Pearlcare (Acle) Limited

The Old Rectory Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 12 December 2016 and was unannounced.

The Old Rectory Care Home is a service that provides accommodation and personal care for up to 34 people. During the inspection visit, there were 32 people living within the home.

There was a registered manager employed at the home. 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 and associated Regulations about how the home is run.

At the last inspection on September 2015, we asked the provider to take action to make improvements in respect of the quality of care that was provided to people. At this inspection, we found that some improvements had been made but that further improvements are required. Some areas of the home and some equipment people used were unclean. Staff were not always responsive to people's individual needs and the systems in place to assess, monitor and reduce the risk of people receiving poor care were not always effective. Some people's care had not been fully planned for and some records in relation to their care contained inaccurate information. You can see what action we have told the provider to take at the back of our report.

Staff had received appropriate training and there were enough of them to meet people's care needs. However, they were often very busy particularly in the morning and therefore did not always have time to spend with people interacting with them or providing them with stimulation to enhance their wellbeing.

The staff were kind and caring and they provided people with choice so they could make decisions about how they wanted to be cared for. However, people's dignity and privacy was not always upheld.

Systems were in place to protect people from the risk of abuse. Staff sought advice from other healthcare professionals and acted in a timely manner when they identified any concerns about people's health. People had access to a good choice of meals, snacks and drinks. The staff made sure people received enough food and drink to meet their individual needs.

The staff requested people's consent before they provided them with care. Where people were not able to give consent, the staff made sure that they took any decisions they made on their behalf in the person's best interests. People received their medicines when they needed them.

There was an open culture where people and staff could raise concerns if they wanted to. These were listened to and promptly dealt with. The people we spoke with were happy living in the home and the staff were happy working there. Staff were supported to progress in their roles if they wished to do so.

The registered manager had plans in place to improve the environment for people living with dementia with the ultimate aim to improve people's quality of life and wellbeing.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Some areas of the home and equipment people used were not clean.

Systems were in place to protect people from the risk of abuse.

There were enough staff to meet people's care needs and to keep them safe.

Most people received their medicines when they needed them and these were managed safely.

Is the service effective?

Good

The service was effective.

Staff had received enough training to enable them to provide people with effective care.

Staff sought consent in line with the necessary legislation.

People received enough to eat and drink to meet their needs.

People were supported with their healthcare needs.

Is the service caring?

Requires Improvement

The service was not consistently caring.

Staff were kind and compassionate but some people's dignity and privacy was not always upheld.

People and their relatives were involved in making decisions about their care.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Staff did not always have time to interact with people in a

meaningful way and were not always responsive to their needs.

People's care needs had been assessed but their care records did not always contain enough information to guide staff on the care they required. Some did not provide an accurate reflection of the care required to meet people's individual needs.

People and relatives knew how to complain and any raised were dealt with quickly.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Since our last inspection, some improvements had been made but further improvements were required.

Not all of the systems in place to assess and monitor the quality of care provided were effective.

Staff were happy working at the home and there was an open culture where staff and people were listened to.

The Old Rectory Care Home

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 home under the Care Act 2014.

This inspection took place on 12 December 2016. The inspection team consisted of two inspectors and an 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, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make. We also reviewed other information that we held about the home. Providers are required to notify the Care Quality Commission about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. We reviewed the notifications the provider had sent us.

During the inspection visit we spoke with five people living at the home and one visiting relative. We also spoke with four care staff, the chef, the deputy manager, the registered manager and a social care professional. We also observed how care and support was provided to people.

The records we looked at included four people's care records, three people's medicine records and other records relating to people's care, three staff recruitment files and staff training records. We also looked at records relating to how the provider monitored the quality of the service. Some people were not able to communicate their views fully to us. Therefore we observed how care and support was provided to some of these people using the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection visit, we requested further information from the registered manager in relation to how the provider monitored the quality of care provided and the training the staff had completed. Not all of the information was sent within the timescale given.

Requires Improvement

Is the service safe?

Our findings

At our last inspection in September 2015, we found that care and treatment had not always been provided in a safe way. Risks in relation people not eating and drinking enough and of developing a pressure ulcer had not always been managed well. People's medicines had not been managed safely. This had resulted in a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan that detailed the improvements they planned to make. They told us these improvements would be made by November 2015. At this inspection, we found that improvements had been made in relation to the areas we identified as an issue at the last inspection. However, we found other concerns relating to safe care and treatment during this inspection.

Some areas of the home were unclean. For example, in the kitchen there was congealed and ground in dirt on the floor near the legs of the sink. The grouting between the tiles on the walls was stained. In the food storage area, there was dust on the window sill and there was a sticky substance on the floor that remained there during the day. There was a crack in the flooring within this area along with chipped and scraped woodwork which would make them difficult to clean effectively. In addition, the tea trolley which the chef confirmed was used to take people drinks and snacks during the day had ingrained dirt within the handles. We have reported our concerns to the local authority environmental health team for their consideration.

The carpet on the stairs had debris on it and remained this way during the inspection. A communal toilet downstairs had accumulated dust and flakes of paint by the doorway and the toilet brush holder was unclean. In a communal bathroom, the lino was coming away from the wall which would make it difficult to clean effectively. The underneath of a shower chair was unclean. When we looked in the laundry some clothing was on the floor. The member of staff in the laundry confirmed this was dirty laundry which increased the risk of the spread of infection and is not good practice.

Some equipment people used was unclean. For example, two chairs that people were sitting in were not clean. One had a sticky substance on the arm of the chair. We saw that a member of staff lent on this arm when speaking to the person but did not clean it. Furthermore, the frame of the other person's chair was unclean. There was ground in dirt near the wheels and on the frame. Other equipment that was dirty included a pressure cushion that one person was sitting on. In one communal area, some chairs were stained and had a malodour.

We also saw that a carpet by the communal lounge was frayed and had a hole in it. The lino in the dining room had a crack in it which had been repaired with tape. However, the tape had degraded and was no longer covering the crack. Both of these presented risks to people's safety as they were trip hazards.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risks in relation to people's individual safety had been assessed and actions taken to mitigate these risks. For example, some people had been assessed as being at risk of choking on their food and drink. In

response to this, they were receiving a specialist diet and thickened fluids to reduce this risk. For those people who were at risk of developing a pressure ulcer, equipment was in place to help reduce this risk such as a specialist mattress on their bed. We observed some people sitting on specialist cushions when they were sitting in chairs. The staff told us they regularly supported people where needed, to change their position to also help reduce this risk.

All of the people we spoke with and the visiting relative said medicines were received when needed. One person told us, "I get mine regularly, if I need painkillers I just ask for them and they give them to me." Another person said, "They are very good with tablets. I couldn't tell you what I have. I have six in the morning. I won't take them until I have had something to eat." The relative told us, "I think [family member] gets their tablets. There are no problems that we are aware of."

We looked at three people's medicines to see whether they had received them as intended by the person who had prescribed them. The records we viewed demonstrated that two people had received their medicines correctly. However, one person's pain patch had been applied earlier than it should have been. The registered manager had identified this mistake quickly and confirmed that the person had not come to any harm however, advice from the person's GP had not been sought at the time to ensure this would not have a detrimental effect on their health. The registered manager confirmed that this would be completed in the future and that the staff member involved had received further training in how to manage people's medicines safely.

People's medicines were stored securely for the safety of the people living in the home. The temperature of the room they were stored in and also of the fridge where some medicines were kept had been regularly monitored. This was to make sure the medicines remained safe to give to people. Where people had been prescribed medicines for occasional use, there was information available to staff to guide them under what circumstances it was appropriate for people to have these medicines. Other guidance to help staff give people their medicines safely such as allergy information and a current photograph of the person were also in place. Staff were recording the time that they gave people pain medication to ensure an adequate gap between doses was given.

Where people had been prescribed creams, charts were in place to record when these had been applied. However, there were a number of gaps within these records. The staff we spoke with told us they had applied the creams but had not always updated the records. We also saw that no body maps were in place to provide staff with guidance on where to apply the creams which would help ensure they applied the creams to the correct area.

We looked at three staff employment records to see what checks had been completed prior to them working within the home. The registered manager had checked with the Disclosure and Barring Service that the staff member was deemed safe to work with people living in the home. Past employment history had been explored however, two staff files did not contain any evidence that references had been obtained from their last employer. We saw these had been requested and spoke to the registered manager about this. They told us that references had been received and checked before the staff member commenced work but were unable to locate them. After the inspection visit, the registered manager sent us a copy of one reference that they had subsequently re-obtained from a past employer. As all of the required records were not available, we could not be sure that all the necessary checks had been completed as is required to ensure that the staff were of good character and fit to work in the home.

At our last inspection in September 2015, we found that there were not always enough staff to keep people safe or to meet their needs. This resulted in a breach of regulation 18 of the Health and Social Care Act 2008

(Regulated Activities) Regulations 2014. The provider sent us an action plan that detailed the improvements they planned to make. They told us these improvements would be made by November 2015. At this inspection, we found that the necessary improvements had been made and that the provider was no longer in breach of this regulation.

We received mixed feedback from people as to whether there were enough staff to meet their needs. Three people told us that there were with one saying, "There are enough staff." Another person said, "There are enough staff. I pull my cord if I need help." However, two other people made comments including, "I don't think there are enough staff. If I ring my bell at night to get help to go to the toilet I have to wait but they come eventually" and "There are never really enough staff. I would say they run on skeleton staff. They used to have agency but they don't have them anymore."

All of the staff we spoke with told us there were enough of them to keep people safe and to meet their care needs. They said they were able to provide people with assistance with personal care, with eating and drinking and to support them to re-position when required. However, two staff told us that on occasions when staff could not work their intended shift, there were less staff available than usual. They said that at such times, people sometimes had to wait longer for support with their personal care or to get up in the morning. They added however, that this had not happened recently and was improving.

During our inspection visit, we observed that there were enough staff to meet people's care needs and to keep them safe but that they did not have time to interact with people in a meaningful manner during the morning. Although a staff member was not always present within the communal areas of the home, they regularly walked into those rooms to check that people were safe. We observed staff responding promptly to people's calls bells throughout the inspection.

The registered manager told us that the number of staff required to work on each shift had been calculated based on people's individual needs and was reviewed on a regular basis. They told us they were in the process of changing the shift patterns so that there would be an extra staff member working between 7am and 8am to assist people to get up in the morning. This was in response to issues they had identified regarding the deployment of the staff around the home to meet people's needs. This was due to commence from 2 January 2017. The registered manager told us this would 'free up' the care staff earlier in the day to enable them to spend more time with people.

The registered manager advised that any unplanned absence of staff was covered by existing staff, the deputy manager or registered manager. They also told us they had recently recruited two new staff to work as bank staff. They confirmed that these staff would be used too in the future which would reduce the risk of the home being understaffed due to last minute unplanned staff absence.

During our walk around the home, we saw that the emergency exits were well sign posted and kept clear so assist an evacuation of the building if it was needed. Lifting equipment used to assist people to move such as hoists, had been regularly serviced to make sure they were safe to use. Records confirmed that the fire alarm system and equipment had been tested regularly.

Systems were in place to reduce the risk of people experiencing abuse. All of the people we spoke with told us they felt safe living in the home. This was echoed by the visiting relative. One person told us, "I feel safe here, there are people about." Another person said, "They check the bedrooms at night. There are staff wandering around at night, I leave my bedroom door open at night." The visiting relative said, "I feel [family member] is absolutely safe here."

Staff had received training in safeguarding adults. They were able to demonstrate to us that they understood what constituted abuse. They were clear on the correct reporting procedures if they suspected that any abuse had taken place. The registered manager had reported any safeguarding concerns to the local authority and had fully investigated them, with action taken as appropriate.

Good

Is the service effective?

Our findings

At our last inspection in September 2015, we found that staff had not received adequate support, training and supervision to carry out their duties effectively. This resulted in a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan that detailed the improvements they planned to make. They told us these improvements would be made by November 2015. At this inspection, we found that the necessary improvements had been made and that the provider was no longer in breach of this regulation.

All of the people spoken with told us they felt the staff were well trained. One person said, "The staff seem to be trained well enough. They help me wash." Another person told us, "I haven't been in that much contact with the staff. I look after myself. But I would think they have had decent training." A visiting relative said, "There are a lot of young staff but they seem to know what they are doing."

All of the staff we spoke with told us they felt they had received enough training to provide people with effective care and that they felt supported in their role. They told us their training consisted of face to face training and the completion of training booklets. One staff member told us how they had recently visited the local funeral directors which had given them a greater appreciation in relation to the end of life care they provided to people. We looked at the overall record of staff training and saw that staff had been trained in a number of different subjects such as but not limited to, dementia care, supporting people to move safely, infection control, first aid and fire safety. The registered manager told us they were looking to provide further training for staff such as meeting the nutritional needs for people living with dementia. They were also working with the NHS to further improve staff knowledge around how to provide people with excellent care as they approached the end of their life.

Staff new to the home had an induction which included shadowing of more experienced staff. We saw evidence that these new staff had their competency regularly assessed by a senior staff member before they were able to provide people with care. Existing staff member's competency to perform their role effectively had also been assessed regularly. This included in areas such as giving people their medicines and on how to request assistance in an emergency situation. The registered manager had taken appropriate actions and conducted investigations when issues with staff's practice had been found.

The staff told us they received regular supervision with their direct manager. Supervision gives staff the opportunity to discuss their performance and any training requirements they may need. The records we saw confirmed that staff had attended regular supervision meetings.

At our last inspection in September 2015, we asked the provider to make improvements in relation to how they implemented the principles of the Mental Capacity Act 2005 (MCA). At this inspection, we found that the necessary improvements had been made.

The 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

All of the staff we spoke with had a good understanding of the principles of the MCA. They were clear that they needed to offer people choice and support them to make decisions for themselves. They knew that if they had to make a decision for someone that it had to be in their best interests. We observed during the inspection that staff asked people for their consent before they performed a task. Where the person could not consent, the staff were seen supporting people to make day to day decisions about their care. For example, people were shown different meals to help them make a choice about what they wanted to eat.

Where the registered manager had felt people lacked capacity to make a decision about their care, an assessment had been completed to ascertain whether this was the case. Where it had been determined the person lacked capacity, a best interest decision had been made on their behalf which had involved the relevant people such as a family member of the person's GP.

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 are called the Deprivation of Liberty Safeguards (DoLs). We checked whether the home was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager had assessed people living in the home to see if they were depriving them of the liberty. Where it was felt they were, applications had been made to the local authority for authorisation to deprive some people of their liberty in their best interests. The registered manager was waiting for authorisation from the local authority to allow them to do this. However, the registered manager advised that in the interim they had not regularly reviewed whether the actions they had taken were the least restrictive. They agreed to implement this immediately.

All of the people we spoke with told us they liked the food and that they received a choice. One person told us, "The food is very nice. The meat is lovely and tender." Another person said, "The food is fine. Always plenty of vegetables and gravy." People also told us that they could have extra portions if they wanted to or that alternative meals were made if they didn't like the main choices on offer. One person said, "I don't like chicken. They will always get you something else. If we have a cup of tea we always have a biscuit." Another person told us, "The food is quite good. I generally clean my plate up. We can always have second helpings if we want it."

People had a choice of eating their meals in either the dining room, their own room or within a communal lounge. There were a number of different choices of meal for people at breakfast including a cooked breakfast. At lunchtime there were two choices of main meal. People were offered a choice of drinks at lunchtime as were people who resided during the day within the communal areas of the home. Staff prompted people to drink regularly and those that required assistance to eat their meals received this in a timely manner. People who chose to stay in their own rooms were observed to have full glasses of drink near them at all times.

There were two sittings at lunchtime. People were supported to move to the dining room to eat and make lunch a sociable event. The dining tables were laid with cloths, cutlery, napkins and condiments. A menu was on each table to help people choose what they wanted to eat. The meal was unhurried and staff gave people time to savour and enjoy their meals.

The chef demonstrated to us they had a good understanding about people's individual dietary

requirements and these were catered for. The chef took actions to increase the calorific intake of people who were at risk of not eating enough. They told us they fortified these people's food with extra calories. The staff we spoke with told us they offered these people regular snacks to encourage them to eat more. When concerned about people not eating and drinking enough, staff had made a referral to a GP or other healthcare professional for specialist advice. People's weight was also monitored to make sure they were receiving enough food to meet their needs.

All of the people we spoke with confirmed that staff supported them with access to healthcare. One person told us, "You just tell the staff and they get a doctor, the chiropodist and hairdresser come in." Another person said, "You can see the doctor if needs be. I have my feet done regularly and my hair weekly."

The registered manager told us that the GP visited often and the records we saw confirmed this. We also saw that other healthcare professionals such as dentists, chiropodists and district nurses provided care to people when needed. We were therefore satisfied that the staff supported people with their healthcare needs.

Requires Improvement

Is the service caring?

Our findings

At our last inspection in September 2015, we asked the provider to make improvements to ensure that people were treated with dignity and respect at all times. At this inspection, we found that further improvements are required. People's privacy and dignity was not always upheld.

Two people were observed to be sitting in unclean chairs. One of these people was sitting on an unclean pressure cushion. The other person had very dirty finger nails. Their care record specifically stated that it was important that this person was supported to keep their finger nails clean but this did not occur during our inspection. We saw that another person had very unclean glasses and food debris down the front of their clothes after they had eaten their breakfast. A further person was weighed in a communal area in front of staff, visitors and other people living in the home. They were not asked if they wanted to have this completed in private. We also observed that one person's repositioning record had been left on a radiator in the corridor. They had therefore not been kept confidential and did not promote their privacy.

All of the people living in the home that we spoke with told us the staff were kind and caring. One person told us, "Staff are kind." Another person said, "All the people are kind here to me." A further person said, "The staff treat me well. Respectful and kind to me. They are all very good. I get on with all of them very well." The visiting relative we spoke with agreed with this. They told us, "The staff are so caring. It is just the way they are. They just hug [family member] and hold their hand. You can just see how caring they are."

When staff interacted with people, this was done in a kind, compassionate and polite way. The staff made good eye contact with the person they spoke with and were observed to hold people's hand to provide comfort when needed. During the lunchtime meal, the staff supported people to eat in an unhurried manner. People ate at their own pace and the staff respected this. Gentle encouragement was given during the meal and to people when staff assisted them to walk or move from chair to wheelchair. When staff supported people to move when using equipment to lift them, they made sure they explained to people what was happening to alleviate any distress.

The staff told us that people's birthdays were celebrated. There was a separate room available for relatives to have a party with people if they wished to do this. Relatives could also stay overnight in separate accommodation when needed. One staff member was observed to speak to a person about their birthday and the person responded with a smile and laughter. Our conversations with staff demonstrated that they knew people well and that they cared for them. People's life history had been explored and staff told us this helped them facilitate conversations with people and helped them get to know them as a person.

People and/or their family were involved in making decisions about the care that was received. Before people moved into the home, they and/or their family member had been asked for their opinion on what care they needed and how they wanted it to be provided. All of the people we spoke with told us they were involved in making decisions about their care.

We observed staff offering people choice throughout the inspection. This included whether people wanted

to reside within a communal area or stay in their own rooms and what food and drink they wanted to receive. The staff we spoke with demonstrated they understood the importance of offering people choice and supporting them to make decisions for themselves. People had been able to decorate and personalise their rooms as they wanted to.

Requires Improvement

Is the service responsive?

Our findings

At our last inspection in September 2015, we asked the provider to make improvements to ensure that people's preferences about how they wished to be cared for were met. We also asked them to ensure that people's care records contained accurate and sufficient information to guide staff on what care people wanted to receive. The provision of personalised activities to enhance people's wellbeing also required improvement. At this inspection, we found that the necessary improvements had not been made.

During the inspection, people did not always receive personalised care that met their individual needs or provide them with adequate stimulation. We observed one person tell a staff member that they wanted a magazine or newspaper to look through. The staff member said they would get one for them but hadn't done this by the time we left the communal area which was 30 minutes later. This therefore left the person with nothing to look at or read as they had requested and they looked bored. Another person said they wanted a cup of tea and was told by a member of staff the tea trolley would be around in a minute. However, 15 minutes after this request the tea trolley had not appeared and therefore the person may have been thirsty.

One person who was living with dementia, was observed to be playing with a blanket over their legs and regularly asking for staff to speak with them. The person was not distressed but clearly wanted interaction. We noted from their care record that the person enjoyed having a doll to take care of and comfort but this was not provided to them. Therefore they were not provided with any stimulation. Another person's care record said they enjoyed conversation. When staff came into the communal area they would ask the person if they were 'okay' or help the person re-adjust their glasses but no other interaction was forthcoming. During the lunchtime meal, the staff member assisting this person to eat did not engage them in conversation and so provided them with no meaningful interaction.

Another person who was living with dementia was observed to be eating their breakfast at 10.45am. We asked a staff member about this and they told us the person was eating at that time as was their choice. This person's preference to eat their lunch was at the second sitting which was planned for 1.30pm but they were taken into the dining room for the earlier sitting and were being prompted to eat their lunch at 12.45pm. This person was not able to tell us whether this had been their choice. A member of staff told us this person would be offered their tea at between 4pm to 4.30pm. This meant they only had two hours between their breakfast and lunch and that they times of their meals may not have suited their individual need.

We observed that some people in the communal areas received little stimulation in the morning and were sitting either asleep or staring around the room. Televisions were on within these areas but most people were not watching them. One person within the main communal lounge was observed not to receive any interaction over the lunchtime period for nearly an hour. A staff member responsible for providing people with activities was employed by the provider. However, their role included assisting the chef for three hours each morning. Activities were therefore only provided between 2pm and 5pm each day. A volunteer was working in the home to assist with this. On the afternoon of the inspection, some people had their nails painted.

People's care needs and preferences had been assessed. However, information within people's care records did not always provide staff with appropriate guidance to ensure they provided care to meet people's current individual needs. For example, one person's care plan in respect of their pressure care had not been updated to reflect they had a pressure ulcer and therefore what care they needed to help with the healing of this ulcer. Another person required a specialist mattress to help reduce the risk of them developing pressure ulcers. However, the setting this mattress needed to be on so it was effective had not been recorded within the associated care plan. They were also of low weight and therefore had a nutritional care plan in place. This stated the person needed to be 'weighed regularly' but was not specific in relation to how often this should take place. Their eating and drinking care plan stated they could eat and drink independently but they received full assistance with these aspects of their care.

Another person's nutritional care plan stated they did not have any special dietary requirements. However, they were on a fork mashable diet as recommended by a speech and language therapist and therefore this statement was incorrect and misleading. Furthermore, there was no care plan in place to guide staff on how to manage this person's pressure care needs even though they had been assessed as being at high risk of developing a pressure ulcer.

This was a breach of regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

After the inspection visit, the registered manager wrote to us and told us they had implemented a new care plan format that would capture more details about the care people required. They stated that the new format had been implemented with immediate effect for new people moving into the home. A plan was in place to review all of other people's care records.

Most of the people who were able to provide us with feedback told us they were happy with the level of stimulation they received and that their preferences in how they wanted to be cared for were being met. One person told us, "I like reading and looking at the television. I have got one in my room so at night I can get in my pyjamas and go to my room and watch television." They went on to tell us that they could go to bed when they wanted to but that sometimes they had to wait for support in the morning to get up. They added however that this was not an issue for them as they were aware that the staff were busy in the morning providing other people in the home with assistance.

Another person said, "They have bingo most weeks, and sometimes singers, church and chapel services monthly." A further person told us, "The carers take me out to the pub or for a coffee to the local café at least weekly, and if they are taking people out in their wheelchairs for some fresh air I ask if I can walk with them to get out. I have a computer in my room with a printer and I enjoy my TV. I have a shower when I need one." A relative told us, "I don't really know too much about what activities they do. I think [family member] would dabble if there was flower arranging or something like that."

The staff member responsible for providing people with activities told us they were sometimes able to take people out into the local community such as to the pub and village shop and that external entertainers often visited including singers. They told us that some people had been supported to take part in some pottery making recently and that they regularly brought their dog in for people to make a fuss of. Themed buffets and meals had taken place such as having strawberries and cream on the terrace in the summer. Other activities such as exercise and bingo regularly took place. The vicar regularly attended the home to provide a religious service to some people who wanted to continue to practice their individual faiths. The staff supported people to visit the local church if they wished to attend.

The registered manager told us they were looking to improve stimulation for people by making

improvements to the number of staff available in the morning and to the environment. They were also looking to provide more one to one activities for people.

People and their relatives were listened to and any complaints or concerns raised had been dealt with. All of the people we spoke with said they did not have any complaints and that they knew how to complain if they needed to. They said they were listened to and were confident action would be taken if they had any concerns. One person said, "I don't have any concerns or worries." Another person told us, "I would speak to the [manager] if I was worried about anything."

We saw that complaints had been dealt with appropriately and that one complaint had been received within the last 12 months. The registered manager had put action plan in place to manage the complaint and we saw this had been dealt with in line with the provider's requirements.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection in September 2015, we found that the provider did not have effective governance systems in place to monitor, assess and improve the quality and safety of the service or to mitigate risks to people's health and welfare. We also found that some people's records contained inaccurate information. This resulted in a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan that detailed the improvements they planned to make. They told us these improvements would be made by November 2015. At this inspection, we found that some improvements had been made but that the current governance systems in place were still not robust at ensuring people received good quality care in all areas.

The audit that had been completed by the deputy manager in respect of checking the cleanliness of some areas of the home was not effective. This audit had been conducted in November 2016 but had not identified the issues we found in relation to the poor cleanliness standards found within the kitchen or some equipment people used. Some areas for improvement had been identified during this audit but the deputy manager could not tell us what they were. There was no action plan in place to show how and by when the issues identified would be improved.

The registered manager told us that they did not conduct any audits in relation to the completion and accuracy of the documentation held within people's care records although they said they reviewed them regularly. They told us that other records in relation to the care people received were checked weekly to ensure they had been completed correctly. This included records of people being supported to be re-positioned, checks regarding people's skin integrity and the application of prescribed creams. However, we found these records had gaps and that people's care plan documentation was not complete and some information was inaccurate. Therefore, the current system in place to make sure these records were being completed accurately was not effective.

The last audit conducted of the home by the provider had been in October 2016. Although this had identified some areas for improvement, this had not been wholly effective because some areas within the provider's audit that required completion had not been explored. This included whether staff new to the home had the required employment checks prior to commencing work within the home, whether effective systems were in place around cleanliness and infection control and if the home promoted social and meaningful activities to meet people's personal preferences. The provider had also not looked at the systems the current registered manager had in place to monitor the quality of care provided to ensure they were effective. We found shortfalls within some of these areas during the inspection. After the inspection visit, the registered manager told us that the audit format was new and was completed over three visits. We noted that the first two visits had been conducted on 11 and 24 October 2016 but the final visit had still not occurred, some seven weeks later. We have therefore concluded that this audit had not been conducted in a timely manner to drive improvement within the home.

Where issues had been identified, clear and specific actions had not always been notated. No dates for the rectification of the issues had been noted on the audit to help drive improvement. For example, the provider

had stated on the audit that 'some care plans had risk assessments but a lot are not up to speed.' No action plan or completion date had been put in place in respect of this identified issue. We found the completeness and accuracy of people's care records to be an issue during this inspection some seven weeks later.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

At the last inspection, there had not been a registered manager in place. A registered manager was now in post and had been registered with us since July 2016. At the beginning of the inspection visit, they told us that when they first started as a registered manager they had not been aware of their statutory duties to report certain events to us but were now clear. However, the provider had not ensured that this had occurred as is required. We identified three incidents in relation to serious injuries people had experienced, one police incident and one safeguarding incident that had not been reported to us.

This was a breach of regulation 18 of the Health and Social Care Act 2008 (Registration) Regulations 2009.

The number of staff required to work on each shift as deemed appropriate by the provider had been calculated using a dependency tool. This had taken into consideration people's individual needs and other factors such as the layout of the building. However, other tasks that staff completed such as taking around the tea trolley in the afternoon or working in the kitchen to prepare an early evening meal which they told us they sometimes had to do, had not been factored in. Neither had staff breaks. Including these tasks would ensure that the calculation in relation to staffing levels would be more robust.

The registered manager had monitored the completion of staff training to ensure it was up to date and that staff had the appropriate skills to provide people with safe care. Audits of people's medicines were also effective at identifying issues. Some appropriate action had been taken such as staff re-training to address shortfalls. A supervision matrix was in place to track that staff had received the required supervision. Other checks such as making sure people had fresh jugs of water in their rooms each day and that people received their meals were in place. A weekly audit of staff response times to people's calls bells had also taken place to ensure staff responded to people's request for support in a timely manner. The registered manager told us that they carried out spot checks of the home. Records demonstrated that they had visited the home at various hours throughout the night to check that staff were completing the tasks that they were supposed to.

An audit of people's weights had taken place each month and of people's pressure care needs each week. Although we saw people were receiving adequate care within these areas during the inspection, these audits lacked analysis to check that the appropriate action had been taken. Therefore they could be improved to ensure all necessary action such as referral to the necessary healthcare professionals for advice had taken place in a timely manner.

The registered manager regularly analysed accidents and incidents. Action had been taken to reduce the risk of the incident or accident happening again. For example, we saw that one person had been referred to a specialist falls team for advice following a number of falls they had experienced.

All of the people we spoke with and the visiting relative told us they were happy with the care being provided at The Old Rectory. One person told us, "I am happy living here." Another person said, "I am happy living here if I wasn't I would tell my daughter, I would recommend it I wouldn't be here if I didn't like it. I put myself in here." The relative told us, "The staff are fantastic. They make you feel so welcome and ask if you want to stay for lunch. I would certainly recommend it."

Everyone told us that they felt the home was well-led and that the registered manager was visible and approachable. One person said, "I would speak to the manager if I had concerns or was unhappy. There are residents meetings but I don't bother going to any of them." Another person told us how if they were unhappy with anything or wanted a chat they could go to the registered manager's office to discuss this. The relative told us, "Communication is good. I feel it is managed well. The manager is so approachable. They are brilliant. Anything you have a moan about is dealt with." We saw there was a folder that contained a number of cards and letters from relatives thanking the staff for the care they had provided.

The management team had an open door policy. All of the staff we spoke with were happy working within the home. They said they all worked well as a team to provide people with care and support. All of the staff said they received good leadership and direction and that they could raise any concerns without hesitation. They told us that communication was good and that there were regular staff meetings where they could discuss the care being provided. The staff were supported to complete qualifications within health and social care. The registered manager and provider recognised good staff practice through their staff incentive scheme. During the inspection visit, we regularly saw the registered manager within the home, talking to staff, the people living there and their visitors.

The registered manager had plans in place to improve the quality of care that people received with the aim of enhancing their wellbeing. To do this, links with the local community had been established. This included with the 'Youths of Norwich City Football Club.' As part of this link, 13 young people had visited the home for seven days interacting with people living in the home and helped to improve the garden area. The registered manager was hoping to repeat this experience in the near future. The registered manager also provided nursing placements for students from the local college. A link with the local vicarage had been established.

A refurbishment of the home was planned for 2017. This included turning areas of the home into a 'village'. The registered manager explained that the doors to people's rooms would be reviewed so that it looked like their front door. Corridors in the home will have street names and some areas would be turned into shop fronts including a hair dressers and a sweet shop. People could then visit these areas as they would if they lived within the local community. A sensory garden and garden plot were also being implemented. The registered manager had consulted recent best practice and research into how to improve the lives of people living with dementia when putting together the refurbishment plan.

The registered manager also told us they were looking at introducing 'music in dementia' regularly in the home. They were again consulting research on this aspect of care for people living with dementia with a view to implementing more musical based therapies throughout the home.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The care and treatment of service users has not always been designed to meet their needs and preferences. Regulation 9, 1 and 3 (b).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Some areas of the home and equipment people used was unclean increasing the risk of the spread of infection. Some areas of the premises had not been well maintained and posed a risk to people's safety. Regulation 12, 1 and 2 (a), (b) and (h).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The current governance systems in place were not always effective at assessing and monitoring the quality of care provided or to mitigate risks relating to the health, safety and welfare of service users. A contemporaneous record of each service users care and treatment was not in place and some records relating to the care and treatment of service users was not kept secure. Records in relation to person's employed were not all in place. Regulation 17, 1 and 2 (a), (b), (c), (d) and (f).