

Pearlcare (Acle) Limited

The Old Rectory Care Home

Inspection report

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Date of inspection visit:
03 April 2019
05 April 2019

Date of publication:
23 April 2019

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 'care home' for up to 34 people. The home supports older people, many of whom are living with dementia, across two floors. When we inspected, there were 31 people living in the home.

People's experience of using this service:

- Without exception people were positive about living in the home, and felt staff were caring and met their needs.
- People's needs were met on an individual basis, and they received support according to their preferences.
- Staff treated people respectfully and ensured they had a right to privacy, and supported them to maintain independence where possible.
- People received a choice of meals and were positive about the quality of the food they received.
- There were activities to participate in and people could follow their interests with support from staff.
- People and relatives were positive about staff and the registered manager. Staff knew people and their needs very well, and built good relationships with them.
- The registered manager was visible and approachable, and people felt they could comfortably raise any concerns they may have.
- Quality assurance systems had improved since our last inspection and there was ongoing monitoring of the service.

Rating at last inspection: Requires Improvement (published 4 May 2018). This service has been rated Requires Improvement at the last two inspections. At the last inspection, there was a continued breach of one regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Why we inspected: Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of safe and well-led to at least good. They sent us an action plan with this information, and we met with the providers to discuss our concerns about the home and having the rating of requires improvement at the last two comprehensive inspections. This inspection was completed in line with the timescales required for services rated requires improvement.

Follow up: We will continue to monitor the service in line with our inspection schedule for services currently rated Good.

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 effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The 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 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.

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:

The inspection was unannounced.

What we did:

As part of the inspection, we reviewed the information available to us about the home, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law. Prior to the second day of the inspection, the provider also completed a 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. We used all this information to inform our inspection.

As part of our inspection, we spoke with four people using the service, and two relatives. We also spoke with six staff members, including the registered manager, a senior carer, three care staff members and a cook. We

also looked at two care plans, as well as sections of other care plans, and reviewed a range of records relating to health and safety, and how the service is run, including a range of checks and audits.

Is the service safe?

Our findings

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

At our last inspection of 19 and 20 March 2018, the key question for safe was rated requires improvement. At this inspection of 3 and 5 April 2019, improvements had been made in this key question and people were receiving a safe service.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Preventing and controlling infection

- Although the registered manager had taken steps to improve the cleanliness of the home since our last inspection, we saw areas that were not clean. On the first day of the inspection visit, we found some equipment and furniture that had not been kept clean, in addition to the kitchen. We asked the registered manager to address this immediately.
- On the second day of the inspection visit, the registered manager had devised a new, detailed audit which they had completed, as well as an action plan. We looked over the home again and found that the areas we found had been rectified.
- The registered manager had taken immediate action to order new equipment such as raised toilet seats and individual slings for better infection control standards. They had discussed an ongoing plan with the provider for the deep cleaning of the kitchen and agreed to keep us informed.
- We concluded that the plans introduced to increase oversight of infection control were sustainable.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe, including one person who said they felt very safe when staff used a hoist to lift them.
- Staff we spoke with had good knowledge of safeguarding, including types of abuse and how to report any concerns.

Assessing risk, safety monitoring and management

- There were clear risk assessments in place which guided staff on how to mitigate risks to people, for example with regards to their skin, weight, falls and health.
- The environment was kept safe for people as equipment was maintained and checked. For example, for areas such as lifting, electrical, gas and fire.

Staffing and recruitment

- The registered manager said they had some updates to their recruitment procedures which included more detailed information about staff employment history. They explained they continued to ensure references and relevant checks were sought prior to staff commencing work.
- People and relatives told us there were enough staff to meet people's needs, and we saw staff available to people throughout our inspection.

Using medicines safely

- Medicines were stored, administered and clearly recorded to a high standard.
- There were clear plans in place for staff on how and when to give 'as required' (PRN) medicines.
- Where people had topical medicines such as creams, body maps were in place and these were administered as prescribed.

Learning lessons when things go wrong

- The service had taken action to improve practice and learn from incidents and accidents. For example, when a person had a fall or lost weight, action was taken to further mitigate risk or make suitable referrals.

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 our last inspection of 19 and 20 March 2018, the key question of effective was rated Good and people continued to receive an effective service.

Good: 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 moving into the home so the service could be sure they were able to meet people's needs. This information contributed to the creation of a thorough care plan.

Staff support: induction, training, skills and experience

- We saw that staff had their competencies checked and recorded in areas of care such as medicines administration and supporting people at lunchtime. Staff also received supervisions which were an opportunity to discuss their role and any training requirements.
- Staff received enough training to support them in their roles. The registered manager had discussed additional training opportunities with staff and planned some further training in infection control for some staff later in the year.
- We spoke with a new member of staff who told us they felt supported in their first few days. They were shadowing more experienced staff until they became more familiar with the home and felt confident.

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

- Feedback about the food from people and relatives was positive, including one person's comment; "The food is wonderful." They also confirmed there was a good choice. There was a daily menu available, and the cook made alternative meals for people as requested.
- We found staff did not always record full details of food provided when people were at risk of weight loss. Further details would be beneficial for the oversight of care, and the registered manager said they would address this.
- Where needed, we saw that action was taken where people were at risk of weight loss, including a high calorie diet or referral to dietician. A relative explained to us how staff had supported their family member to eat and put on weight since moving into the home. Care records confirmed this and we saw the person's health had improved.

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

- Staff worked well with other agencies such as the local district nursing team when needed and the GP surgery, and communicated effectively about people's needs. They followed recommendations from healthcare professionals.

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

- The home was adapted to meet people's needs, with signage for people living with dementia. It was light and airy with even flooring throughout.
- There was a communal accessible garden for people to use if they wished.

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

- People told us they had access to healthcare such as the GP when needed. Staff told us they supported people to see the GP in-house when 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.
- Mental capacity assessments were decision-specific, and staff sought consent before delivering care. Staff had training and knowledge of the MCA.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). Some people were being lawfully deprived of their liberty to ensure their safety.
- We saw that the restrictions were the least restrictive possible and the person was supported to live with as much freedom as possible.

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 our last inspection of 19 and 20 March 2018, the key question of caring was rated Good and people continued to receive a caring service.

Good: 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

- Without exception, people said staff were caring. One person said, "[Staff] are all so caring and look after me well." Another said, "[Registered Manager] comes in and has a laugh with us."
- We saw pleasant and caring interactions between people and staff throughout our inspection visit.
- Staff respected people's diverse needs and ensured they had the right to be treated equally.

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

- People and their relatives told us they felt they were consulted about their care.
- It was clear from speaking with staff that they knew people, and their needs and preferences, very well. They told us how they supported them to make decisions about their care, and this information was also located throughout the care plans.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and encouraged them to maintain as much independence as possible.
- We saw from the records that staff were encouraging people to use the toilet regularly throughout the day. This supported some people who were living with dementia and other conditions, to maintain their dignity and manage their continence needs.
- We saw there were improvements since the last inspection and people were offered the opportunity to use the toilet more frequently, and staff were aware of the importance of this.
- One member of staff said they felt this could improve further, however we did see that staff offered people the opportunity throughout the day. People and relatives we spoke with said they felt people were supported to use the toilet enough.

Is the service responsive?

Our findings

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

At our last inspection of 19 and 20 March 2018, the key question of responsive was rated requires improvement. At this inspection of 3 and 5 April 2019, improvements had been made in this key question and people were receiving a responsive service.

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People we spoke with told us about a range of activities they engaged in, such as games and crafts. There was a weekly schedule for activities, such as making things for Easter, baking, flower arranging, games and going out to a café in the community.
- We spoke with staff about how they responded to people's personal care needs and reviewed associated records.
- Care plans contained specific individual details about how people wanted to be supported.

Improving care quality in response to complaints or concerns

- One person told us, "You feel at home here, the [staff member] in the office is brilliant, and you can go to [Registered Manager] with any complaints, any time, he's easy to get to and to talk to." This was reflected by everyone we spoke with.
- A relative also told us that they had conversations with the registered manager if they had any questions or concerns, and these were responded to.
- We looked at surveys and saw that where people had raised any issues, action had been taken, recorded in a 'you said, we did' document.

End of life care and support

- There were clear plans in place which guided staff on people's preferences and how to support them towards the end of their lives.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection of 19 and 20 March 2018, the key question for well-led was rated requires improvement. There was a repeated breach of Regulation 17: Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection 3 and 5 April 2019, improvements had been made in this key question and people were receiving a well-led service.

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

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Without exception, people told us they received the care they required and were positive about the registered manager and staff. One person said, "I would recommend it here. It's extremely well-run."
- Staff told us they worked well as a team, and we saw there was a positive culture and atmosphere within the home.

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

- The registered manager and staff were aware of their accountability. Governance systems had been improved since our last inspection, and there was increased oversight of the service from the provider. This included thorough ongoing auditing of care plans as well as other areas of service provision such as staff training.
- The registered manager devised a more thorough infection control audit and action plan to ensure improvements in this area would be sustainable.
- There were plans in place to improve the environment, including rooms being refurbished.

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

- There were regular quality assurance feedback questionnaires for people and families to give feedback, which were acted upon following analysis.
- People's diverse needs were respected and their rights to equality were upheld as much as possible.

Continuous learning and improving care

- We found some areas for improvement on the first day of the inspection, which we discussed with the registered manager. They devised a full plan of action immediately to address this, and took the action needed.
- The registered manager agreed to maintain contact with us about their ongoing infection control audits and actions.

- We saw that improvements had been made since our last inspection to ensure people received a high standard of care, and the staff team demonstrated that they were keen to improve practice.
- Improvements included the implementation of a new electronic care planning system which increased oversight of care provided.

Working in partnership with others

- The home had worked closely with some external agencies to make some improvements in people's care, and the environment. They worked well with other health and social care professionals when needed.