

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

The Old Rectory Care Home

Rectory Road, Albrighton, Wolverhampton, WV7
3EP

Tel: 01902373158

Date of Inspection: 20 October 2012

Date of Publication:
November 2012

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

Respecting and involving people who use services ✓ Met this standard

Care and welfare of people who use services ✓ Met this standard

Safeguarding people who use services from abuse ✓ Met this standard

Requirements relating to workers ✓ Met this standard

Assessing and monitoring the quality of service provision ✓ Met this standard

Details about this location

Registered Provider	Rectory Care Ltd
Registered Manager	Mrs. Philippa Margaret Turner
Overview of the service	The Old Rectory Care Home can provide accommodation for up to 31 people who require personal care.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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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'.

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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 20 October 2012, 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 and talked with staff.

What people told us and what we found

We carried out this review to check on the care and welfare of people. There were 13 people living at the home on the day of the inspection. The home had been open since July 2012. We spoke with six people, two staff, and the home manager who was also the joint owner.

We saw that people were well presented and wore clothes that reflected their own preferences, style, and gender. We found that people were involved in making care and treatment choices throughout the day. We found that staff promoted people's independence in different ways. One person said, "I choose everything myself, they don't tell you what to do."

We found that people's care records provided an overview of people's needs and preferences. We saw positive interactions between staff and people living at the home. One person told us, "They really look after us here."

We found that arrangements were in place to ensure that people were safeguarded from abuse.

We found that appropriate checks were taken before staff began work. Records showed that recruitment processes were effective.

We found that arrangements were in place to start monitoring the quality of the service. All the people we spoke with told us they knew how to complain although they had no concerns. One person said, "I would speak to the owners, but I have nothing to complain about."

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 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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care. People's independence was respected.

Reasons for our judgement

People were supported in promoting their independence. We saw that staff encouraged people to administer some of their own medicines, go for walks, and make choices throughout the day. People we spoke with told us that staff supported them to be independent. The manager explained that some people used the kitchenette to make their own drinks. One person said, "I even drive my car here and when I am poorly, the manager takes me out."

People expressed their views and were involved in making decisions about their care and treatment. One person said, "They ask you every time. Like this morning they didn't wake me up but left me a cup of tea." The manager told us that people could choose what they wanted to eat and drink throughout the day. We saw that people had their chosen meals at lunchtime. People's care records indicated that they made choices about their care, which were respected.

People were given appropriate support regarding their care or treatment. We observed staff interacting with people and found that people were being supported to carry out their needs in an appropriate manner. We saw staff reassure people and explain things patiently. In one instance, a staff member involved people in choosing a seat in the dining room to have breakfast which met their preferences. One person told us, "They help me when I need it, at anytime."

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

Peoples' needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at three people's care records. The manager told us that people's needs had been assessed prior to them living at the home, although this was not always recorded. Two people we spoke with told us the manager had talked to them about their needs. One person said, "We had a long chat with the manager at the open day, that's when we talked about everything." The provider may find it useful to note that records for people's assessment should be recorded to ensure people's care plans reflect their needs.

We found that people's care records were detailed, person centred, and were reviewed on a regular basis. We saw staff having meaningful conversations with people as they delivered care. One person said, "The care is perfect, I was worried about having to move out of my own home, but this is a home from home." Staff were mostly able to give us detailed information about people's individual needs and preferences. This meant that people could be assured that they were looked after by staff who understood their needs.

We saw that some people went for walks and some chose to spend time in their own room listening to music, watching television, or reading. One person said, "We all enjoyed the singer yesterday, she was great and sang songs that we all knew." One person explained that the manager had brought wool for people to knit knee blankets. We saw two people knitting at the home. One person told us that the manager went to the library each week to get them books of their choice and once these had been read, they were replaced. This meant that people had opportunities to be involved in a wide range of activities to have a stimulating and meaningful lifestyle.

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. We found that risk assessments were completed for different aspects of people's care, which were person centred. In instances where risk was identified, there were instructions for staff on how the risk should be minimised or managed.

We found that people had access to other health professionals in a timely manner. In one instance, a doctor had requested staff to monitor one person's blood pressure on a daily basis, which had not been recorded. We raised this with the manager, who told us this would be completed. We saw that a designated staff member was at the home to ensure this advice had been followed and to ensure that people's monthly health checks were also

completed. The provider may find it useful to note that there should be a consistent approach in carrying out advice from health professionals and recording this information.

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 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. One person we spoke with said, "I feel safe here, I can lock my things up as well, so it is good."

We found that there had not been any safeguarding concerns raised to the local authority or to us, since the home had opened. Staff were able to tell us about abuse, and what they would do in the event of an allegation of abuse. We saw that safeguarding training was in the process of being completed. In the meantime, staff had been asked to read the policies around safeguarding to understand this. This meant that staff were aware of appropriate processes to ensure that people were safe.

We spoke with one senior staff and one care staff. The senior staff member was able to tell us what the Mental Capacity Act (MCA), and Deprivation of Liberty Safeguards (DoLS) meant. The care staff was unsure what this meant. However, the staff told us that they were being supported to gain qualifications in care, which would cover this topic. The manager explained that some staff were new and had recently started working at the home. We saw a system in place to identify training that staff needed to attend. This should ensure that all staff are confident about their responsibilities under the act.

The manager told us that most people looked after their own money. The home looked after money for one person on the day of the inspection. We looked at the person's money records and balances. We were unable to check whether the balances were correct as there was no clear record of the debit and credit transactions and these were not accompanied with receipts. We saw that all the debit transactions were for hairdressing. We spoke to the person who would have received these services. The person confirmed that they saw the hairdresser each week. The manager recognised the need to implement systems to ensure that people's money was safeguarded appropriately.

Records showed that checks were carried out to ensure that only suitable staff who can work with vulnerable adults were recruited.

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 and there were effective recruitment and selection processes in place. We looked at two staff files, one staff had started recently. We found that both staff had appropriate checks carried out before they started working at the home. We found that selection and recruitment records were clear and consistent. We saw application forms, interview notes, criminal reference bureau (CRB) checks, and references which had all been carried out before staff were offered a start date. We saw that a similar process was in place for the recruitment of volunteers. This meant that people could be assured they were looked after by suitable staff.

Staff we spoke with told us that since being recruited, they were working through an induction booklet. The booklet provided staff information about policies, procedures, and working practices. We saw positive and meaningful interactions between staff and people. One person said, "Staff are really good here, you don't have to say anything twice."

We found that staff were supported to ensure they had the skills and qualifications needed. One staff told us that they were supported to complete additional training in care, as they had not previously worked in a similar setting. The manager explained that as the home had recently opened, appropriate training would be arranged for all staff.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

The manager explained that formal systems were not being used to monitor the quality of service as the home had only opened recently. We found that there were arrangements in place for the manager to monitor aspects like staff training, reviews, recruitment, and admission. People we spoke with said the manager spent time with them to ensure they were happy. One person said, "I came here at the open day and told my son how great it was, he could not believe it so he came and saw for himself."

We looked at one person's medicine records and balances and found that these were accurate. One of the medicines had not been carried forward appropriately. The manager told us that medicine had not been carried forward for people living at the home, but this would be carried out. The provider may find it useful to note that arrangements should be in place to ensure medicine balances are correct.

There was evidence that learning from incidents took place and appropriate changes were implemented. We saw a system to report incidents and accidents at the home. We found that staff had not recorded one incident correctly, which we raised with the manager. We saw a folder with instructions for staff about the definition of an incident and accident, which would help them determine the records that needed to be completed. The manager told us she filed all the completed records so would be aware of any trends. One person told us, "They really make sure I don't walk around if I am not too well so there are no problems." This meant that there was a system to identify risks and action was taken to minimise these risks.

The provider had a clear complaints procedure, which was displayed at the home, and a copy was given to people when they went to live there. People we spoke with were aware how to make complaints, although they were all complimentary about the service. The manager told us that no complaints had been received. We found that systems were in place to record any complaints received and any action that would be taken to make improvements.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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

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

Website: www.cqc.org.uk

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