

The Old Rectory (Ewhurst) Co. Limited

The Old Rectory

Inspection report

The Street
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Cranleigh
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Ratings

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

Summary of findings

Overall summary

About the service

The Old Rectory is a residential care home providing personal and nursing care to 35 people aged 65 and over at the time of the inspection. The care home accommodates 35 people in one adapted building. There are three lounge areas, two dining areas and large garden area. The bedrooms are spread across the Ground floor, the first floor and an extended wing on the Ground floor.

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

People told us that they enjoyed living at The Old Rectory and felt relaxed and comfortable. Relatives told us, "It's so nice because we know that our Dad is safe and being well looked after."

Staff appeared relaxed and happy whilst working and kind interactions were seen between people and staff.

There were enough staff to meet people's needs in a timely manner and enable people to remain safe. The environment was safe, and people had access to appropriate equipment where needed, examples of this were hoists and walking frames. People were supported to take their medicines safely.

There were thorough policies in place for people to be kept safe. Risks to people's safety had been assessed and measures implemented to keep them safe. A positive approach to risk taking was followed to ensure people's independence was maintained. Staff were aware of their responsibilities in safeguarding people from abuse and had developed open and trusting relationships with people.

Staff had received appropriate training and support, and people had access to healthcare professionals to meet people's individual health needs. This had enabled staff to provide people with individualised support in these areas. Support was provided to people so that their health was well managed, and staff had positive links with healthcare professionals which promoted wellbeing for them. People's family told us they enjoyed their food and were offered choices in how they spent their time.

People's relatives told us that staff were caring and treated them with respect. There was a warm and homely atmosphere and people said they were comfortable living at The Old Rectory.

People received a personalised service and were involved in developing their care plans. Staff knew people's life histories, preferences and routines. Activities were based around people's choices and people were supported to take part in the running of their home.

There was a positive culture within the service where people, staff and relatives felt listened to. The registered manager felt supported by the provider and this flowed through the service. Quality assurance systems were in place which ensured high standards were maintained.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

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 27 January 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

The Old Rectory

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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 Care Act 2014.

Inspection team

This inspection was carried out by two Inspectors.

Service and service type

The Old Rectory is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and two relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, clinical lead, senior care

workers, care workers and the chef.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People spoken with stated they felt safe. One said, "I have every faith in the staff here at keeping me safe. They really do show that they care and want to keep us safe at all times."
- There were effective safeguarding systems in place to ensure people were protected from the risk of harm or abuse. Staff received training and were confident in telling us how they would report their concerns internally and externally to local safeguarding authorities. One staff said, "We have all been trained in safeguarding and know how important it is and the signs to look out for."
- The provider had systems in place to ensure that relevant external agencies were notified of any abuse concerns in line with local safeguarding procedures. There was also evidence that these had been followed and staff had worked with agencies when it had been needed.

Assessing risk, safety monitoring and management

- The risk to people's health and safety had been assessed, kept under review and plans were in place to manage these. This included consideration of people's risk to malnutrition, dehydration, pressure sores and falls. Staff were familiar with plans and followed them to manage the risks.
- Procedures were in place to ensure staff could deal with emergencies like fire. People had personal emergency evacuation plans (PEEPs) in place so that staff knew how to assist people in an emergency evacuation. There were fire drills to ensure that people's safety was assured.
- There were thorough health and safety audits that were regularly completed to ensure the safety of the people living in the home were maintained. These included all equipment checks for example to ensure they were safe for people to use.

Staffing and recruitment

- Staff said that they had enjoyed their induction process. One staff said, "I never felt like I had been thrown in the deep end, I felt the initial training was great and I felt confident when I finished my shadowing process." The induction process ensured new staff had the knowledge and skills to keep people safe.
- We saw that staffing levels met the needs of the people living in the home. Nobody in the home had to wait for any care and there was a relaxed atmosphere amongst the staff.
- The provider followed safe recruitment procedures to ensure prospective staff were suitable to work with the people living at the home. Efforts to recruit permanent nurses were ongoing.

Using medicines safely

At our last inspection we made recommendations around the recording of medicines and creating more thorough audits.

- There were improvements that had been made since the last inspection and new procedures put in place to identify medication errors quickly. The effectiveness of the new audit processes was demonstrated by the fact that when we came across a possible error it had already been identified through the inhouse checks and addressed.
- There were qualified nurses distributing the medicine and they had been subject to medication training, clinical supervision and competency tested. People told us that they were supported to receive their medicines safely and when they needed them. We noted that the medicine administration was completed in accordance with good practise. Medicines records were completed accurately and identified errors quickly. These were then addressed so the impact was minimal and processes implemented to reduce the risk of future errors.
- People's medicines were stored securely at all times to prevent unauthorised access to these. Where appropriate there were temperature controlled storage areas, all medicines were in date and in an easy to understand, organised system.

Preventing and controlling infection

- There were infection control procedures in place. There were regular hand washing stations around the home and posters to promote people to wash their hands regularly. Staff were also seen to regularly wash their hands.
- Whilst walking around the home it was noticed that it appeared clean. This standard was maintained by regular domestic staff that had differing rotas for each day to ensure all elements of the home were regularly cleaned.
- The kitchen staff and support staff were aware of the risk of spread of infection and how to minimise this occurring. This was shown through their food preparation area and infection control awareness throughout the kitchen, from the bin area to the fridge storage areas.
- Staff used personal protective equipment (PPE) appropriately when delivering personal care to people.

Learning lessons when things go wrong

- Staff were aware of the accidents and incidents procedure and how to record and report any incidents involving the people who lived at the home. The registered manager and provider analysed all reports to see if any actions were needed to reduce the risk of things happening again. This also included reviewing specific care plans and risk assessments in response to direct accidents and incidents.
- The registered manager stated that they had learnt from the previous CQC report. Since the last report being published they had introduced new policies and procedures around medication auditing, which quickly identified any errors and corrected them.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good rating. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they moved in to the home, the management team met with them, and where appropriate their next of kin to assess their individual needs. This assessment was used to create a written care plan which gave guidance to staff on how to care for the individual, and was updated as they learnt more about the person.
- There were individualised assessments in each care plan. This helped people to take managed risks that encouraged their continued independence.
- The provider always ensured that any needs identified in the assessments and placed in the plan were in line with guidance and the law.

Staff support: induction, training, skills and experience

- People and their relatives spoke positively about the overall competence of the staff. One person said, "All the staff know what they're doing. They're really helpful and it's nice that they remember things I like and don't like."
- Staff underwent induction training and regular refresher training that ensured they were supported to enable them to work safely and effectively.
- Staff spoke highly of the induction programme and the training. One said, "The regular training here is really beneficial. Whenever we want to ask for some extra training, we just ask and it is booked."
- There were a variety of staff experience on shift throughout the day and this was a mixture of experience and different specialisms to ensure people's needs were met. For example, all shifts had a mixture of registered nurses, senior support workers and support workers.

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

- People and their relatives spoke positively about the quantity and quality of the food at the home.
- People that lived in the home had a choice of different meals each day, this helped encourage people to eat more and drink more. Staff were seen to regularly remind people to drink fluids by offering them drinks throughout the day.
- Any complex needs or risks associated with people's eating and drinking were assessed and managed with appropriate specialist advice. This included the use of texture-modified meals and thickened drinks to reduce the risk of choking.

Staff working with other agencies to provide consistent, effective, timely care

- Support staff working at the home were long standing and knew people well, which enabled staff to

identify changes in people's needs quickly. This would all be discussed in daily handovers and the home's communication book. Health referrals were then made in a timely manner. An example of this was recent Speech and Language Therapist (SALT) referrals.

- Staff and management liaised with a range of health and social care professionals to ensure people's individual needs were met. This included seeking advice from the GP who routinely attended the home on a weekly basis.
- Health "grab" style sheets were in place to provide medical staff with all key information about people's needs in the event of a hospital admission. These contained information such as medical conditions, regular medicines taken and likes and dislikes.

Adapting service, design, decoration to meet people's needs

- People had appropriate space to socialise with others, participate with in-house activities, eat in comfort, meet with visitors or spend time alone within the home. Living areas were designed with the idea of the promotion of social interaction. An example of this were small clusters of chairs and a bar trolley for a drink before dinner. This was popular and encouraged people to attend the living area prior to the dinner.
- The Ground floor of the home had no steps which avoided any potential trip hazards and on the first floor there were ramps that could be placed on the stairs to assist people to move easier around the floors.
- The home was clear of any obstructions and trip hazards in communal areas. This lessened the risks of falls and promoted independence as people were able to move around freely.
- People were supported to make their rooms homely with their own belongings. People had call bells in their rooms to summons assistance when required.

Supporting people to live healthier lives, access healthcare services and support

- Staff helped people to arrange and attend medical appointments and check-ups.
- There were regular health care referrals made on an individual basis detailed in each care plan.
- The GP visited the home on a weekly basis and completed annual health checks on people that they had not seen recently. There was also a process for the registered nurses to report any health changes as soon as possible so further medical advice could be sought if required.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Mental capacity assessments were carried out where needed to establish if people making decisions affecting their lives had the capacity to do so. People identified as lacking capacity to make certain decisions were then subject to a best interests process. Where this was the case, it was clearly identified in

people's care plans.

- All of the legal framework was being followed by the provider. The registered manager also showed good knowledge of what was expected of them within their role. This was shown through the organisation of the DoLS applications and all relevant paperwork.
- Staff showed good knowledge in the MCA and this was seen through staff asking for people's consent before they provided support. People were offered choices and encouraged to express their wishes.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same rating of Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us that they were well supported by caring staff. One person said, "All the staff here always put us and our wishes first and it makes us feel like we really matter."
- Staff responded promptly to people in distress, using their knowledge of the individual to identify the cause of their distress and offering reassurance. An example of this was seen during the lunchtime observations when a person appeared agitated, a member of staff identified the reason for this quickly and changed their food to a preferred option.
- Staff understood the need to promote people's equality and diversity and showed good knowledge of this through conversations and exchanges seen. Staff knew how to communicate with people effectively. If people were not able to express their views verbally, staff knew how to understand a person's mood by observing facial expressions or body language.

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

- People told us that they were offered choices and felt in control of the care they received. One person said, "What I like about living here is I know that I can make all the decisions and nobody is telling me what to do."
- There were regular resident's meetings to encourage people and their relatives to have a say about the care and service provided.
- Staff were caring during interactions where they asked people questions about their routine care. Staff were seen to encourage people to make decisions such as what they wanted to drink, what snacks they wanted to eat and how they wanted to spend their time.
- People were involved with making decisions in relation to their care plans and reviews. One relative said, "When Dad first moved here we were all involved to ensure he had the exact care he wanted to receive."

Respecting and promoting people's privacy, dignity and independence

- Relationships with family who wanted to visit were encouraged. Visitors were made to feel welcome and had no restrictions on visiting times.
- There were kind, caring encounters seen on the day of the inspection. These included a person being supported to the toilet. One staff said, "Would you mind if we went to the toilet? Is that OK with you?" This showed respect to the person receiving the care and made them feel in control of the situation.
- Some people were more mobile than others. Some made their own way out of the open doors in to the large gardens that had benches positioned around the garden. The gardens resembled a park and the people felt independent going outside on their own.

- Staff followed the provider's procedures for protecting people's personal information from unauthorised access. An example of this was staff were seen to update care files and then return them to a safe storage place.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same rating of Good. This meant people's needs were met through good organisation and delivery.

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

- People's care plans detailed preferences, likes and dislikes. For example their food likes and dislikes. Staff showed good knowledge and offered these preferences during mealtimes. People and their family had been involved with the design of their care plans and subsequent reviews.
- There were activities that included trips in to the community that people could choose from. It was always a choice for someone to be involved with activities and respected if they didn't want to get involved. One family member said "some of the activities Dad wants to get involved with and others he doesn't. I always feel like the staff respect his choices around activities."
- People's care plans contained information about their personal backgrounds and what was important to them to promote person-centred care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- There were easy to read reports and minutes of residents' meetings so people could understand what was happening in their home. These included large print documents for people.
- Where people had less communication ability it was noted that staff spent longer with them to establish what the person wanted or what they wanted to communicate. Nice interactions were seen where people were given choices by staff and then time was spent with the person to ensure the staff had understood what the person wanted.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had access to the local community that promoted happiness and stimulated their minds.
- The home had become involved with the local parish where people had become regular visitors to a weekly coffee morning. The home had also involved the local nursery that attended the home on a weekly basis for a music based activity called "songs and smiles". The registered manager said, "It's so nice to see people's faces light up when the children come to the home."
- People were encouraged to remain in contact with family through phone calls and arranging visits.

Improving care quality in response to complaints or concerns

- People had the opportunity to complete feedback forms and complete anonymous concerns and

complaints booklets.

- Staff were knowledgeable about how to respond to concerns raised with them and how to support people through the complaints procedure.
- The provider had a thorough complaints policy that investigated all concerns consistently and fairly and analysed any pattern, as well as summarising all concerns and complaints to ensure a result that everyone involved was happy with.

End of life care and support

- At the time of inspection there was no one receiving palliative or end of life care.
- The provider had procedures in place to establish people's wishes in regard to their end of life care, in order for these to be addressed.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same rating of 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

- All people, relatives and staff spoke positively about the registered manager and the support to the home she provides. One family member said, "[manager] always seems to be here, and she is so approachable with any matter."
- There was a good morale between the staff and people noted during the inspection. Examples of this were chatty exchanges and jokes shared between staff and people.
- Staff felt listened to and told us the Manager's door was always open if they needed support.

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

- Policies and procedures provided guidance around the duty of candour responsibility if something was to go wrong. The Manager and staff were aware of when it was necessary to notify the relevant bodies as and when they were required to do so.
- The registered manager understood their responsibility to be open and honest with people in the event things went wrong with the delivery of their care. An example of this was if a medicines error had occurred all appropriate steps would be taken including informing the person and their families.

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

- When spoken with the registered manager and staff were clear of their roles and what was expected of them.
- The provider had an overarching governance system to ensure that good quality and support was provided, this was regularly assessed by the provider's quality assurance audits.
- Accidents and incidents were used as an opportunity for learning and development.
- The registered manager kept themselves up to date with current legislation and best practise guidance through, amongst other things, attending further training and events.

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

- People and family members spoke positively about the registered manager and communication. One family member said, "we are constantly kept updated of any changes to Dad's care. We feel comfortable

mentioning any concerns or suggestions and know they will be listed to and acted upon."

- Separate residents and staff meetings were held and minutes taken, after the meetings actions were reviewed and acted upon if appropriate. This involved people, relatives and staff in the home and any changes. For example improvements made to the home such as decorating or a change in activities.
- There were opportunities for people, relatives and staff to offer feedback in relation to the way the home was providing care through means of regular surveys.

Continuous learning and improving care

- The provider had quality assurances in place to ensure monitoring and improvement of the quality and safety of people's care.
- The registered manager had a very positive attitude towards constructive criticism, finding solutions to problems and creating ways of minimising future concerns. An example of this was shown through the changes that had been made around the medicines following the previous CQC report.

Working in partnership with others

- Staff and management understood the need to work in partnership with various health and social care partners to achieve positive outcomes for people. This included care reviews if people's care needs changed.
- The home were encouraging new ways in which to work with various organisations in the community to add a variety to activities. This included Summer and Christmas events including the local community.