

# Chantry Retirement Homes Limited

## The Old Rectory

### Inspection report

Church Street  
Tenbury Wells  
Worcestershire  
WR15 8BP

Tel: 01584810249

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

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 Old Rectory accommodates 28 people in one adapted building which is set over three floors. There were 18 people living at the home at the time of our inspection.

### People's experience of using this service

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

People continued to tell us they felt safe and well supported. Staff had a good understanding in how they protected people from harm and recognised different types of abuse and how to report it. Potential risks to people's health and wellbeing had been identified and people had been involved with decisions in how to reduce the risk of harm. There were enough staff on duty to keep people safe and meet their needs. People's medicines were managed and stored in a safe way. Safe practice was carried out to reduce the risk of infection.

People's care continued to be assessed and reviewed with the person involved throughout. People were supported to have a healthy balanced diet and were given food they enjoyed. Staff worked with external healthcare professionals and followed their guidance and advice about how to support people following best practice.

Staff treated people as individuals and respected the choices they made. Staff treated people with respect and maintained their dignity.

People's care was delivered in a timely way, with any changes in care being communicated clearly to the staff team. People were supported and encouraged to maintain their hobbies and interests. People had access to information about how to raise a complaint.

The registered manager was visible in the home, listened and responded to those who lived in the home and the staff who worked there. The checks the registered manager made to ensure the service was meeting people's needs focused upon people's views and experiences. The providers checks were basic, and they discussed plans with us to put more robust checks in place and develop clear action plans with the registered manager so that improvements could be clearly reviewed.

### Rating at last inspection

The last rating for this service was Good. The last report was published 21 March 2017.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### 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 safe

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

### Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was Well-Led.

Details are in our Well-Led findings below.

Good ●

# 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team

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 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 inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the 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 inspection

We spoke with seven people who used the service and two relatives. We spoke with a domestic staff, one maintenance staff, the chef and a kitchen assistant, three carers, a senior carer, the deputy manager and

registered manager. We looked at aspects of three people's care records and other records that related to people's care such as medication records, audits and other records about the management of the service.

After inspection

We spoke with the provider and reviewed audits they completed.

# Is the service safe?

## Our findings

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

At our last inspection this key question was rated as "Good". At this inspection this key question has remained the same.

Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they continued to be kept safe by the staff who supported them. Relatives felt their family members were kept safe from harm. Staff demonstrated a good understanding of different types of abuse and what approach they would take in the event of any concerns.
- The registered manager took action to protect people from harm.

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

- Staff supported people in a way which kept them safe but maintained their independence. People shared examples of feeling safe as the building was secure and there were always staff to support them and answer their call bells.
- A relative told us when their family member had fallen, lessons had been learnt and measures were in place to prevent this from happening again. The relative confirmed there had been no further incidents and staff had learnt how to safely mitigate the risk.
- Staff were aware of people's individual risks and how best to support them. There was a very good communication system in place for ensuring consistent and timely care was delivered. The staff team had regular updates to ensure risks were being managed, mitigated and reviewed.
- People were receiving their medicines when they should. The registered manager was following safe protocols for the receipt, storage, administration and disposal of medicines.
- Staff communicated information about incidents and accidents. The registered manager monitored these events to help prevent further occurrences.

Staffing

- People and relatives told us there were enough staff on duty to meet their needs in a timely way. We saw staff were visible in communal areas and made regular checks for those people who preferred to stay in their rooms.
- Staff told us there were sufficient numbers of staff on duty and that they had time to meet people's needs.
- The registered manager understood people's individual support needs and the staff skill mix required to keep people safe. They organised the staffing levels based upon people's individual needs and reviewed this regularly, or when people's care needs changed.

Preventing and controlling infection

- People told us staff kept the home clean and the home was well kept.
- We saw the home was clean and smelt fresh. Staff understood the importance of infection control and we saw good practice within the home.
- Domestic staff had a rota they worked with to ensure each room was thoroughly cleaned regularly. They told us they had the equipment they needed to do their job well.

# 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 deteriorated to Requires Improvement.

Requires Improvement: Consent to care and treatment was not always sought in line with legislation and guidance. People's outcomes were good, and people's feedback confirmed this.

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).

- The registered manager worked with healthcare professionals and people's relatives to understand whether people had capacity to make particular decisions about their care and put best interest decisions in place which was of the least restrictive practice. However, we found the registered manager had not fully understood the DoLS procedures, and where people lacked capacity and were under supervision, they had not sought guidance from Local Authority to determine whether they legally required authorisations. Following our inspection, the registered manager confirmed they were attending additional training in this area to update their knowledge and understanding and would have discussions with the DoLS team to see if any applications would be required for people who lived in the home. We found that this did not have any negative impact to people and the way they were supported.
- People told us staff would ask for their consent before undertaking any personal care. People felt staff respected their wishes and listened to them.
- Relatives confirmed they were involved in mental capacity assessments with their family member and best interest meetings. They felt that where it had been found their family member lacked capacity to make certain decisions, staff supported the person in the least restrictive way.

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

- People and their relatives confirmed they were involved in the assessment of their care from the beginning. It was clear that all staff knew people well and understood how to meet their individual needs.
- People told us staff were confident in their approach and had the knowledge and abilities to meet their

needs.

- Relatives told us they were happy with the way their family members were cared for and were confident in the staff's abilities to care for their family member. A relative told us how they were initially worried their family member would not settle in when they first arrived, but told us, "[The person's name] has settled in so quickly, its wonderful a weight off my mind."

Staff support: induction, training, skills and experience

- The registered manager had a comprehensive induction for new staff, and training ran throughout the year, to keep staff up-to-date with best practice. There was a good skill mix of staff on duty at the time of our inspection.
- Staff were confident in the care and support they provided. They told us they had received training that was appropriate for the people they cared for, such as dementia care.
- The registered manager recognised the importance of keeping their staff group up to date with best practice and we saw this reflected in the way they supported people.

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

- People told us they were given a choice of meals to eat during the day and had access to fresh fruit and snacks if they wanted. People told us they enjoyed the food and the dining experience.
- We spent time with people during their lunch time meal and saw this was a positive experience for people. Where people required assistance, this was done respectfully.
- Staff monitored people's weight to ensure this remained stable and people remained well.
- Where people were on a specialised diet, staff were aware of how to meet their dietary needs, such as who required a softer diet. We found there was good communication between the catering staff and the care staff to ensure people ate meals that were individualised to their specific needs.

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

- People told us they saw their doctor if needed or the advanced nurse practitioner would visit them weekly. People confirmed they were supported to attend health appointments, opticians and dental appointments, so they would remain well.
- People told us staff promptly helped them to see their GPs if they were unwell.
- We met two visiting healthcare professionals during our inspection, where they confirmed that staff sought advice and followed their guidance well. They felt people were supported to stay well and staff accessed their support should they have any concerns.

# 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 we found this key question has remained the same.

Good: 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

- People were complimentary about the service they received. One person said, "The staff are all very pleasant. I get on very well with everyone." People told us they felt part of a community and supported each other.
- A relative told us, "Its wonderful here. The staff are so lovely and very patient with people."
- We found the atmosphere in the home to be calm and relaxed. We heard conversations between people and staff were friendly and supportive. One person told us how they enjoyed a "good banter with staff". From listening to conversations between all staff and people it was clear that they knew people well and what was important to them.

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

- People had opportunities to be involved in their care, through care review meetings, resident meetings or speaking with staff on an ad-hoc basis. People told us they felt comfortable discussing their care with staff and gave examples of changes following conversations. Relatives felt staff listened to them and respected their views when supporting their family member to make decisions.
- Staff recognised what was important to people and ensured they supported them to express their views and maintain their independence as much as possible.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated in a dignified and respectful way and we saw staff were always respectful towards them.
- A relative told us their family member was treated well by staff and their privacy was maintained.
- Staff told us they respected people's privacy by ensuring information about their care and support was only shared with their consent.
- We saw all staff supported people in a dignified way, and respected and promoted their privacy.
- People's confidential information was securely stored, to promote their privacy.

# 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 "Good". At this inspection we found the key question has remained the same.

Good: People's needs were met through good organisation and delivery.

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

- People and where appropriate, their relatives, continued to be involved in the planning of their care from the beginning and their needs continued to be met. People told us staff respected their wishes, such as when they would like to get up in the morning and when they would like to go to bed.
- People's care needs were reviewed regularly and any changes in care were identified through assessments and monitoring. Staff knew people well and recognised when they were 'not themselves' so that future action could be taken.
- Staff told us, and we saw there was a good level of information about people's needs and preferences. Where people's needs were changing we saw this was communicated up to the registered manager and assurances from external healthcare professionals were promptly sought.
- Staff told us they had a detailed handover and were aware of any changes to people's care and support since their last shift.

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

- People spent their day according to their preferences. Some people preferred to spend their time in their own rooms, or within the communal areas. While some people enjoyed going out. One person told us they enjoyed sitting in the sunshine listening to the birds, while another person told us they enjoyed walking around the local town visiting their local shops and cafés. People were also supported to visit their local church and to go swimming.
- The registered manager told us about their plans to secure and develop the outside garden areas, so people could be involved in gardening and have the ability to go outside safely. The registered manager and provider were also looking at ways to help people travel further afield so they could enjoy day trips.

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 registered manager had a range of communication tools and aids to better support communication with individuals and ensure they had information in a way they could understand.

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

- The provider had a complaints procedure for people, relatives and staff to follow should they need to raise a complaint.
- People and the relative told us they knew how to raise a complaint if they needed to but were very happy with the service provided.

#### End of life care and support

- There were no people receiving end of life care at the time of our inspection. We saw in people's care records that discussions had been held with people, and where appropriate their relatives about their end of life care wishes.

# 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 our last inspection this key question was rated "Good". At this inspection this key question has remained the same.

Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People spoke fondly of the registered manager and shared examples of how they had taken time to listen and offer re-assurance. Relatives confirmed they felt the staff were open and welcoming and listened to their views.
- People and their relatives felt involved in the running of the service. People told us they had resident meetings where they discussed matters that were important to them such as changes to the home, suggest ideas for improvements and what future activities they would like to do.
- People, relatives and staff felt the service was well run, by a management team who cared. They had confidence in the service provided.
- There was a good culture and approach to teamwork within the home. Staff told us they worked well together in a joined-up approach. We saw that communication was effective between each staff group and each shift to ensure people received a consistent and co-ordinated service.
- All staff we spoke with were happy with the way the service was run and where they had suggested improvements in the past, these were responded to.
- Staff felt valued and appreciated for the work they did. They expressed to us how proud they were to work at The Old Rectory and the positive outcomes they achieved for people.
- The registered manager and their staff team worked with people, relatives and healthcare professionals to provide the best outcomes for people.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; 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 provider completed basic checks to ensure the registered manager was assessing, monitoring and reviewing the quality of the service. The provider was reviewing how they monitored the service to be more robust.
- We spoke with the provider after our visit, where they told us they would work with the registered manager to put clear action plans to ensure they stayed on target for continually improving and developing the service.

- The manager completed checks and audits of the service to ensure they were providing a good service. Where they had identified shortfalls, these were addressed. The registered manager told us that they were continually looking to improve the service, from staff's knowledge and understanding to keeping up to date with changes in best care practices.
- There was a good culture and approach to teamwork within the home. Staff told us they worked well together in a joined-up approach. We saw that communication was effective between each staff group and each shift to ensure people received a consistent and co-ordinated service.
- Staff were clear of their roles and responsibilities and were given the opportunities to hold additional responsibilities and lead roles, such as medicines management.
- The registered manager and deputy manager were clear about their roles. They monitored performance of staff through supervisions, spot checks of staff practice and sharing information in team meetings to ensure all staff were consistent in their approach to the care and support provided.
- The registered manager understood their responsibilities for reporting events and incidents that were legal required to the CQC. The legal requirement to display the CQC ratings of the last inspection was also displayed in the home.