

The Old Rectory Grappenhall Limited

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## 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 caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

The Old Rectory is a nursing home which can accommodate up to 39 older adults who need residential or nursing care. The home is a family owned business with the owners being fully involved in the day to day running of the service. Bedrooms have either en-suite or vanity facilities within them.

On the day of this inspection there were 34 people living at The Old Rectory.

At the last inspection on 9 December 2014 the service was rated Good. At this inspection we found the service remained Good.

People and relatives told us the staff were kind, caring and very helpful. They said the service and care was excellent. Comments included "I am very happy here", "The staff are very good" and "The staff are very nice." People told us that the food was very good. Relatives confirmed that people were safe with the staff and within The Old Rectory.

People and relatives told us that they had no concerns or complaints about the service. They were aware of and had access to the registered provider's complaints policy and would speak to staff if they had any concerns.

Care plans were well documented and held good information about the individual person. Risk assessments were in place as needed and were individually tailored to each person's needs. All documentation was up to date. Medication was administered safely.

People were supported by staff who were knowledgeable about them and who had undertaken sufficient training to meet people's needs. Staff recruitment was robust and prospective staff undertook appropriate checks prior to starting work at the service. Staff had good supervision and were encouraged to attend meetings.

People were supported to have maximum 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 were aware of the safeguarding policies and procedures and had received training in safeguarding adults.

The environment was well maintained with good décor and was clean.

The registered manager used a range of methods to assess, monitor and improve the service. These included regular audits of the service and staff and service user meetings to seek the views of people about the quality of care being provided. A wide range of compliments had been received regarding the service.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

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## **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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 18 and 19 April 2017 and was unannounced on the first day.

The inspection team consisted of one adult social care 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. The expert by experience had knowledge and expertise of caring for people with dementia and people who used regulated services.

We reviewed all the information we held about the service. This included looking at any safeguarding referrals received, whether any complaints had been made and any other information from members of the public. We looked at notifications we had received. A notification is information about important events which the registered provider is required to tell us about by law. □

We contacted the local authority safeguarding and contracts teams for their views on the service. They raised no concerns about this service.

We checked to see if Healthwatch had visited the service. Healthwatch is an independent consumer champion commenting on health and care service in each area of the country. No visit had yet been undertaken at The Old Rectory by Healthwatch

On the days of our inspection we spoke with four people who used the service, four relatives, the registered manager, the owner and responsible individual and four staff members.

Observations were carried out throughout the days of the inspection. We also undertook a Short Observational Framework for Inspection (SOFI). A SOFI is used to gather information and understand the quality of the experiences of people who use services who are unable to provide verbal feedback due to cognitive or communication difficulties.

We looked at a selection of records. This included four people's care and support records, four staff recruitment files, staff duty rotas, medication administration and storage, quality assurance audits, complaints and compliments information, policies and procedures and other records relating to the management of the service.

## Is the service safe?

### Our findings

People told us they felt safe at the service and with the staff team. Everyone we spoke with said that they felt safe and well supported by the staff. Comments included "I feel safe here" and "I feel very safe. Relatives confirmed that people were safe at The Old Rectory.

People told us that they had their medication as needed and relatives confirmed that medication was given at the appropriate times. Comments included "I always check with [Name] and they say they have had their medication", "Yes, her medication is well controlled" and "It's never a problem". We observed the medication round and saw that people were given their medication as prescribed. People were offered a drink with their tablets and the nurse explained what the tablets were for when asked. People's medication was stored within the medication room. Medication administration record (MAR) sheets were in place which detailed the medication prescribed and also include a picture of the person and details of any allergies they may have. Nursing staff had signed to show they had administered people's medication. Nursing staff told us that they received medication training annually and said they were aware of the registered provider's policy on medication. Training records showed that medication training was up to date.

Staff told us how they would keep people safe from harm. They described different forms of abuse and told us they would inform the registered manager or local authority if they had any concerns. They said they were confident that any concerns raised would be dealt with appropriately. We saw that the registered provider had copies of the local authority's policy and procedure on safeguarding adults from abuse. The registered provider also had their own adults safeguarding policies and procedures. Staff said they were aware of the policies and understood the term 'whistle blowing'. Staff said "If they thought staff were not doing something right" then they would report it. The registered manager confirmed that referrals that did not meet the safeguarding threshold were reported as 'low-level' on a monthly basis to the safeguarding team.

People told us that there were always staff available and that they didn't have to wait long for call bells to be answered. Comments included "There are enough staff all the time", "They never seem short of staff", "Staffing has never been a problem" and "Loads of staff – they often stop and talk to me". Relatives confirmed that there were always plenty of staff around when they visited. The registered provider regularly assessed and monitored staffing levels to ensure sufficient staff were available to provide the support people required. We looked at the staff rotas for a three week period. During the inspection we found there was enough staff available to meet the needs of people who used the service.

Staff recruitment files were well presented and showed that appropriate checks had been undertaken prior to staff working for the service. Two references had been undertaken, one of which was from the staff members' previous employer. A Disclosure and Barring Service check (DBS) had been undertaken. A DBS was undertaken by employers to ensure that prospective staff members are suitable to work with people who used this service.

A wide range of risk assessments had been completed for people who used the service. They provided instructions for staff when delivering support to people. Where potential risks had been identified then

action taken by the service had been recorded. Risk assessments were specific to individual people's needs and were up to date.

Personal Emergency Evacuation Plans (PEEPs) had been completed for people who used the service. This helped to ensure that people were appropriately supported in the event of an evacuation or emergency. However, some people's information was not included in the file. This was discussed with the registered manager and by the second day of inspection we saw all PEEPs had been brought up to date. A fire risk assessment had been completed in October 2016 and an action plan completed. Where action had been required, we saw that this had been completed and signed off by the registered manager.

People told us that the home was clean. They said "The home was immaculate" and "It is very clean". Relatives said "It's nice and clean here" and "Cleanliness is not a problem." We found that the service was well maintained and clean. Equipment had been serviced and maintained as required. For example records confirmed that gas safety and electrical hard wiring had been serviced and was safe to use. Staff had access to personal protective equipment such as aprons and gloves and they used these as needed.

## Is the service effective?

### Our findings

People and relatives told us that the care and support provided by the staff team was effective. People said that they were able to make choices about the way they were supported and what they did each day. People said "I am in a wheelchair and staff look after me well", "I am able to make choices for myself" and "Staff consult with me on choices across the day".

We observed the mealtimes and found these were a positive experience. We saw that staff communicated well with people and that the mealtime was well organised and enjoyable to people who lived at The Old Rectory. People were supported with their meals as needed and this was also detailed in their care plan. People told us "There is a good choice of meals all the time", "I have my breakfast in my room which I prefer", "The food is excellent" and "The food is good". Relatives told us that the food was good, comments included "Mum loves the food", "The food is good, never a problem" and "Food, no complaints, as at home". The service used a five week rotational menu and pictorial menus were available for people who were living with dementia or who had communication difficulties. A wide range of alternatives were available if someone didn't like the meals on offer. Staff knew people's preferences very well and staff engaged well with people, chatting to them and explaining what the meal was in front of them. Protective clothing was offered to people and agreement was sought before being used. All staff had up to date training in food safety.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The staff made sure that people had choice and control over their lives and that staff supported them in the least restrictive way. The registered manager demonstrated a good understanding of the Mental Capacity Act 2005 and associated legislation. Discussions with the registered manager confirmed that she understood when an application should be made and how to submit one. During this inspection we did not observe any person being inappropriately restricted or deprived of their liberty.

People told us about their healthcare needs. They said "I have only seen a doctor once", "A doctor comes into the home and I get support with healthcare needs" and "Not seen a doctor – no need". People's medical conditions and medication requirements were included in the care plans and records indicated these were up to date and reviewed regularly to reflect people's changing needs. The registered manager had implemented a system of 'grab bags' to be used if someone was admitted to hospital. These were pre-prepared bags with a towel, flannel and a range of toiletries for people to take with them. This meant that people always had the basic items with them on admittance to hospital.

Staff told us that they received the training and support they needed to carry out their role. They said that the training was good and thorough. Records showed that staff undertook a range of training which was up to date. Staff said that they had undertaken the registered providers' mandatory and refresher training as needed. A range of other training was available to meet the specific needs of people such as end of life care, death and dying and pressure area care. This meant that staff had access to a wide range of training to

support people who used the service.

Staff attended an induction programme at the start of their employment. Staff told us that the induction gave them enough information to undertake their role and that they also shadowed an experienced staff member as well. The induction pack was used as the staff handbook and staff signed to say they have read and understood the information. Records confirmed this. The induction process included information about the management structure; contractual information and day to day information about the service.

Regular supervision sessions were undertaken with each one being focused on different themes. For example death and dying, end of life care and infection control. Staff said they found the sessions "Very useful" and "Informative." Records showed that these sessions were up to date. Staff were also invited and encouraged to attend monthly staff meetings. Staff told us that they usually attended the meetings and they could contribute if they wanted to. This meant that staff had access to a range of support to assist them in their role.

## Is the service caring?

### Our findings

People told us that staff were very kind and caring and that the care they received was excellent. People said "The care is excellent", "The care is very good, I can't complain" and "The care is very good." They said "The staff are very nice", "The young ones make me laugh", "I am treated very well" and "The staff are very kind and understanding".

Relatives told us that they could visit the service at any time and that they were always made welcome and were also offered refreshments. Relatives said "I am always made to feel welcome", "The staff always say hello" and "Yes, and we are even invited on days out." During the inspection we saw the staff welcome family members and offer refreshments to them.

We saw that staff engaged with people in a relaxed and caring way. When staff spoke with people they used appropriate touch and language with them. Staff explained how they would support people and ensure that their privacy and dignity was maintained. We saw that bedroom and bathroom doors were closed when people were being supported with personal care tasks. Staff also addressed people by their preferred name and staff told us that this information was included in people's care plans, which we saw.

People told us that the staff knew them well. They said "Staff know how to care for me and what I need", "Oh yes, they help me to get dressed" and "Staff help me in and out of bed." During discussions with the staff they told us and how they supported people and that this was centred on people's needs and wishes. From discussions we saw that staff were very knowledgeable about the people they supported and that time had been taken to get to know the person and their individual needs and preferences.

A wide range of compliments had been received by letters, cards and emails. Comments included "The first thing you notice is the friendly atmosphere, the buzz of conversation and the smiles on the faces of residents and staff", "I would like to express my thanks for the love and support you gave to [Name]", "Thank you for all your support and kindness", "Thank you for the care, love and compassion you have shown Mum and us", "The excellent management team promote patient centred care throughout the home, delivered by all the staff" and "The care, dedication and friendship shown by all concerned was magnificent and highly professional."

People had access to a range of information about the service. This included the service user guide, statement of purpose, brochure and rectory life. The rectory life is a monthly newsletter about what is happening within the home, information about the staff and forthcoming events. The service user's guide and brochure included information about the services provided and the facilities available, values and objectives, information on how to raise a complaint and details of the organisational structure.

We looked at the end of life care processes. The registered manager explained about the good links the service had with the local hospice and we saw that the registered provider had produced a leaflet on how end of life would be achieved within the service. It included information on care plans, religious or spiritual input, visiting, and other helpful information such as frequently asked questions around syringe drivers and

end of life care. When a person is approaching the end of their life a separate care plan is produced and separate medication sheets are used to record drugs that may be required. For example, for conditions such as pain relief, nausea, breathlessness or agitation. Relatives had commented on the end of life care and said "The support and dignity [Name] received over the last days of their life was so appreciated by the family. It has helped us through the difficult time of losing a loved one", "We found the staff very helpful and pleasant", "Everywhere is bright and clean", "It's like home from home here" and "The standard of care is exemplary."

## Is the service responsive?

### Our findings

During the inspection we saw that staff engaged well with people and were responsive to their needs. People told us that staff listened to them and that they received the care they needed. Comments included "I am very happy here", "The staff are getting to know me very well", "Staff know me, I think I am quite easy to please" and "The care is excellent."

People and relatives told us they knew how to raise a concern with the service and all the people we spoke with said they didn't have any concerns or complaints about the service. People said "I would talk to the matron (registered manager)", "I know how to raise a concern" and "I would talk to the office staff or the nurses." The registered provider had a complaints procedure which was seen in hallway and it contained details of how to raise a complaint, contact details of the registered manager and the Care Quality Commission (CQC). No complaints had been received but the registered manager said that a log would be kept and we saw that processes were in place for appropriate action to be taken if required.

The registered manager explained that prior to admission people would be visited by her or a member of the staff team either at their home, hospital or another preferred place. During this meeting the staff would explain to the person about the service they could provide. A pre-assessment document was completed to help assess the person's needs and to ensure that the service could meet these. People would be encouraged to visit the home prior to admission. On admission a welcome pack was left in each person's room which contained a wash bag and appropriate toiletries. Also included in the bedroom was a copy of the service users guide, statement of purpose and current edition of the rectory news.

We looked at four care plans and saw that there were good records available which promoted person-centred care. Person-centred care is a way of thinking and doing things that sees the person using the service as equal partners in planning, developing and monitoring care to make sure it meets their needs. The care plan covered all areas of personal care, nutrition, medical conditions and continence. We saw a wide range of risk assessments which were centred round the individual person's needs. For example moving and handling, risk of falls, nutrition, pressure area care and continence. This meant that staff had access to a wide range of information about people who lived at The Old Rectory. We saw good daily notes were kept about each person that included any changes in people's health and wellbeing.

Good details were kept about people's social history which meant staff had access to relevant past information about each person. People told us about the activities that were available at The Old Rectory. They said "I have been out in the mini bus", "I like to go out in the garden", "Sometimes I go out – sometimes I don't, it's my choice" and "I have been out shopping with staff." Relatives said that there was a range of activities and outings available and some people went out with their relatives as well. Comments included "[Name] goes singing and on days out" and "[Name] went to the garden centre at Christmas." Activities included singing, music, hand massages, basketball, keep fit with Andy, skittles, reminiscence sessions, coffee mornings and weekly visits to the hairdresser. A weekly discussion group was held which was led by relatives and people who live at The Old Rectory. Some people were able to keep in contact with family members abroad through emails and SKYPE and were supported by the activities co-ordinator to do this.

Regular visits were made by members of the clergy from the local Roman Catholic, Church of England and Methodist churches. Some people also went for afternoon tea or to the film afternoon at the local community centre.

## Is the service well-led?

### Our findings

People and relatives told us that they were very happy with the care and support provided at The Old Rectory and that the service was excellent. People said "I am very impressed", "It meets all my needs", "It's quite good here" and "I am very satisfied." Relatives commented "I am very happy, they go the extra mile", "You could not get anywhere better" and "[Name] has been here eight years and there has never been a problem."

The manager has been registered with the Commission for four and a half years. She has worked for the registered provider for 20 years and been the manager for 17 years. She has gained a wealth of knowledge and experience during this time. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff told us that they received good support from the management team, nurses and colleagues. They said the registered manager was "Very approachable", "Always supportive" and "Very good and calm". Staff said they were made welcome to the service; that staff got on well together and that the registered manager had an open door policy and would listen to any comments they had.

An auditing system was in place to assess, monitor and improve the service and to ensure people's health and wellbeing was maintained. We found that regular audits had been completed by the registered manager. These included audits on personal care and support, the mealtime experience, medication, the environment, health and safety, accidents and incidents and infection control.

People's views were sought in a variety of ways. These included the weekly meetings that were led by relatives and people who used the service and during these sessions a wide range of topics were discussed including the environment, food and activities. People's views were also sought on the lunchtime experience and personal care delivery on an annual basis. Comments from the lunchtime experience included "How can you improve on perfection", "All excellent", "I love my food and I get plenty" and "I enjoy all my meals, in my room, every day." Comments from the personal care delivery questionnaires included "Staff always helpful", "All very kind to me", "Nothing is too much trouble" and "I can manage on my own, but I like the help and love the chats."

The registered provider had a set of policies and procedures for the service which were reviewed and updated as required. Policies were available in the main office which ensured that staff had access to relevant guidance when required.

From discussions with the registered manager we saw that the values and objectives of the service were to be open and transparent in their approach. They regularly notified CQC as required by law of significant incidents and events that affected people or the running of the service. Notifications were sent shortly after the incidents occurred which meant that we had been notified in a timely manner.

The registered provider had a disaster handling and business continuity plan in place. This included what to do if there was a loss of utilities; premises; staff; IT and included a list of organisations to contact and contact details of the registered provider and registered manager. This meant that the registered provider had systems in place to ensure the continuity of the business.