

***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: 01902376910

Date of Inspection: 12 June 2013

Date of Publication: July 2013

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

| | |
|--|---------------------|
| Care and welfare of people who use services | ✓ Met this standard |
| Safeguarding people who use services from abuse | ✓ Met this standard |
| Supporting 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 is registered to 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 |

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 |
|---|------|
| Summary of this inspection: | |
| 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 |
| Our judgements for each standard inspected: | |
| Care and welfare of people who use services | 6 |
| Safeguarding people who use services from abuse | 8 |
| Supporting workers | 9 |
| Assessing and monitoring the quality of service provision | 11 |
| About CQC Inspections | 13 |
| How we define our judgements | 14 |
| Glossary of terms we use in this report | 16 |
| Contact us | 18 |

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 carried out a visit on 12 June 2013, observed how people were being cared for, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members, talked with staff and reviewed information sent to us by local groups of people in the community or voluntary sector.

What people told us and what we found

We spoke with 10 of the 24 people living in the home. People shared very positive experiences of their care and told us that they very much enjoyed life at The Old Rectory. One person said, "I absolutely love it here. I can't speak highly of enough of it". Another person told us, "They do all they can to make it a happy home. It's first class quality".

People told us they were fully involved in planning their care. They said staff knew them and their individual needs well. Care plans showed that people's needs had been assessed, and these assessments had been regularly updated. The manager told us, "We provide a very high standard of care here". This was reflected in discussions held and observations we made.

People told us they felt very safe living at The Old Rectory. The staff demonstrated a good understanding of abuse. People told us they had not observed any poor practice and knew how to report any concerns.

We found staff had developed positive working relationships with the people in their care. People described the staff as, "Absolutely superb" and, "Wonderful caring people". We saw that staff were patient and caring when they supported people. People considered staff were knowledgeable and skilled in their work. Staff told us they were provided with good training opportunities and were well supported in their work.

There were arrangements were in place to monitor the quality of the service.

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

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.

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

Reasons for our judgement

People's care was centred around their individual needs and preferences. We saw people chose what time they got out of bed, what food they wanted and what clothes they wanted to wear. Staff respected where people wanted to spend their time, in their own rooms or in the shared areas of the home.

People had the opportunity to join in with planned activities and were provided with their own copy of events. People told us they enjoyed the home's recent garden event and watched the Cosford air display from their garden. Their relatives were also invited to join in the celebrations and the food provided. One person told us, "We all had a lovely day". Other activities people told us they enjoyed included film afternoons, a trip to the safari park, walks, church visits and exercise to music.

We spent time meeting and speaking with people about their care. People shared positive experiences about their care and told us they were very well looked after. One person said, "Anything I want they do, they are wonderful" and another told us, "The care here is brilliant. I can't think of a better place to be".

People told us their needs had been assessed before they moved into the home. We saw care was planned and delivered in line with their individual care plan. Care plans had been developed with and signed by each individual. They were regularly reviewed to reflect their changing needs. Most staff we spoke with considered care plans provided sufficient information to enable them to deliver care effectively. Staff spoke about providing personalised care centred on the needs of each individual. They demonstrated a good understanding of the needs of the people whose care we looked at in detail.

People were supported to maintain optimum health. They told us their health was regularly monitored by health professionals. This was reflected in the care records we sampled. People told us the GP visited weekly and were confident that staff would call in the local GP if they became unwell. A visiting relative told us the staff always kept them up

to date with any changes in their relative's health or their medication. Staff told us they had developed positive working relationships with visiting professionals. We saw the home had received positive feedback from healthcare professionals who had completed questionnaires about the home. Comments included, "Excellent communications with nursing professionals. Staff are polite, professional and extremely helpful".

We observed lunchtime and saw that staff were attentive to people's needs and were taking time to make sure that people had all that they needed. There was a friendly and cheerful atmosphere and people appeared happy in the company of the staff supporting them.

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

We observed that people had positive working relationships with the staff and got along well with each other. We saw people were relaxed around staff and talked freely with them. Everyone we spoke with told us that they felt safe living at the home and had not observed any poor practice. They were confident in reporting any concerns directly with the manager, who they saw on a daily basis.

Staff we spoke with were confident to recognise and report any concern of possible abuse to the manager. The manager told us they would use the local multi-agency procedures for reporting concerns to other agencies but this had not been necessary. During the inspection the manager obtained a revised copy of the policy and procedures for safeguarding adults in the West Midlands.

People were responsible for managing their own finances. Where people had requested the home to hold small amounts of money on their behalf for activities such as hairdressing, systems were in place to safeguard people. There was also a policy in place regarding finances in addition to a policy on gifts, donations, wills and bequests.

The maintenance worker told us and shared records of how the service was monitored in relation to health, safety and maintenance. They considered the systems in place protected people from the risk of harm.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

People we spoke with gave very positive feedback about the staff who supported them and said they had confidence in the staff. One person told us, "Phillippa (the manager) would not employ staff without the required knowledge and skills to do the job". A visitor said staff were welcoming and friendly.

During the inspection we saw staff carrying out their work in a confident and knowledgeable way. The staff we spoke with were able to tell us in detail about people's individual needs, likes and dislikes.

Staff told us they received a range of training to keep people safe and meet their individual needs. Staff considered they had the skills and knowledge necessary for providing care and support to the people living at the home.

The manager told us that all care staff had obtained a nationally recognised care qualification at level two with the exception of two staff. We were told the two staff were doing an apprenticeship with the local college and were working towards their qualification. During the afternoon of our inspection an assessor visited the home to enrol seven staff on their level 3 award and two staff on their level five award. This showed that the manager was committed to providing a qualified workforce.

We discussed training with the manager and sampled a number of training records for the staff we spoke with. The manager told us, "I'm confident my staff can deal with emergencies and meet people's needs". We saw one person required refresher training in moving and handling and this had been identified as part of their review and appraisal. Staff told us their training needs were identified during their supervision and appraisals.

The manager told us staff had received training in safeguarding vulnerable adults, the Mental Capacity Act, Deprivation of Liberties using in-house training resources and discussing policies and procedures. They said they were looking to formalise training courses soon. They said a number of staff were currently undertaking safe handling of medication training provided by the local college and staff were to enrol on a palliative care training course shortly.

Staff told us they received supervision, appraisals and team meetings. They said they were well supported in their work and said the manager was always available and approachable. They said they felt there was good team work within the home and their views and opinions were respected.

We saw evidence of meetings held. The manager told us about their plans to ensure staff received formal supervision on a more regular basis and was in the process of training team leaders to assist with the process. Minutes of a general staff meeting held showed that training was discussed. The manager told us that they were planning to provide more staff meetings specific to staff roles shortly.

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 a system to assess and monitor the quality of service that people received.

Reasons for our judgement

People told us they felt listened to and were confident in raising any concerns. They said they were consulted with and their views considered and acted upon. They told us they found staff and managers "Friendly" and, "Approachable". People said they saw the manager, who currently lived on site, on a daily basis and were provided with the opportunity to express their opinions.

One person told us they enjoyed being a member of the residents' social committee. We saw a recent meeting had been held for planning and organising the recent air show garden event. People told us they had attended a residents' meeting and discussed activities, menus, the garden and raising money for the comfort fund. This meant that people were offered the opportunity to provide their views on aspects of the home and their care, so that improvements could be considered.

The manager told us they were planning to arrange for satisfaction questionnaires to be distributed to people living at the home to complete and formally gain their views. Surveys completed by professional bodies attending the home included, "In all my years of visiting care homes I have not found one to exceed the standards of care, cleanliness and service provided by The Old Rectory Care Home".

The manager told us, "Everybody wants it to be right. That's the culture of the home. We want to make continuous improvements". They said they had recently established and completed an internal quality assurance audit on medication. We were told that all systems across the home would all be audited in due course.

The manager told us that no formal complaints had been received. Where a concern had been raised this had been acted upon and appropriately recorded.

We saw the home had received a positive report following a recent visit from Shropshire LINK (Now Healthwatch Shropshire) who visit services to gather people's views and experiences of care. The manager also reported there were no recommendations made by Environmental Health following their recent food safety visit.

We saw several letters of appreciation and cards. One letter from a person who had since returned home said, "The atmosphere in this home is so cheerful and happy. Staff always had the time to talk to you and take an interest in your life, which I feel is one of the secrets to their success".

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

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

Website: 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.
