Oakprice Limited

The Old Rectory

Inspection report

Musbury
Axminster
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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

About the service: The Old Rectory is a 15 bedded care home for people with learning disabilities in Musbury, near Axminster. It specialises in caring for people with autism spectrum disorder and health, emotional and behavioural needs. The provider is Oakprice Care Limited, a family run business. People who live there range from young adults to older people. At the time of our inspection there were 15 people living there.

People's experience of using this service:
The Old Rectory provided people with a homely, happy and friendly environment. People were supported by staff that were caring and compassionate. People were treated with dignity and respect and in a way that was free from discrimination. People were encouraged to make their own decisions and staff understood how people communicated their choices.

People received a personalised service from friendly, supportive staff. People liked the staff and enjoyed being with them. Staff knew people's needs and preferences well. Relatives spoke highly of the staff team and the registered manager and said they made sure people had enjoyable experiences and a happy and varied social life.

People were relaxed around staff and relatives said the service was safe. Staff demonstrated an awareness of each person's safety and how to minimise risks for them. People's concerns were listened and responded to. Accidents and incidents were used as opportunities to learn and improve the service.

People were supported by staff with the skills and knowledge to meet their needs. Staff had regular training and felt confident in their role. They worked in partnership with local health and social care professionals to keep people healthy.

The service was well led. People, relatives and professionals said the registered manager and business manager were approachable, organised, and acted on feedback. Quality monitoring systems included audits, observation of staff practice and regular checks of the environment with continuous improvements in response to findings.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large domestic style property. It is registered for up to 15 people. Although this is larger than current best practice guidance for learning disability services, any potential negative impact on people was mitigated because people lived in smaller groups together, within four separate units. The outcomes for

people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. Ongoing efforts were being made to find new opportunities for several younger people to undertake stretching and interesting work, towards gaining new skills and increased confidence.

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

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

Rating at last inspection: Good. (report published June 2017).

Why we inspected: This was a planned inspection based on the rating at the last comprehensive inspection. At this inspection, the service remained Good.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was Safe

Details are in our Safe findings below

Is the service effective?

Good

The service was Effective.

Details are in our Effective findings below.

Is the service caring?

Good

The service was Caring.

Details are in our Caring findings below.

Is the service responsive?

Good

The service was Responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was Well-led.

Details are in our Well-Led findings below.

The Old Rectory

Detailed findings

Background to this inspection

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

Inspection team: An inspector visited the service.

Service and service type: The Old Rectory is a 'care home.' People in care homes receive accommodation and personal care as single package under one contractual agreement. The Care Quality Commission (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. We visited the service on 7 January 2020.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. This included statutory notifications sent to us by the registered manager about events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We took this into account when we inspected the service and made the judgements in this report.

We met 11 people and spoke with two relatives to ask them about their experience of the care provided. We looked at three people's care records and at their medicine records. We observed staff interactions with people in communal areas.

We spoke with the registered manager, business manager and with six members of staff which included five care staff and maintenance staff. We looked at three staff members files around staff recruitment, induction, supervision, appraisal and at staff training records. We also looked at quality monitoring records relating to the management of the service. We sought feedback from health and social care professionals who worked with people and staff at the home. We received a response from three of them.

Good

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

● People appeared to feel safe with the staff who supported them. There was a friendly and relaxed atmosphere; people spent time with staff and enjoyed their company. One relative said, "Absolutely happy he is safe there," another relative said, "I feel happy [person's name] is safe and well looked after, they are happy to go back there after a family visit." A health professional said, "[person's name] has settled in well and really flourished there."

● The provider minimised the risks of abuse to people by ensuring all new staff were thoroughly checked before they began to work with people.

● People were protected from potential abuse and avoidable harm. Staff had regular safeguarding training and demonstrated a good understanding of how to protect people from abuse. They felt confident concerns reported would be listened and responded to. Where potential safeguarding concerns had been identified, the provider worked in partnership with other agencies to protect people.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

● People had risk assessments to promote their safety, independence and social inclusion. Risk assessments included measures to minimise risks as much as possible. For example, where a person's behaviour was unpredictable, a detailed risk assessment and behaviour support plan helped staff identify how to recognise the person was becoming upset and steps to take to help prevent further escalation. For example, keeping them busy and interested by engaging them in an activity.

● Staff were trained to use positive behaviour support methods to reassure people who became anxious and agitated. This meant people's well-being was promoted and they were supported to participate in a range of activities and go out regularly.

● People lived in a home which was maintained to a safe level. Staff undertook health and safety training. Regular checks of the environment were undertaken to make sure it was safe. For example, checking the fire panel, fire exits, security and water temperatures to minimise risks to people.

● The environment and equipment were well maintained. There was an ongoing programme of servicing, repairs, maintenance and redecoration. Since we last visited, a new boiler had been fitted and outside decking had been replaced.

● Staff reported accidents and incidents which the registered manager analysed to make changes to prevent recurrence and identify trends. For example, two new outdoor lights were being fitted to improve outdoor lighting, following a fall by a staff member.

● Learning was shared through discussions and handovers between staff and at staff meetings. Staff said they communicated well together and were kept up to date about changes.

Staffing and recruitment

● There were enough staff to meet people's needs. The service was fully staffed. The provider used a dependency tool and could change staffing levels according to need. For example, so people could go out, attend appointments and in response to people's changing health needs.
● People were supported by a small team of experienced staff they knew well, who understood their needs. Any sickness or leave was covered from within the team, so people were always cared for by staff they knew and trusted.
● Staff had been safely recruited. All staff had pre-employment checks to check their suitability before they started working with people. For example, criminal record checks, and obtaining references from previous employers.

Using medicines safely
● People received their medicines safely. Staff members had been trained in the safe administration of medicines and were assessed as competent before supporting people with their medicines.
● Medicines were audited regularly and there were systems in place for investigating any potential medicine errors.
● Some people were prescribed medicines, on an 'as required' basis, such as medication to manage anxiety. There were protocols in place to give staff information about when these medicines should be given.
● Staff worked closely with the local learning disability team and mental health professionals to review people's medicines as part of a national good practice project for stopping over medication of people with a learning disability, autism or both.

Preventing and controlling infection
●People were supported by staff to keep their home clean and hygienic. The service was clean and odour free and staff followed daily cleaning schedules.
● People were protected against the risk of the spread of infection because staff received training in good infection control practices. When providing personal care, staff used personal protective equipment such as disposable gloves and aprons to prevent cross infection.

Good

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 Good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff support: induction, training, skills and experience

● People's needs were fully assessed before they began to use the service. Assessments were comprehensive and involved people and families and were regularly reviewed and updated as people's needs changed.
● People were well cared for by staff that had the training, knowledge and skills to meet their needs. Most staff had qualifications in care, training methods included online, face to face training and competency assessments. This helped to make sure staff with the right skills to provide the care each person needed.
● Where staff were new to care, they completed the care certificate, a nationally agreed set of standards. The staff training programme included moving and handling, infection control, fire safety, safeguarding and dignity training. Training relevant to people's needs, for example, on autism and managing epilepsy, was also provided.
● Staff were experienced and knowledgeable about how to meet people's individual needs. Care records showed the service took account of evidence - based practice assessment tools. For example, in relation to assessing people's moving and handling, nutrition, falls risk and behaviour support needs.
● Staff had opportunities discuss any further training and development needs through regular supervision, appraisals and at staff meetings.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● People had their healthcare needs met and staff worked closely with local health professionals who confirmed staff recognised changes in people's health, sought professional advice and followed it. One professional said, "Staff are very skilled in supporting people."
● Staff spoke confidently about how they supported people with their health care needs. For example, about how they supported a person with epilepsy. They knew the signs to look out for which might indicate the person was about to have a seizure. Also, the action they would take in response, such as using emergency medicine and calling an ambulance.
● People were encouraged to improve their health and wellbeing. For example, by taking regular exercise, eating a well-balanced diet and by attending regular appointments with their GP, optician and dentist. A relative appreciated that a person who was previously overweight was now healthy and active.
● The service had taken account of recent national guidance about oral healthcare in care homes. Each person had an oral health care plan which informed staff about the support they needed to maintain good oral hygiene and care for their teeth/dentures.

● Each person had a 'hospital passport' which provided hospital staff with key information about the person, their medical history, preferences and communication needs.

Supporting people to eat and drink enough to maintain a balanced diet
● People living in each unit separately planned their menu with staff based on their needs and preferences. Staff discussed meals with people and incorporated their choices in menu planning and shopping.
● People said they enjoyed their food and received meals in accordance with their wishes. For example, one person had a preferred bread and enjoyed having a favourite dish from their childhood regularly.
● People were encouraged to participate in meal preparation according to their ability. For example, helping with preparing vegetables, making a drink or sandwich and baking cakes. People enjoyed a takeaway and themed nights at a local pub, where they tried dishes from other countries. Most recently a person said they enjoyed a Greek themed night.
● Staff knew people's food preferences and any dietary needs. For example, a person needed a dairy free diet and another person needed dietary modifications due to their diabetes. Where a person needed food of a soft consistency because of choking risks, staff had been trained to support these needs safely.

Adapting service, design, decoration to meet people's needs
● The building was decorated and equipped to support people's wellbeing and promote their independence. People's individual rooms were personalised to their needs.
● Although people lived in four separate units, they had opportunities to move around, meet up and socialise. For example, there was a large conservatory area used for parties and a large garden with a decking area which was well used in the fine weather. Favourite activities included barbecues and playing football.
● Further improvements had been made to the environment since we last visited to make it more suitable for the needs of people living there. For example, the introduction of garden troughs so people could grow vegetables at a suitable height and by adding sensory planting such as herbs.

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). Several people, who lacked capacity were subject to some restrictions for their safety and wellbeing. We checked whether the service was working within the principles of the MCA, and found they were.

● There was a clear rights-based approach to supporting people to make decisions.
● People's consent was sought before staff supported them. For example, about personal care and how they wished to spend their day. Where people were able to make decisions for themselves, staff respected their decisions.
● People's legal representatives, relatives and professionals were consulted and involved in best interest decisions. For example, about the decision of a person to withdraw from attending a day centre regularly, they had previously enjoyed. Records relating to people's capacity showed how any decisions had been made and who was involved.

● A professional who regularly visited the home to monitor people subject to DoLS praised staff. They told us staff knew people really well and worked hard to minimise any restrictions. They said, "I've been really impressed with all of them (staff), they are really open to exploring MCA and have worked hard in people's best interest." They also spoke about recent improvements in documenting best interest decisions.

Good

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 Good. At this inspection this key question remained the same. 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

● People had built strong relationships with staff and enjoyed spending time together. They were happy and relaxed around staff. There was lots of fun and laughter. One person said, "I love living here and like all the staff." Relatives said; "There is a relaxed homely atmosphere and lots of outdoor space. [Person] always seems really happy," "Staff are all so lovely, you can approach them about anything" and "Staff are really good and spend time with [person]."

● Staff spoke about people with respect and affection. They worked in a non-judgemental way and adapted to people's changing needs and abilities to ensure everyone was treated with respect.

● People's rooms were personalised. A person proudly showed us pictures of their family and all their favourite DVD's. Another person enjoyed looking at a photo album and recalling how much they enjoyed their sisters' wedding.

● People's religious and cultural needs were captured in personalised care plans. Staff kept a note of people's friends and family and supported people to stay in touch with relatives and send them birthday cards.

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

● People were supported to express their views according to their ability. Families and professionals were consulted and involved in making decisions about people's care and treatment.

● People's communication needs were captured in detailed communication care plans including any visual, hearing needs and how to recognise and understand people's individual non-verbal cues. For example, any key words, objects and whether they could use Makaton or picture exchange communication system (PECS).

● To support people to communicate and express their views, staff did accessible communication training. For example, about the use of Makaton which uses signs and symbols, objects, pictures, and PECS.

● Where people were unable to speak, staff observed their body language, facial expression, vocal sounds and reactions to understand their wishes and preferences. For example, when a person started to pace, staff explained it was nearly lunchtime and this meant they were looking forward to lunch.

Respecting and promoting people's privacy, dignity and independence

● People's privacy was respected. Each person had their own room, and people could enjoy company of others, or spend quiet time, as they wished. A staff member described how a person was very particular about what clothes they wanted to wear, and the person showed us their glittery boots.

● Staff treated people with dignity and were discreet when supporting people with personal care. Care

records captured what aspects of personal care people could manage independently and what they needed staff support with.

● Staff supported people to increase their independence and develop new skills. They encouraged people to do as much as they could for themselves. For example, encouraging people to helping with shopping, cooking, cleaning, clearing the table, emptying the dishwasher, using the washing machine and putting clean laundry away.

Good

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 Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control;
● People received personalised care which responded to their individual needs and choices. One person said they appreciated being able to get up at time of their choice, as they liked to stay in bed in the morning and stay up late at night.
● People's care plans were detailed and up to date about their individual physical, emotional and cultural needs. Daily records captured details of the care people received, their wellbeing and how they spent their day.
● Staff knew people well, knew about their life, family history, likes and dislikes, hobbies and interests. For example, that a person liked music and preferred being supported by older members of staff.

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
● People had opportunities to socialise, pursue their interests and hobbies and participate in a range of activities. A staff member said, "No day is the same, there is always lots going on, people are happy and occupied."
● On the day we visited two people were out shopping and a person proudly showed me the new clothes they chose and told us they had visited a coffee shop for a hot drink and cake. Two people enjoyed making a jigsaw puzzle together, another person showed us their colouring book and a fourth person played us a musical instrument they got for Christmas.
● A person said they enjoyed using their computer tablet and liked to take pictures and had used it to choose new shoes online with staff support. They liked making lists and were sitting with a member of staff writing a shopping list. They also regularly enjoyed helping in the office. A staff member described how another person enjoyed building Lego sets and playing board games.
● People and staff went out regularly together for walks in the surrounding countryside, visited local beaches and enjoyed music, singing, dancing, magazines and watching films. A parent of a person wished they could increase their outside activities more, and another parent wanted the person to choose to resume swimming soon, an activity they used to enjoy.
● People discussed and planned external activities at regular unit meetings. For example, people had recently enjoyed watching and participating in a pantomime performance. A therapist offered regular organised arts and crafts activities, and people's recent artwork depicting elephants and penguins was proudly on display. Several people enjoyed a massage on the day we visited, from a therapist who visited weekly.
● Since we last visited, the service had purchased guinea pigs which people really enjoyed helping to feed and look after. A professional said, "[Person] sits for hours stroking the guinea pigs." A staff member regularly brought their dog to work which people also enjoyed.

● We asked the registered manager about what opportunities people had to undertake paid or voluntary work towards increasing their independent living skills. They said one person worked on a farm twice a week which they enjoyed. Two others had previously worked at a donkey sanctuary and in catering but had got bored and were no longer going. The registered manager said they were looking for other work or volunteering opportunities for them.

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.
● Each person had a person- centred care plan which identified all of their communication and information needs for staff. For example, that a person used Makaton and PECS to help them communicate and make choices but was unable to converse. Staff were instructed to use short instructions with the person, as too much speech made the person feel overwhelmed.
● Written information such as people's personal emergency evacuation plans and information posters used pictures and easy read format and to make them more accessible to people.
● Staff understood people's individual communication needs. A relative commented, "Staff have a really good sense of [person] and recognise when he is on his way to a difficult place."

Improving care quality in response to complaints or concerns
● People's concerns and complaints were listened and responded to. At regular focus meetings people were asked if they were happy with their care and were encouraged to say if they were unhappy about anything, and tell staff, who would help them.
● The provider had a complaints policy and procedure. No complaints had been made since the last inspection.

End of life care and support
● Currently the service was not supporting anyone with end of life care but had experience of doing so in the past. Some people had a Treatment Escalation Plans (TEP) which recorded important decisions about whether or not the person wanted life-prolonging treatment or admission to hospital, if their health deteriorated.
● We discussed end of life care plans with the registered manager and the importance of capturing more detailed information about people's end of life care wishes and those of family members, whenever the opportunity arose.

Good

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager and business manager created a positive open culture which put people first and was caring and supportive to families. The registered manager said, " I want the service to be homely and give people as many choices and opportunities as possible." The goals of the service were based on the principles of helping each person to 'realise personal aspirations and abilities in all aspects of their lives.'
- People, relatives, staff and visiting professionals expressed confidence in the leadership at the home and said it was well run. Relatives said; "[Registered manager] is so lovely, can approach them about anything" and "They keep you informed." Staff said, "[Name of registered manager] is boss here," "They and the deputy are very visible," "You can call and text them and there is always a team leader here." A professional said, "People have a good quality of life."
- Staff said they worked well as a team and felt well supported. Staff comments included; "It's a good place to work" "I feel well supported," and "I love it. It's a lovely home, great setting, good team and we have regular staff outings."

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

- The registered manager and their deputy set high expectations about standards of care. They worked alongside staff and led by example. A staff member said, "They both work on floor regularly, so you know you are doing it right."
- Staff knew people well, care was focused on people's individual health, needs and well-being. They understood their roles and responsibilities and were accountable for their practice. Team leaders had been delegated a r range of roles and responsibilities as part of their development. Each unit has its own phone, so staff could seek help, advice and support at any time.
- The service had a range of effective quality monitoring arrangements in place. Regular health and safety checks, audits of care records, medicines management and monitoring of training was carried out, with continuous improvements made in response to findings.
- The registered manager was aware of the regulatory requirements. They notified the Care Quality Commission (CQC) of events which had occurred in line with their legal responsibilities and displayed their CQC inspection rating.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

● The registered manager understood the requirements of duty of candour that is, their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. Where mistakes were made, they were open and honest with people and families and made improvements. Relatives said, "They always ring to let me know if there has been an incident" and "They keep you informed."

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

● People were consulted and involved in day to day decisions about the running of the home through regular unit focus meetings. For example, about menu planning, forthcoming activities, trips and input into any planned redecoration of their rooms or other area.

● The most recent easy read survey of people showed they were happy or very happy with their care. Comments included; 'I like [staff name]," "I am always happy" and "I like chatting to [name of independent mental health advocate]." Any suggestions were implemented. For example, one person wanted to do more activities such as swimming, trips out and meals.

● Staff were consulted and involved in decision making and discussed people's changing care needs at daily handover meetings. They were encouraged to contribute ideas, raise issues, and regular staff meetings were held. For example, minutes of a recent staff meeting showed staff discussed and decided upon the best way to transport emergency rescue medicine and ensure it was always available. Communication and consistent ways of working with individuals were also discussed.

Continuous learning and improving care; Working in partnership with others

● The registered manager, business manager and provider worked closely together to continuously improve people's care and the environment of the home. For example, in response to people's feedback, a room had been converted into a cinema style experience, so people could enjoy watching movies together.

● People received the care and support they needed because staff worked with other professionals, family members to make sure they kept up to date with any changes in people's treatment and support needs. For example, GPs, community dental service and members of their local learning disability Intensive assessment and treatment team.

● Each person's care plan had goals and targets in their care plan agreed with them which set out clearly areas people wanted to work on and progress towards further independence. For example, one person wanted to improve their ability to spend time in new and unfamiliar environments.

● The registered manager and business manager kept their skills and knowledge up to date by on-going training and networking with other providers and registered managers. They used their learning to up-date staff about any changes to good practice and legislation. For example, they were members of the Skills for Care registered managers Facebook group, which shared good practice ideas and developments in practice.

● Accidents/incidents reported were regularly discussed with staff as opportunities to learn from errors and as opportunities to review and update people's care and behaviour support plans.