

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

## The Old Rectory

The Old Rectory, Musbury, Axminster, EX13 8AR

Tel: 01297552532

Date of Inspection: 13 December 2013

Date of Publication: January 2014

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Management of medicines</b>	✓ Met this standard
<b>Safety and suitability of premises</b>	✓ Met this standard
<b>Requirements relating to workers</b>	✓ Met this standard
<b>Records</b>	✓ Met this standard

## Details about this location

Registered Provider	Oakprice Limited
Registered Manager	Mrs. Victoria Helen Joy
Overview of the service	The Old Rectory is a 12 bed care home for people with learning disabilities. It specialises in caring for people with autism spectrum disorder and for other associated complex health and emotional needs.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

	Page
<hr/>	
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
<hr/>	
<b>Our judgements for each standard inspected:</b>	
Care and welfare of people who use services	6
Safeguarding people who use services from abuse	8
Management of medicines	9
Safety and suitability of premises	11
Requirements relating to workers	13
Records	14
<hr/>	
<b>About CQC Inspections</b>	15
<hr/>	
<b>How we define our judgements</b>	16
<hr/>	
<b>Glossary of terms we use in this report</b>	18
<hr/>	
<b>Contact us</b>	20

## Summary of this inspection

---

### Why we carried out this inspection

---

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

---

### How we carried out this inspection

---

We looked at the personal care or treatment records of people who use the service, carried out a visit on 13 December 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

Spoke to health professionals.

---

### What people told us and what we found

---

There were 11 people living at the home when we visited. We spoke with eight people and asked them about their experiences of living at the home and we spoke with five relatives who regularly visited the home. We spoke with seven staff which included the provider, a member of management team and five care staff and asked them about people's needs. We observed people's care in communal areas of the home and looked in detail at four people's care records. We also spoke with two health professionals who regularly work with the home to ask them about their experiences.

Once person said, "Staff are quite nice", another person said, "I'm really happy here". We saw another person use sign language to indicate to staff that they were feeling happy. Relatives we spoke with told us they were very happy with the care provided at the home. They said they were included involved and included in the person's life and in decision making about their care and felt welcome to visit the home anytime. One relative said, "The home is marvellous, we couldn't survive without them. The change in him is amazing, he was quite aggressive at home. Now he is so relaxed and happy". Another relative said, "They have been brilliant, staff are so supportive. X looks happy, relaxed and chatty". Health professionals told us staff worked well with the family and contacted them appropriately about people's health care needs. A GP we spoke said, "I have no concerns at all about the home, it is very well run".

We found people's care needs and risks were assessed and care plans were developed to meet individual needs. Staff we spoke with knew about people's needs and how to meet them, which was in accordance with their care plans. People were protected from abuse because staff were trained to recognise signs of abuse and report any concerns. We found the provider had taken steps to provide care in an environment that was suitably designed and adequately maintained.

You can see our judgements on the front page of this report.

---

### **More information about the provider**

---

Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

### Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

---

### Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

---

### Reasons for our judgement

People who lived at the home and visiting health professionals we spoke to were very positive about the caring attitudes of staff. People told us they were involved in making choices about their care. We observed that staff interacted well with people, and were caring and compassionate. We saw lots of fun and laughter between people and staff throughout the day.

A GP we spoke with said, "I observe that people are treated with caring and compassion and with dignity and respect". Relatives we spoke with said the home kept in regular contact with them about the person and said they were made welcome whenever they visited the home. One relative said, "We can go whenever we like, we don't have to make an appointment". Another relative said, "The home have been phenomenal, x is doing really well there".

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked in detail at the care of four people who lived in the home and saw people signed their care plans to confirm they were involved in agreeing their contents. Relatives we spoke with also confirmed to us they were involved and consulted on reviews of the persons care plan. One relative said, "The home consulted me on his care plan, we did it in August and the review date is already booked for next year".

The home told us about a current initiative called an Essential Life Style Plan they were in the process of introducing. This included information about significant people in each persons' life, what the person enjoyed doing each day as well as information about the support each person needed and how best to provide that support. We saw this plan was written in a very positive and person centred way. For example, it included a section entitled, "What others like and admire about me". It also included essential details about person's health care needs and about their medication.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We looked at four people's care plans which showed they were well supported with their care and treatment. We saw each person's care records included risk assessments and their care plan included measures to keep the person safe and healthy. For example, one person's care plan said, 'I can display challenging behaviours whilst out in the community and staff need to be vigilant as my awareness of others is limited.

People's health care needs were identified and we saw that people were supported to attend regular appointments with their GP, dentist and psychiatrist. We spoke with a psychiatrist and a GP who told us the home contacted them appropriately about people's health care needs and carried out their instructions. One said, "The home provide good information and accurate observations about people".

Staff told us how one person had recently been to hospital for an overnight stay to have an operation. They told us how a member of staff had stayed with the person throughout the day to support them and to help hospital staff care for the person. This meant the home ensured the person was appropriately supported during their hospital stay.

Care plans provided detailed information about how to support people to be as independent as possible. For example, one person's care plan about their personal care included details of what aspects the person could manage for themselves. This also included goals the person was working towards to become more independent. We observed a young person who was helping staff to prepare lunch. We saw they were prompted with hand washing and to choose the correct chopping board to prepare salad. We saw how they were given praise and encouragement for their achievements. Similarly, we observed that other people who lived at the home were also encouraged to help contribute to the day to day running of the home including washing up, doing laundry and helping to clean and tidy their rooms. One young person told us they were training to be a builder at college. This showed the home supported people to be as independent as possible and to fulfil their potential.

People's care and treatment was planned and delivered in a way that protected them from unlawful discrimination. Some people we met had limited verbal communication skills and we saw a variety of methods were used to help people communicate effectively. For example, we saw one person used sign language to tell staff they were happy. In another person's room, we saw picture symbols were used on the chest of drawers and wardrobe in their room to help them locate their clothes and to put them away.

Care plans included detailed records about people's behaviours such as what the person might be trying to communicate to staff when they displayed certain behaviours and how to manage them. For example, "when X refuses to eat and throws his food away, this means he is anxious or trying to control mealtimes or make the next activity come quicker. Staff should ask X to go to his room until everyone else is finished". Staff also told us about other examples which demonstrated they understood people's non- verbal communication really well. For example, one staff member said, "When X stands on their tip toes, that means his anxiety levels are high". They went on to explain that once staff had understood that, they were able to take appropriate action to support the person. As a result, they said the person now rarely needed medication to help them manage their anxiety. This showed staff at the home used a variety of total communication methods to enable people to communicate effectively, to make choices and to support people to be as independent as possible.

**People should be protected from abuse and staff should respect their human rights**

---

## **Our judgement**

---

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

---

## **Reasons for our judgement**

---

People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. Staff training records showed each staff member had regular training and updating about abuse. We spoke to five staff who demonstrated they understood the different types of abuse and how to recognise and report any concerns. The home had policies and procedures in place to report concerns about abuse to the local authority and to other relevant agencies.

The provider responded appropriately to any allegation of abuse. We followed up a safeguard alert recently reported to the local authority by the home about an incident between two people. We saw that it had been appropriately investigated and dealt with and two people's care plans had been updated as a result. One person's care plan showed a member of staff was required to make sure the one person was within their sight at all times whilst they were in communal areas of the home. We saw that two staff discreetly shared this responsibility but also gave the person some freedom to choose where they wished to go and what they wanted to do. We spoke to the relatives of both people who confirmed they were informed about the incident and were satisfied with the arrangements the home had made for both people. This demonstrated the home had taken appropriate steps to safeguard people from further harm.

**People should be given the medicines they need when they need them, and in a safe way**

---

## Our judgement

---

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

---

## Reasons for our judgement

---

The home supported people with their medication because people's assessments showed each person needed support with their medication. One relative told us they were really impressed that the home had managed to reduce the amount of medication the person needed to manage their challenging behaviour since they came to live there.

Appropriate arrangements were in place in relation to obtaining medicine. The home used a monitored dosage system whereby the pharmacist supplied each person's medicines in individual packs, in accordance with their prescription. We looked at ordering and supply systems for medicines and saw that all medicines supplied to the home were checked and signed for. Some medications for individuals were also supplied to the home in separate boxes. We sampled some of those medicines and saw the amount of tablets left was in accordance with the person's prescription and those medicines had not reached their expiry date. This meant all medicines supplied to the home were accounted for and that all medicines used were in date to ensure they were effective.

Appropriate arrangements were in place in relation to the recording of medicine. We looked at three people's medicine administration records (MAR). We saw that each person's MAR chart showed all medicines prescribed, including the dosage and times of administration. We saw that medicines given were documented correctly. Where people declined their medication or it was not given for another reason, this was documented on their MAR sheet. We were told that all medicines were audited each day. Where any errors were found, actions were taken to address them. For example, speaking to the staff concerned. This meant the provider monitored people were having their medicines as prescribed and that accurate records of medicines administration were kept.

Medicines were handled appropriately and kept safely. People's medicines were stored in a dedicated medicine cupboard in each unit. This cupboard was locked and the keys held by the care worker in charge. We looked at all three of the medicine cupboards, and at the stock of controlled drugs and records of their administration. We found they were stored and administered in accordance with national guidance.

Medicines were prescribed and given to people appropriately. At lunchtime, we observed

staff administering medicine to one person. This was administered appropriately in accordance with the prescription. The home described effective systems for ensuring all routine and emergency medicines were prescribed and given to people. We saw all staff who administered medicines undertook training to do so. Staff we spoke with about medicines demonstrated they were knowledgeable about people's medicines.

Medicines were disposed of appropriately. There was a system in place for disposing of unwanted medicines. We saw a log was kept of all medicines that were no longer needed which were returned to the pharmacy and were signed for by staff at the home and the pharmacist. This meant there were arrangements for pharmacy waste to be disposed of appropriately.

**People should be cared for in safe and accessible surroundings that support their health and welfare**

---

## Our judgement

---

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

---

## Reasons for our judgement

---

The Old Rectory was arranged into three four bedroom apartments, each of which provided care for up to four service users. The provider had taken steps to provide care in an environment that was suitably designed and adequately maintained. We found all areas of the home were warm, comfortable, clean and in good repair and the garden area was well maintained. Each person has their own bedroom with en-suite facilities. Three people proudly showed us their rooms and we saw each person's room was decorated and arranged according to their individual taste and needs. They included furniture, pictures and other mementoes important to each person. For example, one young person showed us their certificate of achievement from their college and we saw picture symbols on their chest of drawers and wardrobe to remind them where to locate specific items of clothing. Corridors and landings also had nice pictures good lighting in all areas of the home.

We were shown environmental risk assessments which showed risk in all areas of the home had been considered for people and actions taken to reduce risks wherever possible. For example, we saw that reasonable adjustments were made to ensure people with reduced mobility were helped to move safely around the home through lift access to the upper floor of home for people with poor mobility.

We were told about the on-going programme of redecoration and maintenance around the home. Since we last visited, we saw that the lounge and conservatory in the young people's apartment had been improved and both areas were well used during our visit. We were told about other improvements planned for the forthcoming year which included plans to build supported living accommodation at the end of the garden to support some people to live more independently. We saw systems in place for staff to report any day to day repairs needed. We were told the home used local tradespeople for any maintenance and repairs needed around the home. This showed the provider was committed to maintaining and improving all areas of the home to meet the needs of people who lived there.

We looked at records of servicing and maintenance undertaken. Records we looked at showed systems such as lighting, heating and electrical safety were regularly checked and maintained. We also saw evidence of regular checks of the fire and emergency lighting systems. Fire drills were undertaken regularly as was testing of the fire alarm system. We

also saw documentary evidence that fire equipment was checked and serviced regularly. We saw records of which showed regular health and safety checks of the environment carried out. These records demonstrated actions were taken to address any concerns identified within the environment of the home and that maintenance and repair work was carried out as needed.

We also saw that contingency plans were in place for major problems such as loss of water, electricity or gas supplies. This included contingency plans to accommodate people in the event of needing to move people temporarily out of the home. This demonstrated the home had made contingency arrangements to support people's needs and keep them safe in emergency situations.

We asked about Legionella risks, water borne bacteria which can infect hot water systems. We saw risk assessments which showed appropriate actions taken to reduce the risks of Legionella such as monitoring of hot water temperatures and regular cleaning of shower heads. This showed all appropriate actions and precautions were taken to reduce those risks.

## Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

---

### Our judgement

---

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

---

### Reasons for our judgement

---

Appropriate checks were undertaken before staff began work. We looked at the recruitment records of two staff recruited in the last year. Each staff record we looked at included proof of identity and a recent photograph. The application forms seen included details about their previous employment and reasons for leaving. This meant the provider had full information about each applicant's employment history.

There were effective recruitment and selection processes in place. We saw that all checks required by the regulations were undertaken on all the staff files we looked at. These included proof of identity and evidence of conduct in previous employment. Detailed records of staff interviews were kept which showed that any risks identified were followed up. A medical questionnaire was used to identify any health concerns and two references were obtained for each member of staff. We also saw that criminal record checks known as Disclosure and Barring Service (DBS) checks were made. This meant all appropriate checks were made to ensure staff recruited were of good character and were suitable to work with vulnerable people.

We looked at induction training for two newer staff who worked at the home. We saw induction records also took account of the nationally recognised Skills for Care standards. The records seen showed new staff covered a range of topics as part of their induction which included people's care plans and risk assessments, daily routines and health and safety systems. We saw how more experienced staff had supported new staff during their induction period. We found staff induction records were well completed, dated and signed by the new staff member and their mentor. This meant people were cared for by, suitably qualified, skilled and experienced staff.

## Records

✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

### Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

### Reasons for our judgement

People's personal records including medical records were accurate and fit for purpose. We looked at four people's records in detail. We saw that these provided comprehensive details about people's care needs and any individual risks related to their care. All care plans and risk assessments were updated regularly as people's care needs changed. Daily records we looked at also showed how people spent their day and demonstrated people were offered appropriate care and support throughout the day and night.

Records were kept securely and could be located promptly when needed. We saw that all confidential care records were stored securely in each unit within the home. Staff records which were kept securely in locked filing cabinets in an office in the grounds of the home. These could only be accessed by authorised personnel.

We saw a certificate which showed the home was registered with The Information Commissioner's Office. This was in accordance with the legal requirements under the Data Protection Act 1998 for any organisation that processes personal information about people.

Records were kept for the appropriate period of time and then destroyed securely. Senior staff told us that care records and staff records were kept for the required periods of time, and were then securely destroyed by two members of the company. This was in accordance with the legislation about destruction of records.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

---

**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

---

**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

---

**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

---

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

---

### **(Registered) Provider**

---

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

---

### **Regulations**

---

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

---

### **Responsive inspection**

---

This is carried out at any time in relation to identified concerns.

---

### **Routine inspection**

---

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

---

### **Themed inspection**

---

This is targeted to look at specific standards, sectors or types of care.

## Contact us

---

Phone: 03000 616161

---

---

Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

---

---

Write to us  
at: Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

---

---

Website: [www.cqc.org.uk](http://www.cqc.org.uk)

---

---

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

---