

M & M Care Limited

# The Old Rectory

## Inspection report

Sturton Road  
Saxilby  
Lincoln  
Lincolnshire  
LN1 2PG

Tel: 01522702346

Date of inspection visit:  
20 November 2018

Date of publication:  
10 December 2018

## 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

We inspected the service on 20 November 2018. The inspection was unannounced. The Old Rectory is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service accommodates up to 24 older people with physical needs and those associated dementia.

On the day of our inspection 16 people were living at the service.

At our last inspection on 29 February 2016 we rated the service 'good.' At this inspection we found the evidence continued to support the rating of 'good.' There was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People continued to receive a safe service and were protected from avoidable harm, discrimination and abuse. Staff were safely recruited and available in sufficient numbers to meet people's needs. Risks associated with people's needs including those related to the environment, had been assessed and provided in ways which helped to minimise any risks identified. They had also been reviewed regularly and updated when changes were needed.

People continued to receive an effective service. Staff received all of the training and support they required to meet people's individual needs, including meeting their nutritional needs. Staff worked well with external health care professionals and people were supported to access health services when required. People were supported to make their own choices and staff cared for people in the least restrictive way possible. The registered persons had processes in place which helped make sure that when needed, they acted in accordance with the Mental Capacity Act 2005 (MCA). This measure is intended to ensure people are supported to make decisions for themselves. When this is not possible the Act requires that decisions are taken in people's best interests.

CQC is required by law to monitor the operation of the MCA and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. Through our discussions with the registered manager and staff we were assured that they understood the principles of the MCA and demonstrated their awareness of the need to obtain consent before providing day to day support and care to people. DoLS are in place where needed to protect people when they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves. At the time of our inspection, none of the people who lived at the home were subject to an active DoLS authorisation and the registered manager informed us they were awaiting the outcome of five DoLS applications which had been submitted to the local authority for approval.

People continued to receive care from staff who were caring in the way they provided support. It was clear that staff approaches to people were based on understanding of people as individuals.

People continued to receive a responsive service. People were involved in planning for their care needs and regularly reviewing the care being provided. They were supported to pursue their individual interests and hobbies, and group social activities were planned and delivered in creative ways by a team of activity staff who provided opportunities for people to be stimulated and to express themselves.

There was a complaints procedure in place and people and their relatives knew how to raise any concerns or formal complaints if they needed to. Staff told us they felt well supported by the registered manager and provider and that they knew how to escalate any concerns they identified.

The service continued to be well led. There was an open and transparent and person-centred culture within the service. People, their relatives and staff were encouraged to give their views on how the service was run. The registered manager and provider worked well together using the audit and quality assurance systems they had established to ensure they regularly checked on and reviewed the services they provided so that they could take any action needed to keep improving them.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains safe.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains effective.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains caring.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains responsive.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains well-led.	<b>Good</b> ●

# The Old Rectory

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 20 November 2018 and was unannounced.

The inspection team consisted of one inspector.

Prior to this inspection, we reviewed the Provider Information Return (PIR). This is a form which asks the registered persons to provide us with key information about the service, what the service does well and any improvements they plan to make. We also reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. In addition, we considered our last Care Quality Commission (CQC) inspection report and information that had been sent to us by other agencies such as commissioners who had a contract with the service.

During the inspection, we spoke with eight people who lived at the service and four visiting relatives for their views about the support their loved ones received. We also spoke with the registered manager, the deputy manager, the homes administrator, two senior staff members, two care staff, two activity co-ordinators and the homes maintenance person.

As part of the inspection we spent time observing how people and staff interacted and how care plans were being implemented using the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us to understand the experience of people who were unable to communicate with us direct.

In addition, we looked at specific parts of the care records of three people who lived at the service. We also looked at the management of medicines and a range of information provided by the registered manager about how they and the provider ran the service.

## Is the service safe?

### Our findings

People told us they continued to feel safe living at the service. One person told us, "I am here to be looked after and I feel secure here." Another person described how the staff supported them to be safe saying, "Look, when I need to get about I need someone with me. Without help I would be adrift and feel unsafe. The staff are there when I need them but they don't overpower me. I feel safe in their hands."

People were supported by staff who recognised the signs of potential abuse and knew how to protect people from harm. Through our discussions with them, the registered manager continued to demonstrate a clear understanding of safeguarding reporting procedures including those for external organisations such as the local authority. Staff told us their training had been kept updated and they knew how to escalate any issues they had regarding people's safety. We knew that the registered manager had taken appropriate action regarding any concerns raised about people's safety which had been raised with them. When needed, this had included working with the local authority safeguarding and quality assurance teams.

The registered manager described how they reviewed reports of safeguarding events and accidents or other incidents on a regular basis. This was to enable them to identify any themes and lessons learned, in order to help to improve future practices in the service.

Risks were assessed and planned for. Records showed that risks related to care were up to date, kept under review and updated further in line with any change in need. We saw equipment to help people to move around safely was serviced regularly and being used correctly by staff and that walking aids and wheelchairs were in place to help people to be as mobile as they could be. When it had been assessed as needed people were also supported through the use of other equipment such as bed side support rails in order to keep them safe when they were in bed.

In their PIR the provider had indicated that safe recruitment procedures continued to be followed. When we undertook our visit, the registered manager showed us how they maintained records of the recruitment checks undertaken and that they had been kept updated as any new staff were employed. These checks included the provider contacting the Disclosure and Barring Service (DBS). The information provided by the DBS is used to assist employers to make safe recruitment decisions. This meant that the necessary steps had been taken to ensure people were protected from staff that may not be fit and safe to support them.

People, relatives and staff we spoke with told us they felt there were enough staff on duty to support them. One person commented that, "When I need them the staff are there. If I use my call bell they get to me quickly." A relative told us that, "It always feels calm and relaxed whenever I visit. For me that a good sign there are enough staff." The registered manager told us that staff duty rotas were prepared in advance to ensure the correct numbers of staff were available for people both during the day and at night. The staff available for each shift were displayed on a communal board so people and visitors could see who was working and there were photographs of the staff team displayed so people could identify staff easily. The registered manager confirmed they had an on-going recruitment programme in place and they worked closely together as a team to cover any staff vacancies and absences. This was confirmed by the staff we

spoke with.

As part of our inspection we spoke with one of the senior members of staff responsible for overseeing and managing the processes related to medicines. They described how people received their medicine and records were in place to show when people needed to take any prescribed medicines. The information also included how people took their medicines and when needed, how these arrangements had been agreed. The registered manager and the senior staff member showed us they had regular audits and checks in place, including external audits, to make sure medicines were being safely managed. The registered manager also confirmed all staff dispensing medicines were trained and their competency assessed. Regular spot checks were also undertaken by the senior staff to make sure the systems in place remained consistent and safe.

Information we looked at and which was available for people to access showed us fire safety checks and tests were routinely being undertaken and that staff knew about the plans in place for each person to enable them to safely evacuate the home in event of an emergency such as a fire.

In their PIR the registered manager told us how infection control was managed by all staff in accordance with the providers policy and procedures and that staff received training to understand their role and responsibilities for maintaining standards of cleanliness and hygiene in the service.

We observed that all areas of the premises looked clean and that domestic staff undertook safe cleaning practices using colour coded equipment to reduce the risk of infection. Staff told us the registered manager had actively promoted the importance of reducing the risks associated with cross infection. With this in mind, we saw that aprons and gloves were readily available and being used by staff whenever they needed to use them.

The deputy manager confirmed they had been identified to support the team with up to date practice regarding infection prevention and control and that they attended regular meetings with external professionals to enable themselves, and in turn, the care team to keep updated with any developments and changes needed in the service.

## Is the service effective?

### Our findings

People and relatives told us they continued to be cared for by an effective staff team and that staff were skilled in responding to their individual needs. One person told us, "The staff here know me and what I need very well. They are very good carers."

People's physical, mental health and social care needs were assessed before they came to live at the service and the registered manager showed us staff had information and evidence based guidance available to ensure people's care was planned and delivered in line with legislation and professional standards.

The registered managers training plan had continued to be maintained and kept updated to show staff received all of the training they had required to help them meet people's needs safely. Staff told us they had an induction when they started to work at the service and were supported to undertake nationally recognised qualifications to enable them to develop in their roles.

We observed staff using their experience and training to help people to move around the home using equipment which they clearly knew how to use. People looked relaxed when they were being supported and staff said they were confident in the care they gave. One staff member said, "I feel I am supported to develop here and to also use the skills I have. It's a varied role and there is always something new to learn but we have a good set of training and this helps with consistency."

Staff told us that they had received regular supervision including being given regular feedback on their performance so that they could keep developing themselves. They also said they were able to sign their supervision records to show they agreed with what was discussed and that they reviewed any outstanding actions agreed at each supervision meeting.

People were supported to eat and drink enough and maintain a nutritious, balanced diet. We observed that food was fresh and meals were prepared and cooked on the premises. Staff told us wherever possible, the ingredients were sourced locally. We saw information and details about people's nutritional needs and preferences, including any allergies people had were kept for reference and used by the kitchen staff. Staff told us this helped ensure any specific dietary needs would be catered for.

There was a range of external health professionals involved in people's care and staff told us how they had maintained strong working relationships with the local doctors and community nursing and social work teams to make sure all identified needs were being met. People also had access to range of other healthcare support such as chiropodists and oral care professionals. One person told us how they were, "Getting my hearing and eyes tested soon and this is being arranged."

The home environment and premises continued to meet the needs of people who used the service and they were accessible. We saw the service was well laid out so that people could access all areas. There was an accessible stair lift in place which could be used by people to access rooms on the upper floor of the home. When we spoke with the homes handy man they told us how they were available as needed and that any



environmental issues were addressed immediately. They showed us their work schedules which included routine maintenance and any specific repairs needed in people's rooms and in the home together with dates completed.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 that they are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The registered manager and staff described how care plan records provided information about how each person liked to be supported and all of the people and relatives we spoke with told us consent was always sought before care was provided. One staff member told us staff had been issued with a prompt card by the registered manager for reference which they said, "Included the five key principles of the MCA, adding that, "All of the staff have these."

We did note mental capacity assessments and decision making in relation to some specific decisions for example, related to the use of bed rails for one person and for another person to keep their door open were not clearly documented. However, staff were able to explain why the measures were needed and in place and why they were the least restrictive option for the people concerned. When we discussed it with them, the registered manager took immediate action to review the documentation we had highlighted in order to fully address this.

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). At the time of our inspection none of the people living at the service were subject to a DoLS authorisation in order to keep them safe. However, the registered manager confirmed applications for five of the people had been submitted and were pending approval from the local authority DoLS team.

## Is the service caring?

### Our findings

People and relatives we spoke with told us they felt continued to be caring. One person told us, "It goes without saying they are caring staff." Another person added, "The staff do care for us so much. We all feel like we are part of one family." A relative we spoke with added, "When the staff come in they are always polite. I noticed the activity staff always go around and personally say hello to every person when they come in. I think that is so respectful."

Throughout our inspection visit we observed staff promoted people's privacy and dignity. We observed them knocking on doors before entering any private rooms and they were very aware of people's preferences. This included the drinks they liked to have and the times they had chosen to get up in the morning or to go to bed. When staff spoke with people they lowered themselves to the level of the person so they could speak with them directly. We saw staff listened and took the time people needed to explain what they wanted. In addition, when people just wanted to talk staff took the time to make themselves available to do this.

People told us they could receive visitors whenever they wanted and we observed relatives and friends visiting throughout our visit. We also saw people had been supported to personalise their rooms in the way they wished with one person adding, "I haven't been here too long but I have already made this room my home. I am quite private so when friends visit me I greet them in my room."

The registered manager and staff understood the importance of keeping people's personal information confidential. We saw that people's support and care records were stored securely and computers used by the management team which was used to store any confidential information about people and their needs were password protected. Staff told us they had access to the providers guidance on confidentiality, and that they were very clear about the importance of not disclosing people's personal information, including in their use of their own personal technology related communication and social media platforms.

The registered manager also showed us they and staff had the information and knowledge to support people to access lay advocacy services if they ever needed to. We saw this was available on the services information notice board for people and visitors to access so that they could contact these services independently if they needed to. Lay advocacy services are independent of the home and the local authority and can support people in their decision making and help to communicate their decisions and wishes.

## Is the service responsive?

### Our findings

People continued to receive personalised care that was responsive to their needs. One person told us, "The staff notice when I get tired and when I need help. They also notice when I need space. This comes out of knowing about me."

Staff we spoke with demonstrated a detailed understanding of the people they cared for, their life history, relationships and any issues which might make people anxious so that the risk could be reduced. We observed an example of this in practice when one person told a staff member they were going to leave a communal area of the home. The staff member identified the person was becoming agitated and gently encouraged and supported them verbally so they could initially stand and move safely without support. The staff member knew the person needed help to reduce the risk of them falling. With this in mind, we saw how they used their knowledge of the person by gently helping them to use their walking aid and additional equipment they needed. The person became very relaxed and accepted the help being offered.

We found people's care plans continued to reflect the providers personalised approach to care and that they included detailed information about the person's preferences and the knowledge staff had gained about their interests and life history. They were reviewed and evaluated regularly to ensure they remained up to date and changes made as required. Staff we spoke with told us hand over meetings were held daily and these provided a good level of information about each person, to ensure they were always up to date and aware of any changes to each person's needs.

We saw that people had been supported to choose and engage in a range activities that were set out on a communal notice board for people to choose from. People told us the activities were socially and culturally relevant to them. Two activity co-ordinators told us how they were employed to provide a range of different activities and we saw these had been arranged in line with what people said they enjoyed doing. We observed people some people played a group game in the morning and that they enjoyed taking part in a quiz in the afternoon with one of the activity co-ordinators. These took place alongside the other activity co-ordinator undertaking one to one talking sessions with people in another part of the home. One person told us, I love the quizzes but I also like to talk to the staff on my own. They do both here and it's a great balance."

The registered manager told us that wherever possible people's preferences and choices for their end of life care had been recorded in their care plan. We saw the registered manager had ensured information was available for people and their relatives to access if they needed additional support following the death of a loved one. The registered manager described an example of how they and staff had supported two people who lived at the home and who were in a relationship to spend time together when one of them was nearing the end of their life. The actions taken helped ensure the people could say their goodbyes privately. The registered manager also told us they had followed the wishes of the person and ensured their religious wishes and requests had been fully respected.

The registered manager was aware of the Accessible Information Standard (AIS) and knew how to apply this. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and

meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers. We saw information around the home such as how to raise concerns or complaints and menus were easy to access and could be made available in large print and picture format. The registered manager told us how all of the other information about the home could be produced in other languages and formats, including, audio, large print or braille formats for those who needed it to be so everyone could access it.

People and relatives we spoke with told us they had all the information they needed when they first came to the home, including how to raise any concerns or formal complaints they had. The complaints procedure was available in the front entrance to the home and the registered manager told us all complaints were recorded along with the outcome of any investigations and action taken. Records showed that three complaints had been received during the last twelve months and that the registered manager and provider had responded to these in the right way.

# Is the service well-led?

## Our findings

The service had a registered manager in place at the time of our inspection. 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.

We knew there had been a change in the registered manager since the last inspection and that people we spoke with, relatives and staff told us they felt the service was being well-managed. One person told us, "I believe the manager and her team are here for us and that is their main interest. We are treated like people." A relative commented that, "It's one of the nicest homes I have been to. The information about how it is run is clear and we think the manager is doing a good job with the staff."

The registered manager understood their responsibilities to check and notify us regarding any information they were required to. This included notifications of changes or incidents that affected people who used the service. They also showed us they had followed up and completed any required actions and recommendations made by commissioners who undertook monitoring visits to the service.

We also saw the latest CQC inspection report rating was available for people to read at the home and on the providers website. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

We observed that the registered manager and the staff team worked well together and that this had helped the registered manager and deputy manager have clear oversight of the running of the service. This included how staff were being deployed and how each person was being cared for. One staff member told us the registered manager would often work with staff as part of the rota and that this had showed them and other staff member that, "The manager is prepared to do the same job as us and that is what makes a good leader in my view." In addition, the registered manager and deputy manager confirmed they had covered some shifts to specifically support staff when there were short notice absences or whilst they were recruiting new staff. They also confirmed arrangements were in place to ensure there was management cover when the registered manager was not available including on call arrangements so staff knew who to contact.

Manager and staff meetings were held regularly and staff told us they were always able to feedback to the registered manager and the providers who they knew by name and that they said visited the service regularly. People and relatives, we spoke with also told us they knew the providers well and that they were always approachable.

Staff knew how to escalate concerns either by using the provider's whistle-blowing processes or to the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon. Staff told us and we saw information was readily available in the service for staff to refer to if they needed to do this.

People told us, and signage in the reception area confirmed the registered manager had an open-door policy and that they could speak with her at any time. They also told us and we saw there was a suggestion box available in the service with comment cards for people to submit any additional feedback whenever they wanted to.

There was a clear range of systems in place for the provider to be able to consistently monitor and carry out audits of the quality and safety of the services they provided. The registered manager and staff told us how regular visits were undertaken by the providers who reviewed the care arrangements and environment in liaison with people, their relatives and staff. We saw that these visits combined with the registered managers audit processes, and an annual quality assurance survey for people, relatives, staff and visiting professionals had continued to be effective in identifying any issues which needed to be addressed. We saw how the results of the last survey had been used to work on the further development of some of the organisational changes the provider had introduced, including staff handover meetings and the communication systems between the management team and staff.

The registered manager also showed us a separate survey was carried out recently regarding the meals provided at the home so that people could provide any additional suggestion regarding the variety of food and confirm their favourite dishes so that these could be provided.