range of activities both in and out of the home. Activities were developed around the preferences, likes and hobbies of the people who used the service. Staff recognised the importance of social engagement and contact meaning that people could enjoy full and active lives. Staff were creative in developing activities designed around people's abilities. This meant that everyone had opportunities to enjoy a full social life. Parties and social events brought people together and strong external links made the home very much part of the local community.

People who used the service, their friends and relatives, shared information effectively with the registered manager and the staff team to ensure they received a responsive service. People had opportunities to speak with staff formally and informally to review their care and support and make changes if necessary.

People told us they were able to raise concerns and felt these would be acted on by the registered manager. The provider had a system to deal with any complaints. People were regularly asked if they were happy with the service provided. There were systems in place to ensure that people's views and opinions were heard and their wishes acted upon.

The registered manager provided strong and effective leadership. There was an open culture within the home where the people who used the service were put at the heart of everything. Without exception, everyone we spoke with told us that the leadership and the service provide at the Old Rectory was excellent. There were systems in place to monitor the quality of the service provided. Surveys, questionnaires and audits all reflected that the service delivered an extremely high quality of individualised care.

## 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.

People were safe because staff knew how to protect them from the risk of potential abuse.

People's needs were met by sufficient numbers of staff who provided a flexible service.

People could be assured that staff were suitable to work with them because the provider's recruitment process was robust.

People were supported by staff to take their medicines as prescribed.

### Is the service effective?

Good 

The service was effective.

People were supported by staff who were trained and supported to deliver a high standard of care

People's rights were protected under the Mental Capacity Act 2005 and staff offered individualised support.

People enjoyed a full and varied diet that met their individual needs and preferences.

People had access to appropriate services and on-going health care support. External professionals worked with the home to ensure this happened effectively.

### Is the service caring?

Outstanding 

The service was very caring.

People received care and support that was delivered in a kind and compassionate way. People's privacy and dignity was respected and promoted.

People were listened to and were supported to be able to make decisions and choices.

People were provided with care and support that was tailored to their individual needs and preferences.

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

The service was very responsive.

The home was highly responsive to people's individual needs.

Staff knew how to respond to people's changing needs and did so promptly and efficiently.

People had their care and support needs kept under review.

People enjoyed a range of activities, individually designed and planned to ensure people could lead full and active lives.

People were confident that their complaints would be listened to, taken seriously and acted on.

**Outstanding** 

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

The service was very well-led.

The management of the home was open, transparent and clear about expected standards.

People were supported by staff whose practice was reviewed and discussed to ensure high standards of care and support were maintained.

People's views were sought in relation to the quality of the service provided.

There were procedures in place to monitor and review the quality of the service.

**Good** 

# The Old Rectory Care 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 was 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 3 August 2016 and was unannounced.

Before our inspection we reviewed information we held about the service. We looked at our own records to see if we had received any concerns or compliments about the home. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We also sought information and views from the local authority and other external agencies about the quality of the service provided.

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.

The inspection team consisted of one 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.

As part of the inspection we spoke with ten people who used the service and three relatives. We had written feedback from a further four relatives. We spoke with the registered manager, the deputy manager and fourteen staff working in various roles throughout the home. We also spoke with one healthcare professional on the day of the inspection and received feedback from three healthcare professionals following the inspection.

We looked in detail at the care of two people who received a service and reviewed records relating to their care. We also looked at medicine records, recruitment records and records relating to the management of the home which included quality audits.

## Is the service safe?

### Our findings

Everyone we spoke with told us that they felt safe living at The Old Rectory. One person told us, "I absolutely love living here and feel absolutely safe." One person told us, "I feel very safe and contented living here." Another person told us, "Yes I feel safe. I have every confidence in them [staff] to keep me safe. I never worry about that." A relative told us, "It is a safe and wonderful home." Staff told us that people were safe because they knew them well and so could be sure their needs were met in ways that kept them free from harm. One staff member told us, "People are very definitely safe. We know people and we would pick up if something was wrong. If they are not happy about something they will tell us. They trust us."

People were protected from harm because staff knew how to keep them safe and knew what to do if they had concerns about their safety or wellbeing. We spoke with fourteen staff. All had received training in safeguarding vulnerable adults. They told us they would tell the manager immediately if they had any concerns about a person's safety. They could recognise signs of abuse and would be confident to raise these with the registered manager if required. Staff were confident that the registered manager would then take swift action to protect the person at risk. One staff member told us, "We would report any issues immediately to the manager, they would deal with it." Another staff member told us, "[The manager] would not tolerate anything like that here. The people here come first." The registered manager understood their responsibilities in relation to reporting concerns to external agencies. They told us how they monitored staff closely and responded immediately to reports that a staff member was not behaving in a way that reflected the values of the home. They gave us examples of how they had taken swift action to protect people and in conversations people who used the home and staff confirmed this. This culture of 'zero tolerance' meant that people could live in a home where they felt safe and protected from harm

People told us that their needs had been assessed prior to admission to make sure that the home could safely support them. One relative told us how this process had been thorough. They said that the registered manager had visited on more than one occasion to be sure that the person's needs could be safely met at the home. This had provided the relatives with reassurance and confidence that the person could be supported safely. Once people were living at the home their needs were assessed again and plans were put into place to ensure that their needs could be safely met and managed. For example, one person had had a fall and so the staff had looked at how they could reduce the risk of them having another. Plans in place to keep people safe were not restrictive and did not take away a person's independence. For example, one person who liked to leave the building was regularly checked rather than the external doors being locked. A healthcare professional told us that staff, "Take residents wishes into account and maintain their independence whilst considering their safety at the same time".

Staff told us that there were very few accidents or incidents but where there were the registered manager reviewed information to see what could have been done differently. The registered manager told us that this was part of their auditing process. They also spent time with people every day and were aware of changes to people's health and welfare. This meant that they could take immediate action to ensure reoccurrences of incidents did not happen wherever possible. Although there was no one living at the home currently requiring the use of a hoist to help them to move, staff received training to use one safely in the event of an

emergency. They told us that they were confident that they had the skills to do this safely.

We saw how emergencies were planned for. We saw that procedures were in place to follow in the event of an emergency such as a fire. We also saw that fire fighting equipment and fire doors were regularly checked. The staff member responsible for doing this told us how they checked equipment and fire doors and how they involved people in the process. For example, they told us that when they checked the fire doors they told people they were checking them because some people became upset that the doors were closed. They told us how they went to these people immediately after the check was over to open their doors and reassure them. People had individualised evacuation plans and one person told us correctly what they would do in the event of a fire alarm being sounded. This showed that staff had considered people's welfare when carrying out essential checks and prepared them for an actual emergency ensuring their on-going safety.

Staff told us that risk assessments were good. A senior staff member told us, "We do risk assessments with residents. They are involved." Other staff described the process of assessing risks as being, "Very thorough." One staff member said, "When risks are identified and assessed we all have to read the assessments and sign to say that we understand them. This makes us aware (of the risks)."

People were supported by staff who had sufficient time to carry out tasks safely and in a way that recognised people's individual wants and needs. People told us that they were able to get up and go to bed when they chose. One person told us, "Staff help me to undress for bed. They usually come around 7.00 pm. If I feel it's too early I tell them and they come back later." People told us that they used 'buzzers' to call for staff support. Everyone said that staff responded to these calls promptly. One person told us that they had, on occasion, not received support promptly and it had affected their social plans. They told us that it was reported to the registered manager and that staffing had been reviewed as a result. We saw that additional staffing had been implemented on two days a week between set times. The deputy manager told us that this was in direct response to the person's increased support needs to enable them to attend activities that were important to them. The registered manager also told us how they employed additional staff at breakfast time as people wanted to eat at different times and some people liked to get up for breakfast and some liked to remain in their rooms. Staff spoke positively about these staffing increases at key times. They told us that they felt the home employed sufficient staff to meet people's needs safely. They said that they always had time to spend with people. Relatives also considered there were enough staff to meet people's needs. They told us that there was always someone around to talk to and one relative said, "They will always have a chat with you. They never rush off until they have said hello."

People were supported by staff who had been properly vetted to check they had the right background and attributes to care for people and ensure their safety. We looked at the recruitment files of three staff who worked at the home. We saw that required information was available to demonstrate a safe recruitment process. The registered manager confirmed that all required checks were carried out prior to a staff member working unsupported. Staff confirmed they had been through this process and understood the reasons why they must wait. This meant that people were protected from having staff support them who were not suitable.

People were protected against the risks associated with medicines because the provider had arrangements in place to manage them safely. People were supported to manage their own medicines if they were able and we saw that some people did this. One person told us that they managed independently but received support with ordering their medicines. They said, "As soon as any of my medicine is used up I show staff the empty box and it is refilled the same day." Another person told us they retained control for some of their medicines. They said, "I used to look after my own medication but they have now increased so staff handle

it. I still self-medicate one tablet. I know when I need to take it. I keep it locked in a bedroom drawer, I keep the key." These flexible arrangements meant that people could retain their independence as far as they were able.

When staff assisted people we saw that procedures were in place to ensure it was done discreetly and safely. We observed three people receiving their medicines. The staff member administering had been trained and assessed (and reviewed) as competent to carry out the task. They were confident that the process was safe and records completed showed that people had received the right medicines at the right time. One person had their tablets crushed. We saw how this arrangement had been agreed with the person and their GP. The home had sought advice from the local pharmacist and a protocol was in place to ensure safe administration. We heard the staff member explain to this person that this was their medicine and also what it was for. We saw that some people had medicines that were prescribed as and when required (PRN). We saw that some people were offered this medication and their response was recorded. The staff member administering told us that other people requested the medicine when they needed it. One person told us, "Carers give me my medication, always on time and I can have extra painkillers as long as I have not had too much, if so they tell me what time I am able to have more." We saw that protocols were in place to support staff administering this medicine. It told them about maximum dosage and any side effects to watch out for. This meant that staff could make decisions as to the administration of these medicines to ensure it was taken safely and as directed by the person's GP. A GP told us, "It is clear that they have robust and rigorous medication protocols."

The registered manager told us how they were looking to improve administration arrangements by having locked cabinets in people's own rooms so that they have their medicines with them. They told us that this would make the process more individualised and less institutionalised. They had consulted with people who lived at the home and only one person had not been happy with the suggestion. The registered manager told us that they would continue to look after that person's medicines.

## Is the service effective?

### Our findings

People who used the service received 'excellent' care from staff who met their needs fully. One person told us, "Everyone is very helpful and staff are excellent. They know their job and do it to a high standard." Another person told us, "I certainly think staff know what they are doing. They wouldn't be here if they didn't, [name of registered manager] would see to that." Relatives also spoke highly of the staff working at the home. One relative told us, "[Family member] could not be receiving better care." Another relative attributed their family member's improvement in health and mobility directly down to the fact that staff knew what they are doing. They told us, "Their improvement is down to their care and support." Staffs' knowledge of the people they supported meant that they could provide effective support that met individual needs and enhanced people's quality of life. One staff member told us, "We know our jobs. We walk out knowing that we have done the best we can for people."

People thought that staff were competent to do their jobs. Everyone we spoke with told us that they thought staff were well trained. Staff received good training opportunities that provided them with the necessary skills to do their jobs effectively. The staff we spoke with told us, "Training is very good." Another staff member told us, "We have lots of training." We spoke with a staff member who was a training champion within the home. They told us how they arranged bespoke training with an external provider as well as using internal staff who have developed their skills and knowledge to become trainers. They said that the training always focussed on the needs of the people who used the service and staff were encouraged to draw from their experiences and challenges throughout the training. Staff confirmed this and one staff member told us, "It makes it real." Another staff member told us how training in risk assessment was done with all staff. They told us, "The trainer tailored the training to different job roles in order to make it more effective." Staff told us training was relevant to their roles meaning they could relate their learning to the jobs they did. For example a housekeeper told us that they were aware of risks to people's health if they used spray polish in their bedrooms. Care staff did not use spray toiletries for the same reason. The risk had been identified and actioned to keep people safe.

Staff used innovative ways to introduce training. For example, we spoke with the staff member who was the infection control champion within the home. They told us about their role and what it entailed. They told us of creative ways that they raised the profile of infection control within the home. For example, they had organised a coffee morning for people who used the service, relatives and staff. During the event they did a demonstration of good hand washing techniques. People had the opportunity to practice. Staff told us that it was effective in raising awareness of the need for good hand hygiene.

Staff were enthusiastic and committed to their roles. They told us that they provided effective care. One staff member said, "I give this job everything. We put our lives into this job." Another staff member said "We are proud of what we do. We would come here ourselves. We definitely have good training opportunities." Staff told us that team work was a strength of the service. One staff member said, "We work well as a team. We all have high standards." Effective team work meant that communication was good. Staff told us that effective information sharing at all levels meant that people received good care and support. They told us that handover meetings took place between shifts to share information. Staff informed each other about any

changes that had affected people's health or wellbeing. Staff were consistent in the way they cared for people because they were made aware of the most up to date information about people's needs. Staff also gave examples of how they worked with staff in different roles to share information. For example, a domestic staff member noticed some blood on a person's chair. They told the care staff and the person was referred to their GP for further investigation.

A healthcare professional told us how they were working with staff to deliver effective care. They told us how they had implemented support plans and staff had carried them on. They told us that they had received feedback from carers to say how the person was getting on throughout the week. They said, "We give advice and they take it and follow it through. The person is making progress."

We heard how newly appointed staff were inducted into their roles. People who used the service told us that they were asked for their opinions of new staff. Two people we spoke with told us how their feedback had impacted on the registered manager's decision to keep that staff member employed. Staff told us how new staff spent time with experienced staff to learn their jobs. One staff member told us, "This is when they first get to know people. There is a lot to learn but people will always say what they need so new staff soon catch on." We did not speak with any newly appointed staff however we did speak with an agency worker. They told us how they regularly worked at the home. They told us, "It's my favourite place." They went on to say that they had received a full induction into the running of the home. They said, "I had a proper induction and a day shadowing (working alongside an experienced staff member). I have never had that anywhere else. I have my own file here. It has made me feel valued."

The staff member responsible for arranging training told us that new staff were signed up to the care certificate. The certificate has been developed by a recognised workforce development body for adult social care in England. It is a set of standards that health and social care workers are expected to adhere to in their daily working life. One staff member confirmed that they had found the certificate challenging but informative of expectations and values.

People received care and support from a staff team who felt supported in their role. One staff member told us, "The residents absolutely come first but they [the registered manager] looks after us too." Another staff member said, "We have excellent support from the manager." Every staff member we spoke with gave examples of how the registered manager had supported them personally and professionally. One staff member said, "We think we are brilliant. We feel appreciated and very well supported."

People were fully involved in decision making processes as far as possible. Staff respected people's decisions and encouraged them to remain in control of how they lived their lives. This was evident in conversations with people and their relatives. Staff told us how they offered choices in relation to all aspects of care and support. For example they asked what the person would like to wear, what they would like to eat and what they would like to do.

Staff understood the importance of seeking people's consent. They told us that people were all able to give consent in relation to their personal care. They told us that only one person was unable to do this verbally and that could still consent using gestures. One staff member told us, "Its thumbs up if we are ok to continue and thumbs down if not."

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 of 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. The registered manager had a good understanding of the legislation and made sure that staff also received training to enhance their understanding. The registered manager had recognised that staff required further training and had arranged for this to happen. The registered manager had made one DoLS application to support one person who used the service. We saw paperwork supporting the authorisations which was time limited. All of the staff we spoke with were aware of the deprivation and had a good understanding of how it protected the person's human rights. We found that the DoLS was the least restrictive course of action to keep the person safe. We spoke with people to see if they felt there were any restrictions placed upon them. They all said that they did not. One person told us, "There are no restrictions when I want to go out, I just sign out and sign back in again on my return."

People told us that the meals at the home were of a very high standard. One person told us, "The food is very good." Relatives, who had an open invitation to share a meal with the person they were visiting told us that they food was 'excellent'. One relative told us, "We are able to stay for a meal if we want to. The food is excellent." Another relative said, "The food is wonderful. [Person's name] has put weight on. They eat everything."

One person told us, "The menus are very good. If I didn't fancy anything I could suggest an alternative. They are always obliging." The registered manager told us, "People can have whatever they want." Staff were very complimentary about the meals and the dining experience. One staff member told us, "The food is lovely, I've tried it. Everything is silver service. There is so much choice it is like a hotel. So much effort is put into the presentation of the food. Presentation is excellent."

People told us that staff supported them as required to eat. One person told us, "I like to be as independent as possible. Sometimes I have difficulty when eating, the carers help me cut up my food and then I can manage." The staff and the cook told us that some people used special cutlery to enable them to manage independently. The cook told us how they made sure food was nicely presented. They said, "People see the food first so we always make sure it looks nice. They knew that some people had food cut up for them and people in the past had had soft diets. They told us that it was especially important to make these meals look as appealing as possible. We saw how staff recorded what some people were drinking when they had concerns that a person was not drinking enough. We saw how staff were liaising with the GP, for one person, and had identified possible triggers to their poor appetite.

Staff were aware of people's dietary needs and the cook told us that they catered for them effectively. The cook worked from a four weekly menu. Two people, who had special dietary needs, told us they would like more variety. The cook told us that they were sourcing new recipes for these people to try to encourage them to regain their appetite. The cook had detailed information about people's dietary requirements and the implications of medical conditions that impacted on their meal choices. The cook told us that they regularly went round and spoke with people. They told us they discussed likes and dislikes as well as asking for suggestions for options. People confirmed this. The cook carried out surveys and analysed the results. We saw the latest completed surveys that reflected people were very satisfied with meal choices and had made some suggestions for the menu.

People told us that they could eat their lunch in the dining room or in their rooms. One person told us, "I usually have lunch with my friends in the dining room, enjoyed with a glass of sherry. The food is excellent

with several choices." People also told us that they liked to have their breakfast in their rooms although again, we saw some people had chosen to eat in the dining room. Arrangements were flexible and the registered manager employed additional staff at this time to ensure everyone's needs could be met. Staff told us how they encouraged one person to eat in the dining room as they didn't leave their room. They told us that the person's relative joined them initially and then the person had the confidence to go to the dining room on their own. A visiting relative told us that this had had a positive impact on the person's confidence and demonstrated that meal times were positive social occasions.

We observed lunch time to be a relaxed and social occasion. Each table had a linen tablecloth and napkins. Tables were decorated with fresh flowers. People were offered a choice of drinks which included wine, sherry, juice and water. Meals were served to order. Vegetables were served to the table and people could help themselves. We spoke with three people as they left the dining room. They told us that they had enjoyed their meal. One person told us, "I thoroughly enjoyed it." Another person said, "Yes, up to the usual high standard."

People were supported to remain fit and healthy. Everyone we spoke with told us that their health care needs were met. One person told us, "I see a local GP, they are great. They come in to see me. I can talk to them." Another person said, "My GP is super. Medical attention here is excellent. They always have time to listen." A GP told us, "They (the staff) have worked well with the medical practice and support me in providing medical care for the residents."

People also told us that they had visits from opticians and chiropodists. They told us that if they visited them outside of the home staff would support them to attend the appointments.

People's relatives told us that staff liaised and worked with healthcare professionals as required to ensure that people's changing health needs were assessed and met. One relative told us, "They had brought an occupational therapist (an OT) in to see how we could best support [person's name]. They did what the OT suggested and it's worked well." A health professional told us, "There have been times when I have worked with staff to develop exercise programmes for residents and they have always been keen to attend for training sessions. On these occasions record sheets have been developed by the care team to monitor that the exercise programme is being followed. This supportive role has enabled temporary residents to get back on their feet following surgery and to return to their own home environment." Staff told us that they had a good rapport with health care professionals enabling them to work together effectively and meet people's needs. A health care professional told us, "I have nothing but praise for this service."

## Is the service caring?

### Our findings

People received a service delivered by staff who were caring and compassionate. One person told us, "Everyone is so kind. This is a very special place." Another person said, "I think it is a brilliant home. They really do care." Relatives were equally as positive. Everyone we spoke with said staff were kind. They gave examples of how staff 'go the extra mile' for people. One relative said, Staff have that special touch. Carers are very kind. All staff are attentive and very friendly. Care is excellent." Throughout the inspection we saw staff treating people kindly and warmly. They used touch appropriately to offer reassurance and were cheerful and friendly in all of their interactions. People responded positively to this approach.

Staff told us how they would always 'go the extra mile' for people. As an example they told us how the registered manager had taken one person out to have all of their jewellery resized so that they could wear it again.

Visiting healthcare professionals spoke highly of the home. One healthcare professional told us, "I have witnessed great human kindness here." Another professional said, "Staff are always very caring in their manner and demeanour, finding time to chat to residents even when they are on a busy shift." Visiting professionals who shared information with us, felt that staff worked well with them to ensure people's needs were met. One professional told us, "I have visited The Old Rectory regularly since it opened I have always found the staff to be extremely caring supportive and consistent."

People told us that staff were polite. One person said, "All speak nicely. I can't fault them. I'm a fussy person so they've got to be good if I say so." A relative told us, "Staff are caring and polite."

People told us that staff were compassionate. One person told us how staff had supported them through the grief of losing a family member. They told us, "They were very caring to me and my family."

People received individualised care and support. One person told us how their faith had always been important to them. They said that this was discussed when they moved in to the home and arrangements were made for them to continue to practice. They told us, "My faith is important and catered for. I will be attending Holy Communion this afternoon, it's important to me. Before I moved here I was a regular church goer, a church warden."

People told us that they were involved and consulted about how they wanted their care and support needs to be met. People told us that they had been involved in assessments when they were admitted to the home. This involved identifying what support they needed and how they liked to have it delivered. People also said that they regularly spoke with staff to ensure the care they were receiving was still appropriate. They were asked if they wanted anything doing differently. One person told us they had originally been quite independent; however they now felt that a little bit of extra support would make things easier for them. This had been implemented. People told us that they had told staff how they wanted to be supported and what things were important to them. One person told us that it was important to them that staff did not move things around in their room. They told us that staff always respected this and as a result the person was able

to remain independent. Staff understood people's limitations and made sure that they did whatever they could to ensure people could remain independent. Staff had taken individual needs, choices and preferences into account and in discussions with us were very knowledgeable about these. One staff member told us, "Little things are important. We know people. We know their favourite nightie, their favourite knife and fork, everything."

Everyone we spoke with felt listened to. They told us that the registered manager spoke with them regularly about their care and support. They told us that any changes were made immediately. One person told us that they had commented about the support they received. They said that the situation had immediately been dealt with. As a result they were confident to speak out again should they need to. One person told us, "It really is a lovely life living here. The staff are willing and friendly and look after us all so well. The manager is very special; [Name] always makes time to sit and chat and listen."

Most people who used the service were able to communicate their needs and wishes verbally with staff. People told us that staff always responded quickly to requests for help and support. People said that staff spoke quietly to them in communal areas and offered any physical support discreetly.

People were confident to share their views. One person who was unable to do this was able to use gestures and hand signs to express their views. Staff said that relatives would speak on behalf of a person if it had been formally agreed. The registered manager told us that some people had identified named individuals to speak for them when they were unable to do so. Staff were aware of services that provided independent advocacy support and said they would approach them if needed. We saw details of advocacy services displayed in the main reception area. This made them accessible to people if they wanted to access this support. The registered manager has approached a volunteer to help people with surveys and questionnaires to provide people with independent support to complete them.

People told us that staff always treated them with privacy and dignity. One person told us, "They are all so respectful. I have always been treated with dignity." People gave examples of how doors were closed during personal care and any support required in communal areas was discreet. They said that staff spoke quietly when asking them about what they needed. One person told us, "I never feel embarrassed when they are helping me. They have a way of making me feel relaxed and comfortable." One person told us that they were encouraged to remain independent and this was important to them. They told us, "I like to be as independent as possible, the staff encourage that. I can't always fasten my own buttons but they let me try but help me if I can't manage." Staff told us that everyone is treated as an individual. One staff member told us, "People are very well looked after. Everyone is treated as an individual. We put our lives into this job."

Everyone told us that staff were polite and always responded positively to requests for support "With a smile and a kind word." A relative told us, "They listen and act upon any discussions that we have had concerning my relative's care. Nothing is too much trouble and it all done with a smile."

Staff told us that they always treated people with dignity and respect. One person told us, "The staff know me personally and treat me and my family with respect". One staff member told us, "We all do everything to the best of our ability. We talk and treat people like we would want to be treated." Another staff member said, "You treat people how you would want your own looked after." All of the interactions that we saw at the time of the inspection were positive and respectful. One staff member told us, "Little things make a difference. We cover people while washing them and always knock on doors." They said, "Communication is important. We always talk through what we are doing." Staff told us that all of the training they received encompassed privacy, dignity, choice and people's rights. They told us how these values underpinned everything they did and it was evident that they put these values into practice.

Two people told us that they had plans in place to tell staff how to support them when they were at the end of their life. The registered manager told us that everyone had an end of life care plan that had been developed at a time when the person had settled into the home. They told us that staff approached the subject sensitively but they recognised the importance of ensuring that people's wishes were respected at this time. Staff told us that families were involved in this process if the person wanted them to be. All of the staff we spoke with told us that they made sure that people had everything they needed at this time of their life. Three staff had had experience of having relatives in the home who had passed away. They spoke highly of the support that their relative had received during this time. One staff member told us, "Everything was done so well for my relative. It was as perfect as it could be." Another staff member said, "Everything was in place for my dying mum. I couldn't have wished for anything better."

Staff told us that they worked well as a team to ensure that people were never on their own when nearing the end of their life. They shared examples where staff had taken turns to sit with people throughout the day and the night. They told us how they looked after family and friends that were with people at this time. They provided drinks and food as well as accommodation and bathing facilities if people wanted to remain at the home.

A health care professional told us, "I think special mention is appropriate regarding end of life care. They excel in this area and have been highly supportive of myself in providing end of life care." A staff member had been identified to attend training to implement the 'Gold Standard Framework' for end of life care. This is a programme that gives staff the knowledge and skills to implement good practice and professional standards of care when supporting people nearing the end of their life.

People's wishes had been discussed and considered in relation to whether they would want to be resuscitated if their heart stopped. People had said that they would and this was recorded to ensure that their wishes were known at a time when they could not be consulted.

## Is the service responsive?

### Our findings

People received a responsive service that met their needs. People told us that staff met their needs in ways that they preferred. One person told us, "Everything you ask for you get. I don't think you could find a better place to live. I feel I'm living in a country hotel rather than in a residential home." One person told us, that they had been sitting in the garden during the recent spell of hot weather and commented to staff, "I could do with a Gin and Tonic". Very shortly after making the comment a staff member brought them a gin and tonic. We saw staff respond promptly to requests for assistance and support. People's needs were seen to be met without delay.

People told us that staff did not only meet their assessed needs but they also responded, "With a smile" to any additional request for support. One person told us, "Nothing is too much trouble. They really will do anything for you." Another person told us, "You just can't fault it here. It has a lovely atmosphere. The staff always say, It's a pleasure, ring if you want anything." Staff told us, "We are flexible to meet people's needs. People get up and go to bed when they chose. They eat food where they chose. We do what they want."

People told us they had their support needs assessed prior to them moving in to the home. They said they had given a lot of information to the registered manager including information about their personal history and lifestyle. One person said, "They wanted to know about us, not just what was wrong with us. Now I've moved in they are still interested in me as a person too." Relatives told us that they had been part of assessments and reviews when appropriate. They told us that this given them reassurance that their relative's needs were going to be met in ways that they preferred and were used to. We spoke with a relative of the latest person to move in to the home. They told us that the registered manager had visited them three times to ensure they were confident that the service could meet their needs.

Staff told us that they worked with healthcare professionals to ensure people's needs were met. Health care professionals considered that the service was totally responsive and centred around individual needs and wishes. One healthcare professional told us in written feedback how they had worked with the registered manager to provide a bigger bed for someone to make them safer and more comfortable. They told us, "This example shows how the staff have taken the resident's wishes into account and maintained their independence whilst considering their safety at the same time."

People told us that they were able to remain independent at the home and requested support if and when they needed it. People valued their independence. People were able to be spontaneous and staff had the flexibility to support them. We saw people leaving and entering the home as they pleased. One person told us they liked to get out in the gardens and enjoy the fresh air and the scenery. They told us how beautiful the location of the home was and how they enjoyed their time outside. We heard one person tell staff that they were going out with a family member. Staff responded by making sure the person had everything they needed before they left.

Staff told us that they knew when people required additional support and always is offered discreetly. One staff member told us, "We build up relationships. We get to know people and their families and they get to

know us. This way we can tell when people's needs have changed or if they are feeling unwell."

The registered manager gave us examples of how they amended staffing levels to meet the needs of the people. They told us that they now employed an additional staff member at breakfast time so they could offer a flexible service. We saw this arrangement was effective because staff were seen to have time to meet people's needs as requests were made. They also told us how they had increased staffing to enable one person to have the support they required prior to them going out. These changes had been made after listening to feedback and had had a positive impact on people because they could have their needs met when they wanted. Staff told us that this person was now able to go out when they had planned.

People were supported to maintain relationships with people who were important to them. Staff worked closely people's families to ensure continuity. People told us of the numerous social occasions where family and friends were invited to the home. They hosted birthday parties for people and meetings were held regularly to ensure that people's needs were reviewed and updated as required. This meant that the staff could continue to meet people's needs. The registered manager told us how they had made facilities available for visiting family and friends to stay over when they travelled distances to visit people who used the service. This meant that people could have quality time with people and not have to cut short visits to travel home. Relatives told us that they felt, "Part of the home." They said they were always welcomed and involved. We saw people visiting throughout the day of our inspection without restriction. The registered manager and staff gave everyone a warm welcome and had time to 'catch up' with everyone who visited. The atmosphere within the home was warm and friendly meaning that people wanted to visit and spend time there. This had a positive impact on the people who used the service.

Community links were valued and promoted. People told us that they attended some social events in the local village. The registered manger told us how they were updating facilities so that they could host more events that would be open to people from the village. The registered manager told us that some people had lived locally before they moved into the home. The registered manager said that maintaining links was important to people. People were able to visit places that they knew and were familiar with. One person told us that moving to a home near to where they used to live meant that they could keep their own hairdresser and GP. They valued this continuity. One person told us that they looked forward to their friends visiting them so they could catch up with what was going on in the village.

The home had developed a good reputation locally. Two of the relatives we spoke with told us that they had wanted their family member to live at The Old Rectory because it had a good reputation. The registered manager told us that there was a waiting list for a room at the home and that some local people, who came to the home for respite care, still visited friends that they had made during that time. Staff told us that people who lived in the village came to the home to provide activities and social fundraising events were well attended. We saw that the day's flower arranging activity was run by a local florist. Some staff lived in the village and they told us that people spoke highly of the home and the service they provided.

People had access to an excellent range of social activities both within the home also outside of the home. Everyone told us that there was a lot to do if they wanted to. One person told us, "There is always something to do." People gave us numerous examples of activities that they enjoyed. The weekly schedule was well publicised and everyone was given an individual copy. The activities coordinator also went round to people at lunch time telling them what was planned for the afternoon. One person told us, "I take part in the quizzes and I do painting. I can't paint in detail but I can paint model animals. I go on outings."

Activities were available for people with a range of disabilities including visual impairments. One person told

us, "I have Talking Books from the Blind Institute in Wolverhampton. They are quickly replaced and delivered by Freepost. I like my TV switched on, I can't see it but I like to listen to interesting things." The activities coordinator told us that an increasing number of people at the home had deteriorating or poor eye sight. They told us how they had adapted a range of activities to make them easier to people to take part in. For example we saw the bingo game was played with playing cards as they were much easier to see. The activities coordinator had specially made them in response to requests from people that they wanted to play. People told us that they enjoyed the bingo sessions. The activities coordinator had responded to people's changing needs and developed activities that were enjoyed by all.

Staff understood the importance of engaging people in social activities. We spoke with the activities coordinator who told us that they arranged a variety of activities to suit everyone. They said that getting to know people was important. They said they sat with people regularly and asked them what they would like to do. They tried new activities and evaluated their popularity. Some people took part in activities just for the social aspect and this was encouraged. The activities coordinator told us of a number of friendship groups that had formed over activities. One person enjoyed gardening and had been supported to start a vegetable plot. Every year a group of people had the responsibility of preparing the beans produced for cooking. Staff told us that this activity was initiated by the people who used the service who looked forward to it every year.

Staff told us that they worried about people becoming lonely. They told us how they popped in to talk with people who spent a lot of time on their own. In response to concerns of loneliness the registered manager had increased the hours of the activities coordinator to focus specifically on engaging people who were at risk of becoming isolated. Volunteers also visited the home to offer beauty therapies and massages for people who did not have many visitors.

Visitors told us that they were always welcomed at the home. One relative told us, "As relatives we feel welcomed. This is important to us." We saw that there were a number of seating areas throughout the home and in the gardens. Relatives told us that there was always somewhere to sit and have a chat in private. Visitors told us they were welcomed at any time and were invited to share meals with their relative and help themselves to drinks. The registered manager told us that they put on social events for people who used the service and relatives and friends. One relative told us, "We look forward to coming to visit. We always have a warm welcome." Other relatives told us how they brought children and pets to visit and this was always encouraged. As a result people felt that their relatives became 'part of this home' and they valued this.

Trips out were very popular. One person told us, "Yesterday I went on the minibus with others for a ride around the countryside and then called at a garden centre." Another person said, "Yesterday I went out to the garden centre, about 12 of us went. I look forward to it. I go into the local village with a friend who also lives here, there is a local bus." Staff told us how some people were becoming increasingly immobile and found accessing the mini bus to go out a challenge. The registered manager had responded by purchasing a car that would accommodate a wheelchair. That way nobody would miss out on community based activities. One person had planned to use this vehicle to attend a family event that otherwise they may not have been able to attend.

We asked people what they would do if they had a worry or a complaint about the service provided. Although everyone stressed that they did not have any complaints they all said that they would be happy to talk with staff or the registered manager about anything. One person told us, "Staff always ask if all is ok. I'd soon tell them if it wasn't."

Staff knew that there was a complaints procedure in place. They told us that they would always sit and talk

with someone to see if the concerns could be resolved quickly and informally. One person told us how they had made a comment to the registered manager about something they had not been happy with and said it was resolved immediately. Everyone had total confidence that the registered manager would listen to them and take prompt action. One person told us, "This place is wonderful. You can't fault it." Everyone we spoke with said that they saw the registered manager all the time and we observed people speak with the registered manager in a relaxed and friendly way. Likewise relatives also told us that they would have every confidence that the registered manager would resolve any issues that were brought to their attention.

The registered manager took a proactive approach. They regularly spoke with people to see if they were happy. When we were preparing for this inspection we requested some written information from the provider about the running of the home. At this time we also shared our contact details for them to share with anyone who wished to share their views about the service. The registered manager had displayed this information prominently on the reception desk. We received feedback from four relatives as a result of this. It demonstrated the registered manager's openness and commitment to listen to the views of people about the service provided. There had been no complaints made to CQC or to the home directly about the service provided at The Old Rectory. There had however been numerous compliment cards and letters demonstrating what high esteem the service was held in.

The registered manager told us that they encouraged comments so they could continue to improve the service. They arranged social events and meetings for people to attend and share their views, suggestions and concerns. They told us that they welcomed the opportunity to learn from complaints. Staff told us that they had every confidence that if ever a concern was raised the registered manager would take immediate action and share the learning from it with the staff team.

## Is the service well-led?

### Our findings

Everyone we spoke with was positive about The Old Rectory and of their experiences living there. One person said "The home is lovely, the grounds are lovely, and everyone is wonderful." Other comments reflected this.

People who used the service told us that the home was very well run. One person told us, "This is a lovely place to live, very well run. You won't find anything better." Everyone we spoke with was equally as full of praise for the home. A relative told us; "The place is very well run. It is absolutely amazing." Another relative told us, "Everything about this home is outstanding."

The registered manager, who was also the joint provider, had strong leadership skills and was highly respected by people who used the service, visitors and staff. This was reflected in the high quality of the service provided and the calibre of the staff team. Staff told us that they felt well supported by the registered manager and this meant that they could provide a 'brilliant' service. One staff member told us, "We get excellent support from the manager. They lead the home well." One staff member said, "If there was an award for managers she should have one."

Staff were positive about the leadership skills of the registered manager. It was evident that they respected them and in return felt valued. Staff shared numerous examples of how the registered manager had supported them personally and professionally. They told us that the mutual respect meant that they always gave 110% in everything they did. One staff member said, "We couldn't wish for a better boss. Anything that they can do they will do it. They are flexible and supportive. I've never had a boss like them."

Health care professionals were equally as positive about the registered manager and the quality of the service provided. One healthcare professional told us, "There is clearly excellent leadership at the care home and they have brought good ideas into my practice and they have listened when I have brought ideas to them," Another told us, "I have nothing but praise for the service that is offered, it is extremely caring, it is safe and responsive and effective. It is very well led and all the residents have a personal experience tailored to their needs, nothing is too much trouble." One professional visitor said, "The Old Rectory in Albrighton is one of the few care homes that I recommend to my patients looking for a care placement."

Staff told us that there was an open culture within the home. One staff member said, "This is the best care home in Shropshire. It's wonderful. There is such an open and honest environment. We wouldn't be frightened to speak out." Another staff member told us, "The manager encourages an open culture where staff are happy to speak out." Staff gave us examples of issues they have raised and the actions the registered manager had taken. Each example demonstrated a prompt and dynamic approach. The registered manager told us, in the PIR, "There is an open and transparent culture in the home. Staff come forward if they make a mistake or have concerns. They are always treated fairly and supported by the management." Staff knew and understood their roles and responsibilities. Staff were encouraged to maintain a positive work and home life balance although staff spoke of the home as being 'their second home.' One staff member said, "It's a lovely place to work. There is always laughter. I look forward to coming

to work."

One staff member said that the registered manager, "Wants the best for the residents and they have the best of everything. Whatever we need we get." They had the resources to provide good quality care. We spoke with staff in groups and also individually. Staff demonstrated effective communication skills between teams meaning that information about people's needs was passed on and acted upon. Staff were proud of their high standards and attributed this to good management and good team work. One staff member told us, "We love it here. All of our standards are high."

Staff had a clear vision and worked to the highest standards. We saw that a strong value base focussing on respect and person centred support was evident at every level. All staff spoke of respecting people, encouraging independence and treating people well. Staff told us that they knew this was expected of them and said that staff who did not conform to this would not be kept on. One staff member said, "These values are throughout the home and underpin all our practice and training." Staff were committed to the home and ensured that people had the best of everything. One staff member told us, "This is not just a job it's a way of life."

People were involved in the development of the service because their views were listened to and acted upon. The registered manager organised meetings to discuss developments and changes. They also had a visible presence within the home so people could approach them with ideas and suggestions.

Staff attended meetings and discussed practice issues, developments and improvements. They had regular appraisals of their work. Staff told us that they would be confident to raise concerns. Two staff told us how they had raised issues and detailed how they were acted upon and resolved. Staff knew about the whistle blowing policy and said they would be confident to use it if necessary. The whistle blowing policy enables staff to feel that they can share concerns formally without fear of reprisal.

Registered persons are required to notify CQC of certain changes, events or incidents at the service. We had not received any such notifications but the registered manager was aware of their responsibilities in relation to this. A notification is information about important events which the provider is required to send us by law. The registered manager provided us with detailed information that accurately reflected what we found during the inspection. This suggested that the registered manager was aware of how the home was performing and what they could do to continually improve it.

Leadership was very visible within the home. The registered manager and the second provider were regularly at the home. People knew them by their first names and spoke positively about them both. The provider and the registered manager ensured that people lived in a safe environment. They employed a maintenance worker who told us that they had all the resources required to maintain the home to a high standard. They told us, "We have the finances to do everything required. Everything is done properly. This is the best run business I know."

The registered manager told us how they were working towards accreditation with Investors in People. This is a best practice people management standard that offers accreditation to organisations that adhere to their framework. They have also been accredited since 2015 with a new quality management system that monitors all aspects of the home and the running of the business. They told us that this system would highlight any areas of improvement and encourage continuous improvement. The registered manager attended care conferences, "To keep up to date with recent legislation and any changes to regulations." They told us that they also maintained links with other providers to, "Develop good practice and share experiences."

People told us that they had completed questionnaires about the running of the home and had been happy to complete them. One person told us, "I have filled out a survey on what I think. It's done annually and it's confidential." We saw questionnaires that reflected people had been happy to make suggestions for change and in relation to the food questionnaire we saw how suggestions had been implemented. The registered manager told us that they were looking to use a volunteer at the home to take a lead role in completing the quality surveys. They explained that this could make them more independent.

The service was regularly audited by the senior staff. We saw how checks were made to care records, medicines administration and recording processes and other areas pertaining to the running of the home. Staff told us about their roles in relation to the audits and said that the registered manager reviewed them upon completion. The audits we saw in relation to medicines, care plans and food reflected that high standards were being achieved. This process was productive and drove continuous improvement.

The provider had a business plan which focused on continuous improvement. The plan included extending areas to make bigger communal facilities. They also planned to respond to demand by increasing the number of people that can be accommodated. The registered manager's motto was "Get it right first time every time and strive for continuous improvement."