E.C. Investments (Gloucestershire) Limited

The Old Rectory

Inspection report

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Date of inspection visit:
23 January 2019

Date of publication:
08 March 2019

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

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 home is registered to provide personal care to 29 older people with a physical and/or sensory disability. People are accommodated in the main house and a separate annexe next door to the main house. People living in the separate annexe, known as 'the cottage' were living more independently than those in the main house.

At the time of the inspection 27 people were living at the service. The inspection took place on 23 January 2019 and was unannounced.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Staff understood their responsibilities to keep people safe from harm. Care plans contained risk assessments and guidance for staff on how to keep people safe.

There was enough staff on duty to meet people's needs.

Medicines were managed safely. Some changes were required, which the registered manager was in the process of doing.

Staff were trained and supported in their roles.

People were supported to have enough to eat and drink.

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.

We saw and heard positive, caring interactions between people and staff. People spoke highly of the staff and staff told us they enjoyed their roles.

Regular feedback was sought from people and their relatives.

People received care that were responsive to their needs and preferences

There was a positive caring culture and the provider's values were embedded in the service. People and their relatives all spoke highly of the registered manager.

There were quality assurance processes in place and an ongoing quality improvement plan; all of which were being reviewed and updated.

Further information is in the detailed findings below.

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 remains Safe.	**Good**
Is the service effective? The service remains Effective.	**Good**
Is the service caring? The service remains Outstanding.	**Outstanding** ☆
Is the service responsive? The service remains Responsive.	**Good**
Is the service well-led? The service remains Well-led.	**Good**

The Old Rectory

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 23 January 2019 and was unannounced. The inspection team consisted of one adult social care inspector and one expert-by-experience.
An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed information we held about the service, including previous inspection reports and notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us. We also looked at information in the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with ten people and one visitor. We also spoke with seven members of staff, including care staff, housekeeping staff, a cook and the registered manager. We reviewed three people's care plans and three staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits and complaints.

Good

Is the service safe?

Our findings

The service remained safe.

People told us they felt safe. One person said, "There's people around all the time." Another person told us, "They're always making sure the windows are shut and keep doors to the outside locked."

Staff had been trained and understood their responsibilities to keep people safe. One member of staff said, "We've been trained to report everything and anything we find, like unexplained bruising." Staff were familiar with the term whistleblowing and said they felt confident to challenge and report poor care. One member of staff said, "If I was worried about poor standards, I'd speak to [registered manager], or [provider] or go to the care quality commission."

Care plans contained risk assessments for areas such as falls, and malnutrition. When risks had been identified care plans provided clear guidance for staff on how to reduce the risks. For example, in one person's plan it was documented they were at risk of falling. The plan informed staff, "Uses a frame or wheelchair for longer distances, but will try and walk unaided. Tends to try and walk unaided if unwell or agitated, normally after tea when becoming tired." Staff were guided to ensure a sensor mat was placed adjacent to the person so that staff would be alerted if the person moved. When people needed staff to use equipment to move them safely, this was documented. For example, in one person's plan it was written, "Two carers, medium handling belt and stand aid to be used."

The provider had procedures in place to ensure staff had checks undertaken before commencing their employment. These included inviting them for a formal interview and carrying out pre-employment checks. Within these checks the provider asked for a full employment history, references from previous employers, proof of staff's identity and a satisfactory Disclosure and Barring Service clearance (DBS). The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with adults.

There was enough staff on duty to meet people's needs. Most people we spoke with told us they thought the call bell was answered quickly by staff whether it was day or night. One person's relative said, "I accidently stepped on the [sensor] mat. They [staff] were here within two minutes." Most staff told us they felt there was enough of them on duty. One member of staff said, "As a rule, yes, we have enough [staff]. It is manageable, even if someone goes off sick. We tell people if we might be a bit longer." Another member of staff said, "I sometimes think we're pushed at times. So not always time to do the little extras." Despite this, we saw people receiving help when they needed it.

Medicines were managed safely. We looked at medicine administration records (MARs) and these had all been signed by staff to indicate people had received their medicines as prescribed. Medicines trolleys were stored in locked rooms. The temperature of these was monitored. The provider's medicines policy stated, "Medications should not be stored above 25 degrees" which is in line with manufacturer guidance. All recent temperatures recorded indicated that the medicines were stored within the stated temperature. However in

June and July of 2018 there were some occasions when the temperature was recorded as being over that recommended. The registered manager felt that this was likely to be due to the thermometer being on the windowsill which may have given an inaccurate reading. The registered manager agreed to move the thermometer with immediate effect. There was a column on the monitoring chart for staff to document any concerns noted, but staff had not written anything to indicate they had identified the temperature as being high during June and July. We recommend the provider reviews their medicines auditing process to include temperature monitoring.

Controlled medicines were stored safely. Regular stock balance checks were carried out. Medicines that were no longer required were safely disposed of.

Some people were prescribed additional medicines on an as required (PRN) basis. There were no PRN protocols in place. Having protocols in place provides staff with clear information about when and why people might require these. Additionally, staff had not always documented the reasons why PRN medicines had been administered. Having this information documented enables staff to identify any trends which might need to be communicated to the GP. However, from discussions with staff, it was clear that although the information wasn't recorded, staff did have a good understanding of when and why people might require additional medicines. We discussed this with the registered manager and one of the senior care staff during the inspection and they said they would implement PRN protocols and ask staff to document reasons when they administered these with immediate effect.

Staff were trained to reduce the spread of infection. Personal protective equipment including gloves and aprons were available for staff to use. The environment was exceptionally clean and free of odours. One person said, "Any accident gets dealt with immediately." One of the housekeeping staff told us, "When I came for my interview, the first thing that caught my attention was how clean it was. I've never known a care home so clean. [Provider] likes it to be absolutely perfect."

Incidents and accidents were reported and analysed to identify trends. There was evidence that lessons were learned when incidents happened and care plans and risk assessments had been updated when incidents had occurred.

The premises were well maintained and safe. Safety reviews and regular servicing of utilities such as electrical checks, regular fire alarm testing and drills were carried out.

Good

Is the service effective?

Our findings

The service remained effective.

Staff had been trained to carry out their roles. There was a training plan in place which highlighted when staff refresher training was due. One member of staff said, "I'm currently doing a work book on dementia. I've done a lot of training lately. [Provider] funds all our training and pays for us to attend. It's a good feeling knowing they are investing in us." Another member of staff said, "[Registered manager] and [office manager] keep us trained and updated."

Staff had regular supervision sessions with their line manager. This meant there was an opportunity for staff to discuss their performance, their training needs and access support in their roles. Regular staff meetings took place and annual appraisals were also undertaken. One member of staff said, "I have a supervision every two to three months. Normally [registered manager] or a senior does it. I'm asked if I'm happy. If I wasn't I'd speak up."

People were supported to have enough to eat and drink and there was a clear focus on encouraging people to eat and drink well. For example, in one person's plan staff had written, "Has been observed that [person] eats better and socialises better when eating in dining room." Coloured plates and plate guards were in use for those people that required them; such as those with dementia or limited eyesight. People's weights were monitored. The cook told us, "I only use fresh vegetables and the meat is bought from the local butcher." They showed us an up to date list of people's preferences and allergies which was available to kitchen staff. People told us they enjoyed the food. Comments included, "There's always a choice of two to choose from," and, "You only have to ask if you want more." We saw that people were regularly offered a wide range of drinks throughout the day, including, tea, coffee, herbal teas, hot milk drinks, fruit juices, smoothies and sherry. There were also trays of cold drinks available for people to help themselves to. One person said, "We always seem to be eating. Look over there on the tray, there's biscuits to help yourself to whenever you want."

We saw people eating lunch in the dining room. Tables were laid and people were talking amongst themselves; there was a social atmosphere. Menus were on display and staff read the menu and asked people which option they would prefer. We saw people could choose what they wanted. For example, one of the options available during the inspection was ham, egg and chips. We saw that some people chose just ham and chips and staff respected this. One person told us, "I didn't like the custard, it was too thick for my liking and put over the top of everything so I wasn't eating any of the pudding. So now if they can, they will make it thinner for me or if not, I can have cream or ice cream instead." The registered manager told us, "We're planning an ice cream tasting session. We did a cheese tasting the other week which went down really well. We also tried a lot of drinks over Christmas; [name of drink] went down really well."

People had access to ongoing healthcare. One member of staff said, "The GP visits weekly. I write a list and any staff can add to it. Every few weeks [they] see everyone and people have their medicines reviewed every few months. We have a good relationship with the GP and the community nurses." The registered manager

told us they received positive feedback from visiting health professionals who often recommended the service to people.

The environment was maintained to a high standard and included many areas where people and their visitors could sit quietly or socialise. There was a memory area and a sensory room for people to use. The sensory room had soft lighting and soft furnishings and relaxing music. There was a 'dementia therapy cat' which the registered manager said people enjoyed interacting with. The decorations, furnishings and signage was dementia friendly. People's bedrooms were spacious and well-furnished and the registered manager said people could bring in their own furniture, pictures and ornaments if they wanted to. They said, "Sometimes it might be a favourite chair people want to bring. One person doesn't like the colour of their bedroom walls so we're going to get a colour chart and let [them] choose a colour they want." There was a large outdoor space for people to enjoy during warmer weather. The registered manager told us the garden had recently been landscaped and that people had the opportunity to look at different plans and choose which one they preferred. They told us, "People loved the idea of raised flower beds so they could touch and smell the flowers without having to bend down. We did it, and people have spent a lot of time out there since. We've got more outdoor seating now. It's been a big success. One lady wanted a bird feeder where they could see it, so we did that too."

Consent to care and treatment was sought in line with legislation and guidance. People were assessed for their capacity to consent to care and support and when people lacked capacity best interest decisions had been made. The documentation in relation to best interest decisions did not always detail how decisions had been reached. We discussed this with the registered manager who said they would rectify this with immediate effect. Staff remained knowledgeable about the Mental Capacity Act and could explain how they applied it when supporting people to make decisions.

We looked at how the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider was meeting the requirements.

Outstanding ☆

Is the service caring?

Our findings

The service remained Outstanding.

Throughout the inspection, we saw and heard people being treated with kindness and compassion by staff. The atmosphere was friendly and welcoming. Everybody we spoke with said they liked the staff. Comments included, "All of the staff are good, kind and patient," and "We have a real laugh; they cheer me up." Two people told us, "They [staff] will go to the shop if I want something."

People were encouraged to maintain their independence. For example, in one person's plan it was written, "Encourage [person] to wash independently as much as possible by prompting. Give [person] the shaver so [they] can shave themselves." The registered manager told us one person had been supported and encouraged by staff to choose to get washed, dressed and sit out of bed, rather than remain in bed all day. The registered manager said, "We feel that as a care home we have helped this lady in all aspects of care holistically, firstly by our fantastic care staff encouraging this lady to want to accept help to improve her quality of life, to wanting to be dressed and sat at her writing desk in the morning instead of wanting to be bed bound in her nightdress all day with no outlook on life living in a care home."

One person's relative told us, "Staff sat with [relative] and helped [them] drink and gave [them] ice cream when [they] were poorly and bedridden. When we first came here, the staff let me stay overnight to be with [relative] for the first night. I was given drinks and breakfast. We were very impressed and I knew this was the right place." The registered manager showed us a room that was being decorated for relatives to use. They told us relatives were welcome to stay overnight if they wanted to or could visit whenever they wished. The registered manager and staff told us that family support was an important part of people's care. The registered manager said, "We continue to accommodate loved ones and friends on a regular basis, for example carrying on with family values. Just because a person is now living in a care home doesn't make these values any less important. For example one of our ladies always had Sunday lunch with her sister every Sunday since she was born; this is being continued within our home."

Staff took time to sit and speak with people and engage with them in a meaningful way. We saw staff crouched down to people to make eye contact. People appeared relaxed around staff. There was lots of laughter and people were smiling. We saw a member of staff sitting with two people in the lounge. They asked, "Would you be able to do me a favour and fold some serviettes for me for lunch?" The people said they would be happy to do this and asked how the staff member would like the serviettes. The member of staff replied, "Just in half is fine, unless you can make anything else with them. Thank you so much for your help." We saw people move around the building throughout the day; they were sitting with different people at different times rather than sitting in the same place all day.

Staff spoke highly of their roles and many had worked at the service for several years. One member of staff said, "This is such a lovely place to work. I get to make my surrogate grandparents smile." Another member of staff said, "It's the simple things. So, someone who likes to have their makeup on and their perfume; I'll make sure that happens. It makes them feel better. I always make sure the ladies don't have whiskers, and I

do their nails." Another member of staff said, "I enjoy doing activities, making people laugh. We can get some good banter with people. When people say thank you for that, we get pleasure from bringing them pleasure." The registered manager told us, "We have such a strong supportive team including care staff, cleaning staff, activity staff and kitchen staff and handyman/gardener. They all take equal pride in their work and effectiveness of their roles within the team. We do not wear uniforms and we encourage night staff to wear pyjamas. We feel this takes away any sense of institutional feel and is more comfortable and appealing to those who live within the home. We feel the lack of uniforms helps the home to be controlled by those who live within it, helping each resident to feel relaxed and at home."

Staff embraced person centred care. For example, one member of staff said, "We have one resident who loves to sing and listen to music within a group but on some days this can be too difficult for [them] to embrace as [they] get very frustrated with words not coming out right. So our carer or activity lead will have a one to one with this [person] in [their] own space; holding [their] hand, swaying to the rhythm and gently hum their way through a song." The same member of staff also told us, "We have a resident with very poor eyesight. The person's family set up the bedroom especially so [they] could put their hand to whatever [they] needed easily. Our care team and cleaning team all understand the importance of such structure to this resident within their room and bathroom to ensure [they] feel safe and can walk comfortably around their own room independently."

Regular feedback was sought from people. People were asked for their thoughts on the quality of food, the menu, the environment and activities. The registered manager told us, "We are always looking to improve things. We ask all residents what they would like and what would make them happier. One person had to leave their dog when they moved here and really missed them. We've looked at ways to make sure they continue to see their dog. We've arranged for 'sleep overs'. The dog will come and stay overnight now and then. [Person's name] is really happy." They also told us, "Another person used to love golf. [They] didn't think [they] could do it anymore, so I'm going to take [them] to the local club and see if we can do a couple of holes rather than the whole course."

The registered manager told us how they ensured people were given emotional support. For example, they said one person had recently moved to the service with no friends or family. They said, "We have arranged with this person's solicitor that the previous carers can come in weekly and provide some companionship. This will happen soon." They also told us, "As a team of carers we needed to gain [person's name] trust and we had to investigate [their] family history, likes and dislikes and figure out who this [person] was. One carer built up trust and a positive relationship with [person]. Barriers began to break down and the resident started to communicate. This took weeks of careful sensitive care at this person's pace and discretion. Now [they] know [they] are in a safe and loving home and have begun to talk and bond with fellow residents creating new friendships."

Staff understood their responsibilities to maintain people's privacy and dignity. The registered manager introduced us to people at the start of the inspection and explained why we were there. People were asked if they were happy to speak with us. We observed staff knocking on bedroom doors before entering. One person told us, "Even if the door is open, they still knock before coming in." One member of staff said, "I always shut the door during personal care, keep a towel over people. It's that feeling of complete nakedness that I wouldn't want them to feel." One person told us, "The staff always show care and understanding."

The service had begun work with a local provider to access advocacy services for people.

There was a large compliments file which we looked at. Examples of these included, "Sadly, dementia affected her memory and personality but you all treated her with such love, kindness, understanding,

helping her to feel settled and at home." And, "Thank you so much for taking such fabulous care of our father; we rested in the knowledge that he was in safe, compassionate and patient hands. You have a beautiful, homely place. There was friendliness, kindness and professionalism from of all your staff ."

Good

Is the service responsive?

Our findings

The service remained responsive.

Care delivered was responsive to people's needs. Staff we spoke with could demonstrate they knew people and their preferences well. For example, one member of staff said, "We normally ask what time people like to get up and go to bed. One lady always likes to have breakfast in bed before she'll even think about getting up." Another member of staff said, "If someone is awake I'll ask if they want to get up. If they don't want to get up, I might suggest I go back again in half an hour, and offer them breakfast in bed first." One person told us, "They [staff] look after my needs."

We looked at the plan for one person with a urinary catheter in situ. The plan informed staff the person sometimes forgot they had this and to remind them of this. The plan detailed how staff should care for the catheter. A member of staff said, "We date the [catheter] bag to make sure it gets changed on time. We encourage fluids, if someone has a catheter. I know the signs of an infection, so I keep an eye on the urine output."

Plans contained detailed life histories. This meant that staff understood people's lives before moving to the service. One member of staff said, "Care is very person centred here. We meet their individual needs. We find out from friends, families and past history. We pick their brains to find out about them."

There was a complaints procedure in place. People said they knew how to complain but had never needed to. Questionnaires and a suggestions box were available in the home entrance for people and visitors to use. The registered manager told us that feedback received was used to drive improvements. For example, the service developed a 'living with dementia' booklet for families and visitors after one relative fed back that they didn't fully understand dementia.

People had access to a range of stimulating activities. These included, keep fit, quizzes, baking, and entertainers. There were regular visits from a men's choir, a school choir and the local women's institute choir. The registered manager told us, "We asked for feedback and people said they wanted different entertainment. Gone are the days of Vera Lynn. We now have 60's and 70's music entertainers. We had people up dancing to Abba recently." A local vicar visited monthly to give communion as well as another minister. The Royal Airforce association visited regularly to spend time with people who used to work in the military. The registered manager said, "We have a pet therapist who comes in with a dog. [Provider] brings their dog in too. One member of staff bought her horse to the car park for people to see and brings lambs in to show people."

People were encouraged and supported to maintain relationships. Wi-Fi was available for people to access if they wanted to. Some people used their laptops to communicate with their relatives via video calling. Other people used technology to maintain their interests. For example, the registered manager told us one person used their laptop to monitor their stocks and shares.

Staff told us they provided excellent end of life care for people. One member of staff said, "I like looking after people and their families at the end of life. You build such a good rapport with families. You share moments with them. It's a good feeling when you've known someone for a long time and you can support the family right up to the end." Another member of staff said, "I can still remember sitting with a family when one resident was end of life. I was just being there for them, supporting them and reassuring them. They knew their relative was looked after and safe right to the end. That made me feel really proud."

Good

Is the service well-led?

Our findings

The service remained well-led.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There was a positive culture and the provider and registered manager's values were embedded. Staff were supported and regular staff meetings took place. One member of staff said, "They like us to speak up at meetings. I'm not afraid to speak up. If I know I'm doing right for the residents I will speak up." Another member of staff said, "[Registered manager] asks us for feedback during meetings. It's a two-way thing."

Staff spoke highly of the registered manager. Comments included, "[Registered manager] is lovely. I can't tell you how much [they] do for us. [They] are amazing" and, "[Registered manager] is very approachable and fair. [They] roll their sleeves up and get stuck in if we need help. They [management team] really know what we do each day." One member of staff said, "[Registered manager] is amazing. No matter what your problem, [they] will sort it."

Staff also spoke highly of the provider and told us they felt valued. One member of staff said, "[Provider] gets to know us. [They] walk around like a member of staff and treat you like an individual. [They] will stop and a have chat with residents too."

There were quality assurance processes in place. These included regular audits of medicines, supervisions and care plans. There was an ongoing improvement plan in place. This included a soon to be introduced electronic care planning and note recording system to ensure care and support was person centred. The service was also planning to work with people and their families on the development of end of life plans. End of life plans ensure people can discuss with staff their choices and special wishes about how they want to be cared for at the end of their lives. 'Champions' had been nominated to lead on key areas of the service such as medicines, dementia and activities. Work was planned to further improve the gardens for people with their involvement. The registered manager told us the provider was also going to lease a mini bus so that more people could go on day trips. Although the lack of PRN protocols and the medicines temperature monitoring matters we noted had not been identified during medicine audits, the medicines 'champion' said they would include these areas as part of their ongoing monitoring.

Regular quality assurance surveys were carried out and we saw the results of the latest one dated August 2018. The registered manager told us, "We've always asked for people's input before, but this time we've reworded it to try and get more of their input. If there's something people want to do, why should we stop it?" One person had told the registered manager they wanted to have gin parties in their bedroom with friends. The registered manager said, "We're happy to accommodate that."

The service had excellent links with the local community. The registered manager told us local schoolchildren visited as well as their own grandchildren to have a chat or play a game with people because people enjoyed having young children around. They told us the service worked with a local meaningful activity network. They said, "Our activities person attends and comes back with new ideas. They work with lots of different care homes so we find out what works and what doesn't work."

One member of staff said, "I would recommend it here as a place to live and work. I've been here a long time. The residents come first but the team has good relationships. We work well together and laugh together." Another member of staff said, "Staff here really do care. We've got good equipment, good team work, and a good rapport with management and their respect. I would recommend it here even if I didn't work here."