

J B Jobanputra

The Old Rectory Retirement Home

Inspection report

The Old Rectory, Lanfranc Gardens
Summerhill
Canterbury
Kent
CT2 8NJ

Tel: 01227768004

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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 Retirement Home is a residential care home in Canterbury, Kent providing personal care to older people. The home can support up to 20 people and at the time of the inspection, 15 people were living in the home. The home is a two floor building. Each floor or unit has separate adapted facilities.

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

The home was safe for people. There were procedures to protect people from abuse and staff understood how to report abuse. Medicines were managed safely and people received their medicines as prescribed. Staff were recruited safely and there were enough staff to provide support to people. Risks associated with people's needs were assessed to protect them from harm. Staff followed infection control procedures to maintain the hygiene and cleanliness of the home. Accidents and incidents that had taken place in the home were reviewed to learn lessons to prevent similar incidents from re-occurring. The home's environment and premises was maintained to ensure it was safe.

Staff were provided with suitable training to ensure their skills and knowledge were up to date. Staff felt supported by the management team and received regular supervision to monitor their performance and discuss any issues. 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. People were supported to eat and drink healthy meals of their choice. The home worked with health care professionals, such as GPs, nurses and dentists to ensure people's health needs were met.

Staff were respectful and caring towards people. Staff knew how to communicate with people who had difficulty speaking. Staff understood the importance of promoting equality and diversity. People were encouraged to maintain their independence as much as they could. Staff interacted and engaged with people throughout the day.

People were protected from social isolation. Activities took place in the home and people were encouraged to participate in them if they wished. People and their relatives were supported to make complaints about the home. People received appropriate end of life care and support.

There were quality assurance systems to monitor the safety of the home through audits, checks and obtaining feedback from people and relatives.

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 10 May 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 Retirement 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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

The Old Rectory Retirement Home 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 provider was an individual who was registered with the Care Quality Commission. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

Our inspection was unannounced and took place on 10 December 2019.

What we did before the inspection

Before the inspection, we reviewed relevant information that we had about the service including any notifications of safeguarding or incidents affecting the safety and wellbeing of people. A notification is information about important events, which the provider is required to tell us about by law. We also checked the last inspection report, the provider's action plan and requested feedback from social care professionals.

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.

During the inspection

We spoke with the responsible person who was the provider of the service, the home manager, a head of care and two care staff. We also spoke with four people living in the home and with two relatives.

We reviewed documents and records that related to people's care and the management of the service. We reviewed five people's care plans and four staff recruitment files. We also looked at staff training records, quality audits, rotas, complaint and incident 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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks to people were assessed. These included risks around their physical health, mobility, skin conditions and nutrition. Guidance was in place for staff to reduce these risks.
- Risk assessments also contained information about specific health conditions such as epilepsy and dysphagia, which means people had difficulty swallowing. For example, one person with dysphagia had a risk assessment for this condition which stated, "[Person] to have a soft diet and be assisted by staff to sit in an upright position for all meals and remain in this position for at least 30 minutes after eating due to the risk of choking." This showed how people were protected from harm because there were effective systems in place to minimise risks.
- The provider ensured there were yearly checks on systems such as fire extinguishers, water, gas and equipment that was used to assist people. People had personal evacuation plans in the event of a fire or other emergency. A fire risk assessment of the home was undertaken by an independent fire safety professional. The provider was following up on recommendations made by them, to ensure the safety of the home was maintained.

Staffing and recruitment

- The provider assessed the required number of staff working in the home for the daytime and night time. Two staff and a team leader were required during the day with the support of the manager. We saw them on duty during our inspection. Staff told us they did not have issues with staffing levels.
- People and relatives gave us mixed feedback about the numbers of staff. One person told us, "Yes, they have enough staff I think." However, another person said, "I think there could always be more staff but they do their best and always help." A relative told us, "The staff are very good but there could always be extra staff just in case because it can get very busy."
- We spoke with the provider who told us they would review staffing levels if necessary but there were enough at the present time. The manager said, "I am always available to support the staff when needed." The head of care told us, "At the moment, things are fine. We are lucky to have such good staff. We can have our moments where it can get hectic but that is normal. We are organised and manage well to ensure people receive the support they need."
- There were safe recruitment procedures in place. Records showed criminal record checks were carried out for new staff. They completed application forms and provided references and proof of their identity. This ensured the provider could determine if staff were suitable to provide care and support to people.

Using medicines safely

- People were supported to take their medicines. Senior staff who were responsible for administering and recording medicines, completed medicine administration records to show that people's prescribed

medicines had been given to them.

- Where people were prescribed 'as and when required', also known as PRN medicines, there were protocols to assist staff to understand when to administer such medicines. People and relatives told us staff provided medicines safely. One person said, "Yes I have my medicine when I need to take it all the time."
- We saw that stock and balance checks of medicines were accurate. The provider had recently introduced a policy of recording the dates medicines were opened on the packaging, due to recent changes in how medicines were supplied. We saw that this was being carried out.
- Medicine storage systems were safe, including those for controlled drugs, which are medicines that have a high risk of being misused. Staff had received training in medicine administration and their competency was assessed by the manager and head of care.
- The management team told us they worked in partnership with the pharmacy that supplied medicines to the home and with local GPs to ensure people received their medicines when needed.

Learning lessons when things go wrong

- There was a procedure for reporting any accidents or incidents in the home. We saw that action was taken following incidents to ensure people were safe.
- Incidents were reviewed and analysed to learn lessons so that any re-occurrence could be prevented.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I am very safe, absolutely." A relative told us, "My [family member] is very safe. They are in the best place." Procedures were in place to protect people from the risk of abuse.
- Staff were aware of the procedures and understood how to report abuse, such as physical and verbal abuse because they had received training in safeguarding people from abuse. Staff told us they would report concerns to local safeguarding teams or other agencies such as the police.
- Records showed the provider took action and reported incidents to local safeguarding teams to be investigated.

Preventing and controlling infection

- The home had procedures to prevent and control infections. There were hand washing facilities available throughout the home. Sluice rooms, which were used to clean and disinfect used items, were kept locked to maintain hygiene.
- Staff used personal protective equipment such as disposable gloves and anti-bacterial hand gels when providing personal care to people. Staff told us they washed their hands thoroughly, before and after providing personal care, to help contain the spread of infection.

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. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People told us staff were understanding of their needs and were professional in their approach. One person said, "The staff are marvellous. They know what they are doing. They look after us well."
- Staff received training to ensure their skills and knowledge were up to date. Topics included moving and handling, dementia awareness, catheter care, medicine management, safeguarding adults, the Mental Capacity Act (2005), infection control and person centred care.
- Records showed when training was completed and when it was next due for staff. This helped staff maintain their skills and add to their learning.
- There was an induction process for new staff to receive essential training before they started working in the home. Staff told us the training helped prepare them for their roles and one staff member said, "When I started, I received good training and also met the residents so we could get to know each other."
- Staff received regular supervision with their managers to discuss their work and any concerns they had. Staff also received a yearly appraisal to review their performance and outline future objectives.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to live healthier lives and had access to health services. People's care plans included contact details of health professionals such as doctors, district nurses and chiropodists. Staff told us they contacted them if they had concerns about a person's health.
- The service worked well with other agencies to provide timely care to people to ensure they were in the best of health. Records showed people were referred to services and attended appointments. People's oral health needs were also checked to ensure they maintained healthy teeth and gums.

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

- People were supported to maintain a balanced diet. We observed lunch being provided to people during our inspection. People were able to choose their preferred meal option from a menu. We saw most people were able to eat independently. One person said, "I like the food. It's usually very nice."
- People's food and drink preferences were recorded in care plans. This included specific dietary or nutritional requirements they had. The kitchen staff catered for people that required certain types of food or needed it prepared in a way they could eat more easily.

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.

- Records showed if people in the home lacked capacity, they were supported to make decisions in their best interests by family members.
- There was one person in the home at the time of our inspection who had a DoLS and we saw the appropriate authorisation in place.
- Staff understood the principles of the MCA and told us they sought consent before providing personal care to people. A staff member said, "Yes I always ask people's consent before I do a task."

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

- Before people moved into the home, an assessment of their needs was carried out to determine if the home was a suitable place for them to be supported. Assessments of their needs, such as disabilities, health conditions or allergies were undertaken. The assessment also took into account specific preferences of the person, such as their religious or cultural needs and any hobbies or interests.
- If people had specific health care needs, the management team ensured these were assessed in order for risks to be managed. These were set out in people's care plans to ensure care was delivered in line with care standards and guidance.

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

- The home's physical environment was suitable for older people that had reached retirement age but required more support with their personal care. The home was a large converted building with adapted facilities and a number of communal areas and lounges for people to spend time in. The home was suitably decorated and furnished to make it a homely and comfortable place to live.
- There were aids and adaptations to suit people's needs such as wheelchairs, hoisting equipment and assisted baths.
- There was adequate wheelchair access to and from the home. People's rooms were personalised with items of their choice. There was an outdoor garden area for people to use in suitable weather.

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. 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; equality and diversity

- People told us staff were kind, respectful and caring. One person told us, "They are wonderful. So lovely, kind and caring. They look after us well." A relative told us, "We are so lucky there are such nice people here. The staff and manager are lovely. Very friendly and kind."
- An equality and diversity policy was established for the home. Staff were aware of people's protected characteristics such as age, race, disability, gender and sexual orientation. For example, people were supported to practice their religion and attend places of worship. One member of staff told us, "Of course, everyone is treated equally. People can choose how they want to live their lives."

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

- People were involved in the decisions made about their care and were supported by relatives. People's choices and preferences were acknowledged. We observed staff asking people politely about their choices and respecting their wishes during our inspection.
- People retained choice and control over how their care and support was delivered. One person said, "I am involved in my care, yes and so is my [relative]." A relative told us, "The staff involve me with [family member's] and their care plan."

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of respecting the privacy and dignity of people. One member of staff told us, "To protect someone's privacy, I make sure they are covered with a dressing gown or towel when being changed and shut the doors." People and relatives told us staff were respectful and treated people with dignity. A relative said, "Oh, they are very respectful."
- Staff supported people to maintain their independence. People's level of independence was included in their care plans, such as their ability to walk unaided or tend to their own personal care needs. A staff member said, "We encourage people to do things for themselves."
- People's personal information was protected and staff told us they understood the importance of confidentiality. They knew of their responsibility not to share confidential information with unauthorised persons.

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. 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 received person-centred care, which meant the care that was provided to them was according to their individual needs and wishes. People had choice and control of their preferences. A plan of care was produced which contained details of people's backgrounds, memories and interests. They also included details of people's cultural or religious beliefs. One person's care plan stated, "I used to enjoy being in the garden and like that my room overlooks the garden. I enjoying watching soaps on television." This type of information enabled helped staff get to know people and provide personalised care.
- People and relatives told us staff were responsive, listened to them and understood them, which helped meet their needs. One relative told us, "The staff listen to us and act on things. They are very responsive."
- Staff completed daily notes and communication logs about each person to share important information during shift handovers that required attention or following up.

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

- There was a programme of daily activities for people to participate in that were relevant to people's needs and interests. These included singalongs, card games, bingo, quizzes, films and reminiscence. One area of the home was known as 'The Rectory Shop' where people could purchase items, relax and enjoy films or have one to one time with a member of staff or another person.
- On the day of our inspection, a local school choir attended to sing Christmas carols. We saw that people enjoyed it and joined in. One person said, "They [choir] were good. It was nice."
- When the weather was suitable people could spend time in the garden area or taken on outings. This meant people were supported to avoid social isolation and engage in activities that meant something to them.

Meeting people's communication needs

From August 2016 onwards all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People received easy read versions of information about the service if needed. Their communication needs were described in their care plans. They provided staff with guidance on how to communicate with people.
- Staff told us they were able to make themselves understood to people who had difficulty communicating,

such as people who were hard of hearing. For example, by speaking slowly and clearly to them, repeating themselves if necessary. This ensured there was effective communication and understanding between staff and people in the home.

Improving care quality in response to complaints or concerns

- There was a complaints procedure for people or their relatives to use if they were not happy with something in the home. There was an easy read version for people. Complaints were investigated and responded to according to the provider's procedures.
- People and relatives told us they knew how to make a complaint. One person said, "I have no complaints but I can speak to one of the managers, who would listen." A relative told us, "I know how to make a complaint and would know who to speak to."

End of life care and support

- The home provided end of life care support to people if this was needed. Systems were in place for people's end of life wishes to be recorded and acted upon.
- Do Not Attempt Cardiopulmonary Resuscitation forms were in place in people's care plans and was signed by relevant health professionals.
- Staff had received training in this area and knew how to provide support with respect and sensitivity. A relative told us, "I have been very impressed with the care and attention [family member] receives. Staff have a nice rapport with [family member]."

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. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care.

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

- The manager was supported by the provider and by senior staff. The management team ensured the home was safe through quality assurance assessments such as checks on medicines, staff training and care plans. They supervised staff and provided them with suitable training to help them provide good care to people.
- The manager had been working in the home for five months and told us they were reviewing systems and processes in the home. We saw these systems were in progress. For example, reviewing how care plans were written and implementing a key working system. A key worker is a member of staff who is allocated to a person, spends time with them, makes sure they are happy in the home and ensures their preferences and needs are understood.
- The manager created a weekly action plan where they identified work that needed doing to help maintain the quality of the service. The manager said, "I am well supported by the owner, who comes and visits every week. It has been a big challenge but I have identified and made improvements because there have been a few managers here since the last inspection. This meant we keep having to start things again."
- The provider told us they planned to register the current manager with the Care Quality Commission (CQC). The provider understood their responsibility to notify the CQC of incidents or safeguarding concerns in the service. They told us, "[Manager] is doing an excellent job and I am confident we can have a more settled registered manager now."
- Staff were aware of their responsibilities and felt comfortable in their roles. They told us they were well supported by the manager and other senior staff. A staff member said, "The other staff and the manager were very welcoming and helped me settle when I started. We all work well together."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People received person centred care. There was a positive culture in the home. We found people were happy with the support they received and felt comfortable and relaxed in their surroundings. People knew the provider and during our inspection we saw that they spoke with people, staff and relatives asking how they were. The home was decorated for the Christmas season and people we spoke with told us they were looking forward to celebrating it in the home.
- People and relatives told us the home was well managed had confidence that the management could provide a good service. One person said, "The staff are motivated and care for everybody." A staff member said, "It's a lovely home and [provider] is very caring. They do a lot for us and the residents."

- People were supported by staff to achieve good outcomes, such as becoming more independent and improving their health.

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; Continuous learning and improving care

- The management team acknowledged when things had gone wrong and they were open and honest with people and relatives. For example, staff were reminded of their responsibilities if they did not perform to the standards expected or did not conduct themselves in a professional or courteous manner towards people.
- Lessons were learned to help drive improvements to the care provided in the home. The manager used people's feedback and their own internal audits to make further improvements.

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

- People and relatives had participated in surveys and questionnaires to provide their feedback about the service. We saw that feedback was positive. One relative had written, "The staff are kind and helpful. The home is well maintained and clean. [Family member] feels respected and cared for."
- People and relatives told us they felt engaged with how the home was run. People were invited to attend 'resident' meetings so they could raise any concerns they had and discuss planned activities.
- Staff attended meetings with the management team to discuss health and safety, training, policies, procedures and any concerns relating to people in the home. The manager ensured important information was shared and distributed.

Working in partnership with others

- The management team and staff worked well with health and social care professionals to help maintain people's care and support needs.
- The home had links in the local community such as local schools and places of worship. The home was visited by school children or church representatives to help people engage in meaningful activities.
- Professionals told us staff and managers were cooperative and they worked well with the home to ensure people led healthy and happy lifestyles.