

Southern Healthcare (Wessex) Ltd

The Old Rectory Nursing Home

Inspection report

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Date of inspection visit:
18 February 2020
25 February 2020
28 February 2020

Date of publication:
04 June 2020

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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

The Old Rectory is a nursing home in one adapted building providing personal and nursing care to 42 people aged 65 and over at the time of the inspection. The service can support up to 47 people.

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

People and relatives gave consistently positive feedback about the care provided at The Old Rectory. Comments included: "I can't give this home enough praise. You literally have got everything here. They (staff) are worth their weight in gold, outstanding. Warm, friendly welcome, beautiful atmosphere. I would recommend this home to anybody. If I needed looking after properly, I want to go to the Old Rectory. I would recommend it to the queen. For everybody here they give you support in their own unique ways"; "Friendly staff. Kind, caring and compassionate"; "I am blown away. The level of compassion and care"; "Wonderful, wonderful nurses, they give me courage to get on, don't know what we'd do without them."

There was a strong, visible person-centred culture. This was evident from all staff within all roles. From care staff, domestic staff and management. The person-centred culture was embedded at all levels. The service ensured staff focussed on building and maintaining open and honest relationships with people and their families, friends and other carers. This really helped to promote and ensure the service was person-centred. A staff member commented: "It's about enriching people's lives. It's amazing here. We are like a family here. Everyone wants to make the residents happy, if they aren't happy, we aren't. Lifelong friends with staff and relatives. I love making the residents smile."

People were respected and valued as individuals, with staff thinking 'outside of the box.' For example, the staff were pro-active in ensuring care was based on people's preferences and interests, getting to know people as individuals, seeking out activities and opportunities in the wider community and helping people to live fulfilled lives, individually and in groups.

Staff were good at anticipating people's needs. We observed this throughout the inspection. Sensory stimulation is a very important part of the care provided to people living at The Old Rectory to aid their well-being. The service had created a haven of relaxation and therapeutic opportunities, including sight, sound and smell. People were enabled to relax in a lavender garden populated by bees and butterflies in the summer, watch the ducks and listen to running water from the duck pond. This gave people a sense of enjoyment and engagement. A relative commented: "(Relative) had a lovely summer here last year. She loves the garden. Her health improved last summer."

Staff were motivated to ensure people received care which was compassionate and kind. The atmosphere in the home was warm and friendly. We saw people had developed strong relationships with staff, and it was evident that this was an important ethos of the service. Staff told us they spent quality time chatting and building interpersonal relationships with people and saw this as a vital part of their role. They recognised how this gave people a sense of overall well-being and ensured the family feel of the home. This

was evident throughout our inspection with the general conversations and banter which were observed.

Staff had an excellent understanding of people's individual needs which protected their values and beliefs in a way the person wanted to receive care and support. The approach to care and support meant there was a multi-professional process which aimed at maintaining continuity, independence and autonomy for the person.

The service supported people to learn new skills and maintain their independence. For example, one person had learnt to paint, something they thought they would never be able to do. Their relative commented: "My aunt has become a talented painter! In the past she always said she couldn't draw or paint, but a few months ago she painted a large Van Gogh Sunflowers picture, which the home framed and now hangs in her room. It's amazing! Thank you to The Old Rectory for encouraging this latest talent."

A number of methods were used to assess the quality and safety of the service people received and continuous improvements were made in response to the findings.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service provided safe care to people. One person commented "The staff are brilliant. I feel safe here and well cared for." A relative commented: "My (Mum) is very safe here. I feel reassured."

We did find certain issues with regards to medicines management, repositioning times and recruitment. However, these had been promptly addressed by the registered manager and provider following our inspection.

Staff ensured infection control procedures were in place. Personal protective equipment was readily available to staff when assisting people with personal care. For example, gloves and aprons. Staff had also completed infection control training.

Care files were personalised to reflect people's personal preferences. People were supported to maintain a balanced diet. Health and social care professionals were regularly involved in people's care to ensure they received the care and treatment which was right for them.

People received effective care and support from staff who were well trained and competent.

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

Rating at last inspection

The last rating for this service was Outstanding (published 4 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Old Rectory Nursing Home on our website at www.cqc.org.uk

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

The Old Rectory Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was conducted by one inspector, an assistant inspector and a specialist advisor on the first day and one inspector on the second and third days.

Service and service type

The Old Rectory is a 'care home' in one adapted building providing personal and nursing care to 42 people at the time of the inspection. The service can support up to 47 people. 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

This inspection was unannounced.

What we did before the inspection

Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people receiving a service, seven relatives and 17 members of staff. We spent time talking with people and observing the interactions between them and staff.

Some people living at the service were unable to communicate their experience of living at the home in detail with us. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people, who could not comment directly on their experience.

We reviewed seven people's care files, five staff files, staff training records, various medicine records and a selection of policies, procedures and records relating to the management of the service.

After the inspection

After our visit we sought feedback from health and social care professionals and relatives to obtain their views of the service provided to people. Unfortunately, we did not receive any feedback.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- For people being nursed in bed, who required regular repositioning due to the risk of pressure damage to their skin, repositioning charts were not being completed in line with the timings in the care plan. No one had any pressure damage at the time of our inspection.
- Following our inspection, the provider took appropriate action with care plans being updated in respect of the times of repositioning in line with best practice guidance.
- People's individual risks were identified, and risk assessment reviews had been carried out to identify ways to keep people safe. For example, risk assessments for falls management, medical conditions and eating and drinking. Risk management considered people's physical and mental health needs and showed measures to manage risk were as least restrictive as possible.

Using medicines safely

- Medicine records for people prescribed pain relief patches and insulin did not state the sites. It is important to rotate where the patch/injection is applied to ensure the efficacy of the medicine in alleviating symptoms.
- Following our inspection, the provider took appropriate action with medicines documents highlighting the rotation of administered medicine sites being implemented in accordance with the National Institute for Health and Clinical Excellence (NICE) guidelines.
- On the first day of our inspection we found the door to the medicine room open, we were able to access the room, open the fridge and have access to various medicines. We raised this with the provider. On the second and third day of inspection the door was locked.
- Following our inspection, the provider took appropriate action. An electronic keypad was due to be fitted on 6 March 2020 to increase the security of the room.
- A medicines audit carried out on the 21 January 2020 identified no actions to be taken. At the time it was confirmed that the room and fridge were kept locked when not in use.
- Appropriate arrangements were in place for obtaining medicines. The home received people's medicines from a local pharmacy each month. When the home received the medicines, they were checked, and the amount of stock documented to ensure accuracy.
- The medicines room was kept in an orderly way to reduce the possibility of mistakes happening. Medicines administration records were appropriately signed by staff when administering a person's medicines.
- Staff received medicine training and competency assessments to ensure they were competent to carry out this task. Staff confirmed they were confident supporting people with their medicines.

Staffing and recruitment

- There was mainly an effective recruitment and selection process in place. We did find certain issues with six

staff members recruitment procedure, with regards to start dates and receipt of paperwork prior to starting. We fed this back to the registered manager and provider. They had already identified that references had not be sought and were attending to the deficits, including risk assessing each member of staff. All of these staff were currently shadowing more experienced members of staff and were not providing hands on care. The error was made as the new administrator was not aware that references should be obtained. Staff had completed application forms and interviews had been undertaken. In addition, Disclosure and Barring Service (DBS) checks had been completed. This helped ensure staff were safe to work with vulnerable people.

- The administrator has now received further training regarding the importance of the recruitment process and is being mentored by a senior administrator.
- Staffing arrangements met people's needs. During the daytime there were two nurses supported by 11 care staff and at night there was one nurse supported by four care staff and two staff on a 'twilights' shift. Staff confirmed people's needs were met promptly, and there were sufficient numbers of staff on duty. The staff members were supported by an activities coordinator, catering staff, cleaners, maintenance person and members of the management team. We observed this during our visit when people needed support or wanted to participate in particular activities. For example, staff spent time with people engaging in meaningful conversations and activities.
- Unforeseen shortfalls in staffing arrangements due to sickness were managed. The registered manager explained that generally regular staff would fill in to cover the shortfall, so people's needs could be met by staff who knew them. In addition, the service had management on-call arrangements for staff to contact if concerns were evident during their shift.

Systems and processes to safeguard people from the risk of abuse

- The service provided safe care to people. One person commented "The staff are brilliant. I feel safe here and well cared for." A relative commented: "My (Mum) is very safe here. I feel reassured." Staff responded appropriately to people's needs and interacted respectfully to ensure their human rights were upheld and respected. Interactions between people and staff were relaxed and friendly and people were happy.
- Staff demonstrated an understanding of what might constitute abuse and knew how to report any concerns they might have. Staff had received safeguarding training to ensure they had up to date information about the protection of vulnerable people. Staff were currently in the process of refreshing their safeguarding knowledge.
- The registered manager demonstrated an understanding of their safeguarding role and responsibilities. They explained the importance of working closely with commissioners, the local authority and relevant health and social care professionals on an on-going basis. There were clear policies for staff to follow.

Preventing and controlling infection

- We found all areas of the home to be clean and free of malodours.
- Staff ensured infection control procedures were in place. Personal protective equipment was readily available to staff when assisting people with personal care. For example, gloves and aprons. Staff had also completed infection control training.

Learning lessons when things go wrong

- There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. For example, care plans and risk assessments had been updated. Where incidents had taken place, involvement of other health and social care professionals was requested where needed.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as outstanding. At this inspection this key question is now good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People felt staff were well trained. One person commented: "The staff know how to do their jobs." A relative commented: "The staff are so well trained."
- Staff completed an induction and probationary period when they started work at the service. The induction required new members of staff to be supervised by more experienced staff to ensure they were safe and competent to carry out their roles before working alone.
- Staff received training, which enabled them to feel confident in meeting people's needs and recognising changes in people's health. Staff recognised that in order to support people appropriately, it was important for them to keep their skills up to date. Staff received training on a range of subjects including, safeguarding vulnerable adults, the Mental Capacity Act (2005), moving and handling and nutrition and hydration. In addition, staff received training in topics specific to people's individual needs. For example, dementia awareness and skin care.
- Staff had also completed nationally recognised qualifications in health and social care, including the Care Certificate. The Care Certificate aims to equip health and social care staff with the knowledge and skills which they need to provide safe, compassionate care. A staff member commented: "I have had all the relevant training, I have just signed up for end of life care."
- Staff received on-going supervision in order for them to feel supported in their roles and to identify any future professional development opportunities. Staff confirmed that they felt supported by the registered manager. A staff member commented: "(Registered manager) is really supportive. The management team make sure we matter."

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

- Staff knew how to respond to specific health and social care needs. They spoke confidently about the care they delivered and understood how this contributed to people's health and wellbeing. For example, how people preferred to be supported with personal care. Staff said people's care plans and risk assessments were really useful in helping them to provide appropriate care and support on a consistent basis. For example, when recognising changes in a person's physical health.
- People were supported to see appropriate health and social care professionals when they needed, to meet their healthcare needs. For example, GP and various specialist clinicians. Records demonstrated how staff recognised changes in people's needs and ensured other health and social care professionals were involved to encourage health promotion.

Ensuring consent to care and treatment in line with law and guidance; Assessing people's needs and

choices; delivering care in line with standards, guidance and the law

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Before people received any care and treatment they were asked for their consent and staff acted in accordance with their wishes. Throughout our visit we saw staff involving people in their care and allowing them time to make their wishes known. People's individual wishes were acted upon, such as how they wanted to spend their time.
- People's legal rights were protected because staff knew how to support people if they did not have the mental capacity to make decisions for themselves. People's capacity to make decisions about their care and support was assessed on an on-going basis in line with the (MCA). People's capacity to consent had been assessed and best interests' discussions and meetings had taken place. For example, the need for a person to be in a care setting. This demonstrated that staff worked in accordance with the MCA.
- DoLS applications had been made to the relevant local authority where it had been identified that people were being deprived of their liberty. The registered manager was aware that authorisations required regular review.

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

- People were supported to maintain a balanced diet. One person commented: "The food is fabulous!" People had their preferred meals documented, which also helped inform the menu.
- There was attention to detail to the menus and all meals were made with fresh, local produce. For example, the fish was sourced locally, it was fresh and seasonal.
- The presentation of the food was lovely. For example, desserts were decorated with edible flowers and other such decorations. The chef told us, "We eat with our eyes."
- The meal time experience was very positive. People were respectfully asked what they would like to eat and drink, were served respectfully and supported to enjoy their meal of choice. Alternative meals were always readily available.
- Care plans and staff guidance emphasised the importance of people having a balanced and nutritious diet to maintain their general well-being. People's weights were monitored on a regular basis. Where a person's ability to eat or drink changed, staff consulted with health professionals. For example, speech and language therapists had been involved with people who had issues with communication and/or eating and drinking. As a result, people were prescribed specific diets to reduce any risks, and staff followed the guidance.
- The chefs were aware of who needed soft diets and ensured food was separated so they could appreciate the different tastes and textures.

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

- The Old Rectory is set over three floors accessible by a lift. People's individual needs were met by the

adaptation, design and decoration of the premises. People had a variety of spaces in which they could spend their time and their bedrooms were personalised. Reasonable adjustments had been made to enable people to move around as independently 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 the last inspection this key question was rated as outstanding. At this inspection this key question is now good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- Staff at all levels were passionate about their roles, showing a commitment to ensuring people were at the heart of the service. Comments we received about the service described the family atmosphere and the impact relationships had on people's well-being. Comments included: "I can't give this home enough praise. You literally have got everything here. They (staff) are worth their weight in gold, outstanding. Warm, friendly welcome, beautiful atmosphere. I would recommend this home to anybody. If I needed looking after properly, I want to go to the Old Rectory. I would recommend it to the queen. For everybody here they give you support in their own unique ways"; "Friendly staff. Kind, caring and compassionate"; "I am blown away. The level of compassion and care"; "Wonderful, wonderful nurses, they give me courage to get on, don't know what we'd do without them."
- The Old Rectory had a strong and visible person-centred culture. This ensured that staff in all roles were motivated and offered care and support that was compassionate and kind. The ethos of the home made care and compassion every staff member's business. Staff focussed on building and maintaining open and honest relationships with people and their families, friends and other carers. This really helped to promote and ensure the service was person-centred. Relatives were actively encouraged to maintain a relationship with the home even when their loved one had passed away. For example, a person whose loved one had been living at The Old Rectory continued to visit on a regular basis. They told us, "I was given a lovely hug and told not to be a stranger, you are part of our family, our community." Other former relatives used the service's café regularly as a meeting place. This enabled them to share their memories of the people they loved. A staff member commented: "It's about enriching people's lives. It's amazing here. We are like a family here. Everyone wants to make the residents happy, if they aren't happy, we aren't. Lifelong friends with staff and relatives. I love making the residents smile."
- The provider and registered manager put people at the centre of everything they did. They encouraged staff ideas and ensured staff knew people well. When we spoke to the registered manager, they were emotional and passionate about the service they provided. In line with best practice the service had developed a 'home from home' atmosphere and created domestic sized households within the home. These were designed to alleviate stress, frustration and boredom for those living in at the home. This followed the principles of the 'Eden Alternative'. This philosophy is nationally recognised and was designed to address the challenges to ensure people do not experience loneliness, helplessness and boredom by creating an environment of loving, meaningful and spontaneous activity.
- The provider and registered manager were passionate about providing a high quality, individualised service and regularly promoted and shared this with people, relatives and the staff team. The ethos was to create a

family orientated feel and to ensure when people moved into a care home setting, they, "don't have to leave their life at the door." For example, people were encouraged to be involved in the running of the home. For instance, dusting, folding clothes and baking sessions two or three times a week where people made their own buns and cakes. Another example was a life skills kitchen had been introduced to enable people the opportunity to prepare and cook their own meals. One person had always loved cooking. The chef ensured they provided them with ingredient items in order for them to prepare certain things. This had enabled them to remain skilled in an activity they loved.

- Staff were matched with people's interests and personalities. For example, Staff enjoyed meeting people's requests for assistance consistently in a timely manner and pro-actively spent time with people dancing, chatting, singing, offering things to do and generally enjoying time together. A person commented: "Staffing is really important here, and they are a great team." Reviews of staff related to people's needs and preferences were conducted on an ongoing basis to ensure people received support from the right members of staff.
- People were respected and valued as individuals, with staff thinking 'outside of the box.' For example, the staff were pro-active in ensuring care was based on people's preferences and interests, getting to know people as individuals, seeking out activities and opportunities in the wider community and helping people to live fulfilled lives, individually and in groups. The staff team had actively forged links with the local community. For example, people visited a local conservative club to enable them to use their snookering facilities and the local bowls club had invited people to play a game of bowls. These opportunities enabled people to remain connected to the outside world and to continue to live enriched and fulfilled lives to aid their physical and mental health wellbeing.
- Since our last inspection The Old Rectory had achieved 'butterfly' status from Dementia Care Matters (level two) and is the first home in the country to be recognised with the 'All Care Matters' accreditation. The ethos focussed on 'feelings mattering most' in dementia care. For example, being, nurturing and enabling. Staff completed modules looking at memories, the journey of dementia with physical tasks such as sitting in silence to experience isolation and boredom, highlighting how people may feel when they are not acknowledged, puree tasting and feeding each other. We saw learning from the training in action throughout the inspection. For example, giving compliments to people and acknowledging them as they passed. A staff member commented: "The butterfly training was really good, I really enjoyed it. Taught me how our residents feel."
- The 'All Care Matters' observational audit carried out in July 2019 described the home as 'The Old Rectory has realised much of what All Care Matters is all about; a sense of community and togetherness between people with and without a dementia; as well as a sense of happiness, joy, freedom and well-being for people living and working in the home. This is an exceptional achievement and I believe that The Old Rectory is pioneering in this regard.'
- Staff were good at anticipating people's needs. We observed this throughout the inspection. Sensory stimulation is a very important part of the care provided to people living at The Old Rectory to aid their well-being. The service had created a haven of relaxation and therapeutic opportunities, including sight, sound and smell. People were enabled to relax in a lavender garden populated by bees and butterflies in the summer, watch the ducks and listen to running water from the duck pond. This gave people a sense of enjoyment and engagement. A relative commented: "(Relative) had a lovely summer here last year. She loves the garden. Her health improved last summer."
- The service was good at helping people to aid their overall wellbeing. Since our last inspection, focus has been on innovative ways of delivering a person-centred approach to the lived experience of people living at the service. This included the installation of communication devices that can be individually personalised. These allow staff to play specific music to aid people's mental and physical wellbeing. Wireless headsets were all part of the innovation to create individualised music sessions specific to people's music preferences.
- Throughout the inspection there was a caring, relaxed and happy atmosphere. Everyone enjoyed each

other's company and interactions showed how people and staff valued each other. One of the key values at The Old Rectory was the banning of certain words. For example, it was recognised that words such as 'toileting' and 'wandering' were disrespectful to people. Interactions between people and staff at all levels were kind and compassionate. Staff took time to have meaningful conversations with them, using their knowledge and understanding of people to engage with them on a personal level. Staff were sensitive to times when people needed caring and compassionate support.

- The atmosphere in the home was warm and friendly. We saw people had developed strong relationships with staff, and it was evident that this was an important ethos of the service. Staff told us they spent quality time chatting and building interpersonal relationships with people and saw this as a vital part of their role. They recognised how this gave people a sense of overall well-being and ensured the family feel of the home.

Respecting and promoting people's privacy, dignity and independence

- Staff created an inclusive, comfortable and safe environment where people were encouraged to overcome difficulties. The service placed significant emphasis on promoting people's independence. There were many examples of people's confidence and independence improving as a result of the support they received. Staff had a 'can do' attitude. For example, one person wanted to walk again. Before they moved to The Old Rectory they were not encouraged to walk and instead they were moved in a wheelchair. Staff took the time and did not give up on them. As a result, they eventually were able to walk to the dining room. Their relative commented: "(Relative) said at the time, it was the best feeling to walk again. It's not the end when you move in here. Improves people's lives."

- Staff ensured people's privacy and choices were supported and respected. The staff groups training, knowledge and empathetic nature meant they recognised maintaining people's dignity was essential to them feeling valued, respected and genuinely cared for.

- Staff told us how they maintained people's privacy and dignity when assisting with personal care. For example, asking what support they required before providing care and explaining what needed to be done so that the person knew what was happening. We observed staff sensitively supporting people throughout our inspection.

- Staff adopted a strong and visible personalised approach in how they worked with people. For example, staff spoke of the importance of empowering people to be involved in their day to day lives. People and their relatives felt that their care was focussed on their individual needs. Staff treated people with dignity and respect when helping them with daily living tasks.

- The service's visions and values centred around the people they supported. The organisation's statement of purpose documented a philosophy of maximising people's life choices, encouraging independence, inclusion and people having a real sense of worth and value. Staff expressed a passion for providing high quality care.

- Our conversations with staff and the registered manager showed people protected under the characteristics of the Equality Act were not discriminated against. The Equality Act is legislation that protects people from discrimination, for example on the grounds of disability, sexual orientation, race or gender.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as outstanding. At this inspection this key question has remained the same. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff had an excellent understanding of people's individual needs which protected their values and beliefs in a way the person wanted to receive care and support. The approach to care and support meant there was a multi-professional process which aimed at maintaining continuity, independence and autonomy for the person. Ensuring staff were knowledgeable and developed close relationships with people and families was important due to peoples' physical and mental health needs.
- Care plans were extremely detailed. Support centred on choice and promoting independence. Routines were very important for most people. The care was tailored to each individual, it was responsive, evolving and offered both flexibility and continuity. The service maintained this outstanding level of holistic care by providing appropriate equipment, promoting its effective use by an experienced staff team with their internal multi-professional team and their excellent relationship with a diverse external professionals and specialist teams.
- Records referred to promoting people's independence, their diverse needs and inclusion within the local community. Choice was central to the care planning. Each care plan had details about how people responded to choices, what phrases they may use to indicate yes and no or body language.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider commented: "We passionately believe that people living in our household have significantly contributed to the world that we live in their whole lives and we try to facilitate the continuation of that contribution for as long as is physically possible. This is a wide and varied part of our lifestyle programme where we try to maintain those fantastic community links."
- The service supported people to learn new skills and maintain their independence. For example, one person had learnt to paint, something they thought they would never be able to do. Their relative commented: "My aunt has become a talented painter! In the past she always said she couldn't draw or paint, but a few months ago she painted a large Van Gogh Sunflowers picture, which the home framed and now hangs in her room. It's amazing! Thank you to The Old Rectory for encouraging this latest talent."
- People were constantly encouraged and supported to engage in the local community. For example, one person was a member of his golf club for 40+ years and unfortunately now was unable to participate safely in a round of golf. Staff had arranged for them to meet up with his golfing friends on 6 March 2020 to play a round of golf. This enabled them to remain in contact with both his friends and enjoy the sport he loved. Another person had a passion for sport. Each week they were supported to Exeter City football club by a member of staff to the 'sporting memories' group where they met up with likeminded people to discuss

sports. This had led to them attending an actual football match. Another person was a proud military veteran. They had been encouraged and supported to attend weekly veteran group meetings. A member of staff also arranged for them to meet members of their own regiment that they had not seen for more than 30 years. A staff member commented: "The warmth and expression on their face was wonderful."

- Staff were proactive in finding ways to enrich people's lives. For example, staff had found out that a person was a west end dancer. Staff actively found a video of them dancing at Saturday Night at the Palladium in front of the queen and despite their advanced dementia recognised themselves immediately. Another example was a person had a wish for their 100th birthday to drive a car again. The activities coordinator actively sought opportunities to fulfil this person's wish. They arranged with the local police driving test grounds to enable them to drive again. Unfortunately, due to the person's ill health this wish could not be fulfilled. However, this showed that staff worked creatively to meet people's dreams and desires.

- In one area of the home a 'cathedral green' had been introduced which was decorated with murals of Exeter landmarks, which included day and night lighting. This had been fully appreciated by people living with a dementia who were from the local area and enabled them to remember fond memories and helped orientate them to time and place to aid their mental health wellbeing.

- Many outdoor events took place in the grounds of The Old Rectory. For example, a theatre had been built to facilitate various shows. A popular event was the 'Torstock' festival. All staff were actively involved, dressing up, singing and dancing to name but a few. People thoroughly enjoyed such events and ensured the coming together of all, engaged in a common and enjoyable pastime.

- The courtyard accommodated various other events. The area was heated and floodlit to allow all year-round events. The area had been used for a German Christmas market and various food festivals. A market garden had also been introduced due to the home being in an agricultural area and people's experience of living in post war austerity. This had enabled people to engage with a flock of hens to feed, water and collect their eggs, tend to a range of vegetables and soft fruits and spend time with the resident goats. One relative commented: "My aunt especially enjoys the goats!"

- A couple of people used to become anxious because they wanted to go shopping like they always used to do. Staff thought about how they could help with their anxiety. As a result, an in-house shop was introduced which has had a positive impact on these people and they now enjoy visiting the shop for particular items they wanted.

- A person was struggling to eat due to a poor appetite which was having an impact on their physical health. A staff member took time to explore options for the person. It was established that they really liked sausage and chips from the chip shop. As a result, in the staff members own time, they went to a local chip shop and purchased sausage and chips, other people also joined in. The person struggling to eat ate all of their sausage and chips and now is eating properly again. This showed that staff took time to individually support people with their specific needs and wishes.

- Since our last inspection the provider had purchased a minibus with a dedicated driver who was also passionate about people's lived experience. This has further enhanced people's opportunities to access the local community.

End of life care and support

- People were supported to have peaceful, comfortable and dignified end of life care in line with national best practice guidance. The registered manager said, in the event of this type of support, they worked closely with the hospice team, GP's and family to ensure people's needs and wishes were met in a timely way.

- The Old Rectory was embarking upon the 'Namaste' end of life care programme. 'Namaste' care is described as 'holistic' because it is incorporated into all aspects of daily life and involves a range of physical, sensory and emotional approaches. These approaches support people with advanced dementia in many activities, for example managing pain, making sure they are getting enough to eat and drink and the use of music to manage anxiety and stress. This showed that the service was constantly looking for ways to

support people and their families in a personalised and individualised way.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- We looked at how the provider complied with the Accessible Information Standard. Staff were able to communicate with and understand each person's requests and changing moods as they were aware of people's known communication preferences. Care records contained clear communication plans explaining how people communicated. For example, one care plan stated, '(Person) is able to express her needs. However, she is hard of hearing and requires hearing aids. Please ensure you speak loudly and she has visual contact to be able to understand.'

Improving care quality in response to complaints or concerns

- There were regular opportunities for people, and people that mattered to them, to raise issues, concerns and compliments. This was through discussions with them by staff on a regular basis and people having access to complaint forms. The complaints procedure set out the process which would be followed by the provider and included contact details of the provider and the Care Quality Commission. This ensured people were given enough information if they felt they needed to raise a concern or complaint.
- A system was in place to record complaints. The service had not received any complaints since our last inspection. However, the registered manager recognised that if they received a complaint, they would attend to it in line with the organisation's procedure.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as outstanding. At this inspection this key question is now good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Audits were completed on a regular basis as part of monitoring the service provided. For example, checks reviewed people's care plans and risk assessments, medicines, incidents, accidents and health and safety. This enabled any trends to be spotted to ensure the service was meeting the requirements and needs of people being supported. Where actions were needed, these had been followed up. For example, care plans had been updated and maintenance jobs completed. The concerns raised regards to medicines management, repositioning times and recruitment had been promptly addressed by the registered manager and provider following our inspection.
- The registered manager had notified CQC appropriately about any significant events at the service. We use this information to monitor the service and ensure they respond appropriately to keep people safe. The provider had displayed the rating of their previous inspection in the home, which is a legal requirement as part of their registration.

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

- People, relatives and staff praised the service and the registered manager. Comments included: "Management are proactive in seeking out training and ensure staff attend"; "I can always approach the manager when I visit" and "The manager is always visible."
- The service had implemented a duty of candour policy to reflect the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Health and Social Care Act 2008 (Regulated Activities) (Amendments) 2015. This set out how providers need to be open, honest and transparent with people if something goes wrong. The registered manager recognised the importance of this policy to ensure a service people could be confident in.

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

- People's views and suggestions were taken into account to improve the service. For example, surveys had been completed by people using the service, their relatives and staff. The surveys asked specific questions about the standard of the service, the dining experience and the support it gave people. All comments received were positive. However, where suggestions had been made these had been implemented. For example, exploring further activities. The registered manager recognised the importance of ever improving the service to meet people's individual needs. This included the gathering of people's views to improve the

quality and safety of the service and the care being provided. Staff praised the management team on how supportive they were.

Working in partnership with others

- The service worked with other health and social care professionals in line with people's specific needs. People and staff commented that communication between other agencies was good and enabled people's needs to be met. Care files showed evidence of professionals working together. For example, GPs and various specialists. Regular reviews took place to ensure people's current and changing needs were being met.