

Caring Homes Healthcare Group Limited

Rectory House Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Rectory House Nursing Home is a care home providing personal and nursing care to up to 48 people. The service provides support to older adults who have a range of physical health needs. At the time of our inspection there were 28 people using the service.

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

People told us they felt safe at Rectory House. However, we saw that staffing levels had been varied at times. We did not see any evidence of this negatively impacting on people but it limited the interactions staff had with people and was an area which required improvement.

Not all staff were observed to be wearing personal protective equipment (PPE) correctly. This was raised with the registered manager who took action while we were present. We have recommended that the manager review guidance and reiterate this to staff.

Staff demonstrated a good knowledge of how to keep people safe from abuse. Safeguarding concerns had been raised and investigated appropriately. Risks to people were assessed and clear guidance given to staff in how to minimise these. For example, people had equipment to minimise falls.

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 supported this practice.

There were systems in place to monitor the quality of care provided. People and their relatives told us they knew how to complain. Surveys were undertaken to gain feedback and drive improvement. Accident and incidents were monitored for patterns and trends, and learning opportunities taken when needed.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 15 January 2020).

Why we inspected

This inspection was prompted by a review of the information we held about this service and concerns following a direct monitoring call. Concerns were around the use of PPE in the service, staffing levels and whether safeguarding concerns were being addressed and reported appropriately. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements to their PPE practice. Please see the good section of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Rectory House Nursing Home on our website at www.cqc.org.uk.

Recommendations

We have made a recommendation about the use of PPE of staff and visitors.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Rectory House Nursing Home

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was undertaken by an inspector and an assistant inspector.

Service and service type

Rectory House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Rectory House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used information gathered as part of monitoring activity that took place on 18 April 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

We spoke with nine people who used the service and two relatives about their experience of the care provided. We also spoke with seven members of staff including the registered manager, regional manager, a registered nurse and care workers. We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits, policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We sought feedback from professionals who work with the service, for example, the local authority.

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 we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe. There was an increased risk that people could be harmed.

Preventing and controlling infection

● We were somewhat assured about staff use of personal protective equipment (PPE). We observed several staff not wearing facemasks correctly in communal areas and corridors. This was raised with the registered manager who took action to address this whilst we were on site.

We recommend the provider consider current guidance regarding use of PPE, reiterate the importance of this to staff and visitors, and take action to update their practice accordingly. We have also signposted the provider to resources to develop their approach.

- The service no longer required that visitors took a lateral flow test before entering in line with government guidance. Visitors were encouraged to wear PPE in communal areas and to take the shortest route through the home to the room of the person they were visiting.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

The care home had no restrictions on visiting in line with government guidance.

Staffing and recruitment

● Staffing levels varied within the service. Shifts recently had been short staffed due to late notice sickness or agency staff not showing. The registered manager used a staff dependency tool to ascertain how many staff were needed to meet people's needs, and adjusted tasks as needed. We saw no indication that this had a negative impact on people's basic care however it reduced the meaningful interactions staff could have with people. One staff member told us, "In an ideal world we would love more carers, sometimes we're the only people going in the room. But sometimes with bells ringing and jobs to be done it would be nice to have a conversation with [people]." It was an area which required improvement to maintain consistency of safe care.

- People told us they felt safe at Rectory House. However, feedback from people and relatives about staffing levels was mixed. Comments included, "Depends how busy they are, sometimes it can take longer but depends how much staff are on", "I think they could do with more staff" and "Yes there are enough [staff], we spend time with them doing activities and we get prizes for bingo."
- Call bell audits were completed by the registered manager and showed an appropriate and timely response by staff. We observed staff responding to call bells quickly throughout the day of our visit. One person told us, "I think they're very busy but staff always come quickly when I use the bell."
- Staff were recruited safely and underwent pre-employment checks before they started working at the service. This included references and a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from the risk of abuse.
- Staff knew how to recognise the signs of abuse and could tell us their responsibilities and the correct procedure to report concerns. They had received appropriate training so that they had the skills to protect people.
- Appropriate safeguarding investigations had been carried out. The registered manager analysed such events, as well as incidents and accidents to track trends and address issues. The registered manager identified actions to take to prevent reoccurrence and lessons learned were discussed at team meetings.

Assessing risk, safety monitoring and management

- People told us they felt safe at the service and their relatives agreed. Their comments included, "I'm well looked after, I feel safe", "Safe? Yes. There's always someone around" and "[Relative] is always happy. I think she is very safe here."
- Risk assessments had been carried out, reviewed regularly and management plans put in place to ensure people's safety from the risk of avoidable harm. For example, a person who was at risk of falling from bed had a crash mat in place to minimise injury should this occur.
- Specific risk assessment tools had been used for those who had medical needs. For example, where people had or were at risk of their skin breaking down, we saw that nurse staff were closely monitoring and treating wounds to aid healing. During the inspection, we saw an emergency prevented as nurses were able to address an issue with a PEG feed tube quickly.
- Staff demonstrated a good knowledge of people and potential risks such as falls, choking or not taking their medicines. Records had clear instruction to staff in how to minimise these risks and showed staff followed guidance which enabled them to provide care safely.

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

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Conditions related to DoLS authorisations

were being met, and where this had not been possible we saw the registered manager had made arrangements for more appropriate care to be sourced.

Using medicines safely

- People were supported to take their medicines as prescribed and how they preferred.
- People's medicines were safely stored and managed. Medicines administration records (MAR's) were completed and audited monthly to ensure staff were compliant with best practice.
- Protocols for PRN (as required) medicines were detailed in advising when people may need to take these medicines. Records showed that the registered manager had made efforts to seek approval from people's GP's where they needed to.
- Staff received medicines training and had their competence assessed.

Learning lessons when things go wrong

- People's care provision improved because staff learnt lessons when things went wrong. For example, referrals had been made to the falls prevention team when people had experienced a fall.
- Staff reported and recorded accidents and incidents which the provider monitored to identify patterns and trends. Action was taken to improve practice where required.
- The registered manager held team meetings and handover sessions to discuss incidents and to ensure staff learnt from mistakes to minimise the risk of accidents happening again.

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 we rated this key question good. The rating for this key question has remained 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

- The registered manager worked hard to instil a culture of care and respect which included staff promoting people's individuality and protecting their rights. We saw respectful interactions between people and staff. One person told us, "It's not the easiest thing to do with all the different people. I think [registered manager] runs it well."
- Staff felt able to approach the registered manager with concerns and had a good understanding of whistleblowing and told us they knew how to access policies relating to this.
- Relatives told us they felt able to raise any concerns if they had any. One said, "I know who I can speak to if I'm worried about anything. The regional manager is also very good."

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

- The registered manager understood their responsibilities under the 'Duty of Candour.' This regulation sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Robust systems and processes were in place to maintain an effective managerial oversight of the service. There were a range of quality assurance checks to drive improvement. This included medicine administration records (MARs), accident and incidents, and night-time spot checks. Action was taken to address issues.
- Staff understood their responsibilities and what was expected of them. They told us they participated in team meetings and received supervision. We saw notes and schedules that reflected this. This gave staff the opportunity for learning and development.
- Some people told us they weren't sure who the registered manager was. However, they spoke positively about the running of the home and told us that concerns they raised were dealt with appropriately. One relative told us, "I get on with [registered manager] well. She has a very difficult job, she deals with us and manages the workforce. But I have no complaints."

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics

- The service involved people, their families and friends in improving the service. People and their relatives had opportunities to provide feedback through surveys. The information gathered was used to improve the service. For example, we saw feedback given on the menu and changes implemented following this.
- Staff spoke positively about the registered manager. Comments included, "She is definitely fair and treats all staff the same. She is approachable", and "I like [registered manager] because she is straight to the point. We get to share ideas too."
- People and their relatives were encouraged to visit the registered manager's office and express their opinions either in person or via telephone.

Continuous learning and improving care; Working in partnership with others

- The registered manager was involved in local provider forums and kept up to date with national policy to inform improvements to the service.
- Accident and incidents were reviewed and monitored for any trends or patterns. Where learning could be had, the registered manager communicated this to staff through handovers.
- The provider and the registered manager worked closely with other stakeholders to ensure people received good quality care. This included co-operation with health care professionals, commissioners of the service and safeguarding team.