

Parkcare Homes (No.2) Limited

# The Old Rectory

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

The Old Rectory is a residential care home providing personal care to 8 people with autism and learning disabilities at the time of the inspection.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to eight people. Eight people were using the service. This is larger than current best practice guidance of six. However, the size of the service was not having a negative impact on people and was mitigated by the size of the home and building design fitting into the residential area.

The service was developed and designed in line with most principles and values that underpin Registering the Right Support and other best practice guidance. This guidance ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

The management of the service did not have a consistent oversight of how staff spent their time or if there were shortfalls in staffing. We received conflicting feedback from the registered manager and staff about why some people were missing out on opportunities to access the community. Reviews indicated these were long-standing issues and that some people were not prioritised over others because their needs were more demanding of staff time.

Medicines were not consistently managed safely. Some areas for improvement were identified in the leadership audits, but we found other shortfalls which had not been identified.

The registered manager recognised there were areas for improvement in the quality monitoring of the service. Also, in documenting how people were being supported to achieve positive outcomes.

Most areas of the home were clean and tidy, although there were some areas which would benefit from redecoration. This was partly due to the age of the building and continual maintenance was planned. One person's bedroom had a strong odour, due to water on their carpet. Plans to address this were only considered when we raised concerns about the smell.

People had personalised support plans in place. These reflected people's usual routines, what was important to them and what staff needed to know to support them.

People's involvement in decisions about their care was promoted. Some people used advocacy services. Others were independent in making decisions and some people had involvement from their family

members.

There was a range of different meals and drinks available for people. We saw people choosing different lunchtime meal options. People who could make their own food were encouraged to do so.

Staff received training in a range of different areas, including equality and diversity. People's cultural identity needs were respected and supported.

People's privacy was respected. People had access to different communal rooms to spend their time, as well as a large garden. There was also a hall which could be used for events and activities.

The home was in a good location for community access by foot or public transport. The registered manager had developed good relationships with the local resident's group. People from the community were invited into the garden for annual garden parties.

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

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was Good (published 8 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Old Rectory on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Enforcement

We have identified breaches in relation to the leadership of the service and managerial oversight of how staff support people at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# The Old Rectory

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was completed by one inspector.

#### Service and service type

The Old Rectory is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We used the notifications we had received from the service and information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We observed care and support interactions as people were not able to or did not want to talk to us about living at The Old Rectory. We looked at records relating to people's care, including their support plans, reviews and medicines. We spoke with seven members of staff, either through formal interview or informal

conversation. These included the registered manager, team leader and support workers. We also looked at information relating to the management of the service, such as recruitment files for three staff members.

#### After the inspection

We asked the registered manager if they could provide contact details or statements from people's family members, to share their feedback. We did not receive any details or feedback from people's relatives. We received written feedback from one healthcare professional.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- Staffing levels were decided according to assessments of people's needs, but the number of staff available varied from day to day. Records showed the actual staffing numbers were between three or five on duty, which meant people could not always go out into the community. We were advised by the registered manager the home would always aim to have five staff available during the day.
- It was not possible to identify the cause of variations in staffing levels. Staff explained some days they felt they were "overstaffed". Staff were unsure if the feeling of being short-staffed was due to the way different staff had their shifts rostered, or if there were ongoing vacancies. The registered manager explained they felt the shortfalls were due to absence, or staff perception and how staff planned their time.
- There were three staff vacancies. The home was managed alongside three other local services with staff shared between them. Staff and the registered manager spoke positively about how the staff team could support other services when needed.
- Staff were recruited following safe recruitment processes and checks. These included seeking employment and character reference checks, as well as disclosure and barring service clearance (DBS). The DBS helps employers to make safer recruitment decisions by preventing unsuitable people from working with vulnerable people.

### Using medicines safely

- Some aspects of medicines management were not consistently safe.
- There were gaps in the records about temperatures of the medicine's storage. Medicines should be stored at less than 25 degrees Celsius. Records confirmed and on the day of inspection we saw the storage was close to this maximum temperature. Gaps in records meant people's medicines were at risk of not being stored at optimum temperature to ensure their effectiveness.
- Areas for improvement were found which had not been identified in the home's medicine audits. These included medicines added to people's medicine administration records (MAR's). These hand-written entries were not always signed by two staff. Two staff signing is safe practice to ensure all information is transcribed correctly to ensure safe administration.
- In two medicines audits prior to the inspection staff had identified a need for photographs of people on their medicine profiles to be updated and dated. This was not acted upon until we raised this during the inspection.
- Protocols to guide staff about when to administer medicines given on an 'as required' (PRN) basis were not always in place. These included medicines such as paracetamol for pain relief, or medicines prescribed to support people during periods of heightened distress or anxiety. Records confirmed PRN medicines were only used when needed. People received other support to mostly good effect before medicines were given.

- We found two medicine bottles had been opened and not dated to show when they were opened and when they should be disposed of. One had been opened and the expiry date recorded incorrectly. Others were dated.
- People's MAR's were up to date and showed no gaps in administration.
- Medicines were stored securely and only accessed or given by trained staff.
- The registered manager was receptive to our feedback around shortfalls and improvements were implemented following this.

#### Preventing and controlling infection

- The home was clean throughout and mostly free from unpleasant smells.
- We brought to the registered manager's attention where one bedroom had an odour of damp. We were advised this had been caused by an excess of bath water reaching the bedroom floor. Following our feedback, we were informed the team would look at ways the smell could be improved, for the benefit of the person.
- Staff had access to personal protective equipment (PPE). The PPE included antibacterial hand-gel, gloves and aprons.

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

- People were supported by staff who had received safeguarding training and understood their responsibility to identify and report concerns of abuse. There were posters around the home informing people and staff of the contact numbers for raising concerns.
- Staff felt confident if they raised concerns to senior staff or the registered manager, prompt action would be taken to ensure the person was safe from harm.

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

- Risks to people's safety and wellbeing were identified and assessed.
  - We saw a range of different risk assessments, including risks associated with travelling in the car and attending different activities.
  - Risk assessments and support plans included guidance for staff to follow to help people to stay safe. For example, where people and staff should sit in the car. This meant that staff were able to give safe support when people's level of anxiety increased and behaviours elevated.
- Staff and the management team regularly reviewed risk management information to ensure it remained up to date.
- Any accidents or incidents were recorded and analysed. Staff were de-briefed about whether anything could be done differently to support the person, or if there were any opportunities for learning. This process helped to reduce the likelihood of the accident or incident happening again.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were good, and records confirmed this.

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

- Prior to people living at the service, their needs and choices were assessed. This was to ensure the home and staff team met people's needs.
- There was a gradual approach to people moving into the home. This included visiting the home, seeing their bedroom, also meeting different people and staff.
- People's support plans reflected their needs and choices. When there were changes, staff amended the plans to ensure they were up to date.
- The service worked with the funding authorities and health care professional to review how they met people's needs.

Staff support: induction, training, skills and experience

- People were supported by staff who had received a range of training in different areas. The training equipped staff with the skills to meet people's needs.
- Staff spoke positively about the training they received, although they said they would like to have more face-to-face autism specific training. The registered manager advised us they were an autism trainer and said they would look to reintroduce the face-to-face training later in the year.
- In the weeks following the inspection there was a whole staff team training week scheduled. The training would be focussed on behavioural and crisis support. The registered manager explained training in this way meant there would be greater consistency in the staff team approach.
- New staff were supported through their induction by completing introductory training and shadowing a more experienced staff member. Staff felt they had been well-supported during their induction.
- Staff received regular supervision with a senior colleague or the registered manager. This gave them a formal opportunity to discuss what was working well and any areas for development.

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

- People were supported to choose what they wanted to eat and drink.
- There were pictorial menu options to help people in making their choices.
- People had staff support to access drinks and snacks throughout the day.
- People's weights were monitored, to support them to maintain a healthy weight.

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

- When people's needs changed, referrals were made to health and social care professionals. Guidance

from professionals was implemented into people's support plans and reviewed regularly. This was to ensure people were receiving the right support for their needs.

- People were supported to attend appointments relating to their health needs. These included the opticians, dentist and GP.

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

- The service had been adapted and decorated to meet people's needs.
- People had personalised their bedrooms, including colours of their choice and furniture to meet their needs.
- There were two lounge areas. One had a dining table, so people who wanted to dine in a quieter setting could do so.
- Rails had been added to the stairs and these had enabled people who were less confident to move around the home with greater ease.
- People had access to a large garden, and we saw this was regularly used.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People who had the mental capacity to consent to their care were supported to be involved in decisions about the support they received.
- Where people lacked the mental capacity, assessments took place and decisions were made in their best interests.
- Staff understood the principles of the MCA and knew how to apply these to their role.
- DoLS applications were made to the local authority for people who lacked capacity. The applications were reviewed to ensure they remained the least restrictive option for the person.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- We observed people being supported with kindness and respect. Staff used a friendly tone of voice and shared smiles with people when supporting them.
- People appeared to be comfortable in the company of staff. We saw one person use sign language to let staff know they were happy.
- People were supported by staff who had received training in equality and diversity. One person had been supported to access hairdressing services from a hairdresser trained in culturally specific hair care.
- The staff were knowledgeable and had previous experience of supporting people with their sexuality and personal relationships although currently this support was not needed by people at the home.

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

- Staff spoke positively about wanting to encourage people's involvement in decisions about their care. We saw people being offered choices and records showed where people were able to, they were involved in decisions about their care.
- People were supported to maintain communication and relationships with their family members. Family members were involved where appropriate with decisions about people's care.
- Advocacy services were used to help support and enable people's voices to be heard or reflected in their care reviews and support planning.
- People had staff assigned to them as key-workers, responsible for ensuring their support plans stayed up to date. The key-workers completed monthly reviews of people's support plans, to identify if there had been any changes, or if people had any concerns.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their independence. One person had made their own lunch. The staff member said, "[Person] makes their own lunch, because they can, and we want to encourage that." Other people were supported to phone their relatives.
- Staff respected people's privacy. People had systems to lock their bedroom doors when they chose, in a way that worked best for them. For example, one person preferred a key pad instead of a key and this had been installed for them.
- People were supported to have dignified privacy and staff understood if they wanted to have time alone or without company.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Records confirmed people were not receiving their funded one-to-one support time to access the community consistently. For one person, their care plan confirmed they were funded to receive five hours of one-to-one support each day, including community access. The records for December 2019 showed they left the home only three times for community access with one-to-one support.
- One person's monthly reviews in March, May and September 2019 also included entries referring to the person not being given community access opportunities.
- Staff feedback echoed what had been found in the records and reviews. One staff member explained, "Sometimes [person] will be standing at the door with his shoes, meaning he wants to go out. But you have to let him know he won't be going out."
- Different staff and the registered manager told us there were sometimes struggles with the weather, or not having enough staff who could drive. They said this impacted when people were able to leave the home or wanted to go outside. However, records showed it was often one or two people who missed out on community opportunities. Reviews also confirmed, this was at times because of other people requiring more of the staff time.
- The service had two vehicles for people to use, but there was a shortage of staff who could drive. Staff told us on occasion, staff members from other homes would come to help drive people to activities or events. The registered manager advised us being a driver was a requirement for new staff recruited to the service.
- Records showed some people had been supported to go to local places of interest, out for food, or for hobbies such as swimming.
- We saw people dining together and records showed people sometimes went out together socially.
- The home had a large hall, used by the provider's four local services. This provided a space for parties, arts and crafts, and other activities.
- There were also events held at the home where the community attended garden parties. The most recent party had included live music and local residents from the community attended. The registered manager told us this event had been well enjoyed by people and helped to ensure the home was integrated into the local community.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- At the last inspection, we found improvements were needed in people's person-centred support plans. At this inspection, we found improvements had been made and people's needs were reflected throughout their personalised support plans.
- The support plans were broken down into different sections and were easy for staff to follow. There were

overviews of people's needs, as well as more detailed sections where further information could be found. The different support plan sections included for example, guidance for staff about how the person should be supported with their personal care.

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service met people's accessible communication needs. We saw different pictorial tools being used to help people make choices or to understand what was happening next.
- Staff understood different people's variations of sign language and some staff had received training for this. Other staff had not received specific communication training but knew how to access tools or resources to help them in communicating with people.

#### Improving care quality in response to complaints or concerns

- The registered manager advised us the home had not received any complaints. However, they had worked at the service a long time and had good relationships with people and their relatives. They felt people's relatives would raise concerns with them directly as they arose, before needing to make a formal complaint.
- There were policies and processes in place for responding to complaints and concerns.

#### End of life care and support

- There were no people receiving end of life care and support during the inspection. However, the registered manager told us this was an area they would like to develop at the service. They explained that conversations had taken place with some people at the home and advocacy service were being used for these where needed.
- A referral was made to the community team for people with learning disabilities and support was provided to the home to help people with bereavement. The registered manager said, "Everybody lost a housemate. Staff used books as resources to help people understand. We also had a counsellor come, they spent a lot of time with the team to help them in supporting people."

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care

- There were shortfalls in the managerial oversight of the service, including overseeing how staff planned their time. The registered manager felt this had contributed to staff feeling they were under-staffed, rather than there being a staff shortage.
- There were discrepancies in what the registered manager and staff told us was causing people to miss out on social opportunities.
- Staff handover sheets were not being used to plan how staff would be spending their shift. The registered manager told us they recognised following our feedback that they needed to "get back to basics".
- We identified actions which had not been acted upon or found in the medicine audits. The registered manager told us they were responsible for overseeing the completion of actions following audits. Action was not taken until we raised shortfalls in the medicine audits at this inspection.

The shortfalls in managerial oversight and leadership impacted the service. We found no evidence people had been physically harmed. However, people missed opportunities for social engagement due to staffing arrangements. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Different staff were encouraged to complete audits of the service. The registered manager told us how they felt this encouraged the staff to all take accountability for quality.
- The registered manager was registered for four different homes, and split their time supporting each of them. Staff spoke positively about the leadership of the service. They told us they felt well supported by the registered manager, deputy managers and team leader. All staff we spoke with told us the registered manager was "approachable" and said they felt confident in how the home was managed.
- The registered manager praised the staff team and said, "I think we have a really good team. Everyone works well together. I can tell they enjoy being at work."
- There were development opportunities for staff who wished to progress, and the registered manager was keen to encourage this. The team leader had initially started at the home as a support worker and told us how they had been developed into their more senior role.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility to act on the duty of candour, in the event of

something going wrong. They also knew when to notify CQC or the local authority.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People had goals and intended outcomes identified and recorded in their support plans. However, there was a lack of evidence about the progress they were making in working towards these. The registered manager explained they felt the home supported people well in achieving positive outcomes and understood they could evidence this better.
- We observed staff in the home following the guidance in people's support plans, which showed the support plans were kept up to date. This helped to reflect that staff knew people well and wanted to provide person-centred support.
- The staff and leadership team all had a positive approach to their work. They spoke with pride about supporting people and many members of the staff team were long-standing in their role.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- The registered manager participated in local networking opportunities and was keen to ensure the home was integrated well into the community. This included being a member of the local resident's group and helping to circulate their newsletters.
- People were asked for their feedback on the service. The registered manager felt this process could be improved and was considering ways which may work better to obtain people's feedback.
- Staff attended meetings which included discussions around any communication updates, learning opportunities and future plans.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Medicines audits did not identify all areas for improvement. Where shortfalls were found, action was not taken.  There was a lack of managerial oversight about how staff spent their time and monitoring if people were being supported to access the community.