

Pearlcare (Acle) Limited

The Old Rectory Care Home

Inspection report

Norwich Road
Acle
Norwich
Norfolk
NR13 3BX

Tel: 01493751322

Website: www.pearlcare.co.uk

Date of inspection visit:
28 June 2022

Date of publication:
28 July 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

The Old Rectory is a care home providing personal and nursing care to 26 older people at the time of inspection. The service can support up to 34 people.

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

A programme of improvement and development was being driven by the new management team, who had been in place since March 2022. We found significant improvements had already been made.

Care planning and risk assessment was clear, concise and provided enough information for staff to care for people. These documents had been updated when people's needs had changed.

People's medicines were managed, monitored and administered safely and there were enough staff to provide care to people at the time they required it.

The service was clean and there were appropriate procedures in place to minimise the risk of the transmission of infections including COVID-19.

The new management team had acted upon areas for improvement identified by Norfolk County Council in February 2022. This included improvements to care planning, management processes and the mealtime experience. Further improvements were still in progress.

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

Rating at last inspection (and update)

The last rating for this service was good (3 April 2019).

Why we inspected

This inspection was planned to assess progress with shortfalls identified by Norfolk County Council in February 2022.

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.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

The Old Rectory Care 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.

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

This inspection was carried out by two inspectors. An Expert by Experience made telephone calls to people and their relatives to ask about their experience of the service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

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 three people who used the service and three relatives. We spoke with six staff members including the registered manager, deputy manager, administrator and care staff. We reviewed five care and medicine records and three recruitment files. Multiple records relating to the quality, safety and monitoring of the service were reviewed.

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 remains 'Good'. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People and their relatives told us the service was safe. One person said, "It is very safe, there are always people about. I am very happy."
- At a visit in February 2022, staff from Norfolk County Council found that the service needed to make improvements to care planning and risk assessment. A new management team came into post in March 2022. They told us care plans and risk assessments were still in development. However, we reviewed the care plans for five people and found that these contained all the appropriate information staff required to provide care to people and keep them safe.
- One person had been discharged from hospital with a significant change in needs three days prior to our visit and we saw that their care plans had been updated accordingly.
- Appropriate measures were in place to reduce the risk of the presence of Legionella in the water system, this included regular flushes and testing. A member of maintenance staff carried out regular checks on equipment, fire detection and alert systems and the safety of the premises. Any issues were acted upon.
- Some improvements were still needed to address actions from a fire risk assessment completed the previous year. The most important actions had been completed, and the registered manager had plans to oversee the completion of the remaining actions.

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. Any conditions related to DoLS authorisations were being met.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Systems and processes to safeguard people from the risk of abuse

- Staff understood safeguarding, the different types of abuse and their responsibility for protecting people.
- The service identified incidences which were potentially safeguarding concerns and took appropriate action in response to these.

Staffing and recruitment

- There were enough staff to support people at the time they needed it. One person told us, "There is always plenty of staff around, they are always hardworking." Another person said, "They [staff] are on the ball, anything you need, they come right away." This confirmed our observations that there were enough numbers of staff to meet people's care needs and spend time with them, engaging them in activity.
- Recruitment procedures were robust, and this ensured that people recruited were of suitable character and background for the role.

Using medicines safely

- Medicines were managed and administered safely. The service was using an electronic medicines administration system. This highlighted errors or discrepancies on a handheld device and this data could also be reviewed and monitored by the registered manager.
- We checked the number of tablets left in stock and compared these to the numbers of tablets signed for on the medicines administration record (MAR) and found these matched.
- Information about how people liked to take their medicines was included in their care records. Staff had access to information about when it would be appropriate for people to take medicines, they were prescribed on an 'as and when' basis (PRN).

Learning lessons when things go wrong

- A new management team had been in place since March 2022 and had ensured that shortfalls identified

by Norfolk County Council in February 2022 had been addressed. This led to positive outcomes for people.

- Incidents and accidents were recorded. There was a system in place for the registered manager to oversee these monthly.
- Actions were taken as a result of the analysis of incidents and accidents. Action taken included referrals to mental health teams and falls specialists.

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

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, managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements and continuous learning and improving care

- The registered manager and deputy manager understood their responsibilities for ensuring the quality of the service and promoted good outcomes for people. Since their appointment in March 2022, they had implemented a robust action plan to address shortfalls identified by Norfolk County Council and other area's for improvement they had identified independently.
- We found the management team to be open, honest and transparent with us about the work that had been required and it was clear that driving quality care was important to them.
- In a short period of time, significant improvements had already been made compared to when Norfolk County Council visited in February 2022. This included improvements to care planning and ensuring the mealtime experience was positive and well managed.
- The management team had been utilising the providers robust and wide-ranging quality assurance system to assess the quality of the service and took actions based on their findings.
- People told us about the improvements that had been made by the new management team and how this affected them. One person said, "We have more games now, there is lots to do." Another person told us, "They are regularly asking if all is okay, they make sure we are happy with the food and other things." A relative commented, "It seems calmer and more organised with [the new management] in post." Another relative said, "[Registered manager] is very good and very efficient. I find them more approachable than the old manager. [Registered manager] is always present."

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

- There was a positive, open, transparent and empowering culture in the service. People were visibly happy, content and were supported by staff who treated them with care and kindness. There was a pleasant atmosphere in the service and it was clear there were good relationships between people and the staff. Good relationships were also observed between people and the management team, who operated an open door policy. People were free to visit the management team in the office for a chat and we observed this taking place.

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

- People were given opportunities to feedback their views through surveys and meetings. People's feedback was acted upon and included in plans to improve and develop the service. Refurbishment of the service was ongoing, and people were being involved in this process. One relative told us that their family member had recently had their bedroom redecorated and had been asked to choose the colours of walls and new curtains and other décor items.
- Relatives told us that they felt confident that any concerns they raised would be acted upon. One said, "I know them well enough now to speak to them and know things would be sorted out. They respect my opinion"
- There were regular staff meetings to communicate changes in practice, improve upon staff knowledge and to allow staff the opportunity to give their views. Staff told us that the new management team was positive, open, approachable and that they felt confident anything they said would be considered.

Working in partnership with others

- The service had formed relationships with other organisations such as Norfolk County Council, the Clinical Commissioning Group (CCG) and district nursing teams.
- The service contacted other professionals for advice and support to help them make improvements. For example, the service had sought support from mental health specialist teams, dieticians and falls specialists. This promoted positive outcomes for people.