Richard Wraighte

The Old School House

Inspection report

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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

Overall summary

The inspection was announced and took place on 15 and 16 August 2015. We telephoned the service an hour prior to the inspection to notify them because it was a week-end. Our last inspection was on 7 June 2013 and found the service was meeting all the legal requirements.

The Old School House provides care and accommodation for up to 36 people. On the day of the inspection 32 people were living in the home. The Old School House provides care for people who are elderly, may suffer with mild mental health conditions, dementia and/or have restricted mobility.

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

During the inspection people and staff appeared relaxed, there was a calm and pleasant atmosphere. Comments included "It just feel so homely, staff are friendly and care" and, "The staff are so kind." We observed and people told us they had the freedom to move around freely as they chose and enjoyed living in the home.

People and relatives spoke highly about the care and support they received, one person said, "The care here is

Summary of findings

good." Another said, "It's lovely here and the staff are so polite, kind and caring." Care records were personalised and gave people control where possible. Staff responded quickly to people's change in needs. People and their family were involved in identifying their needs and how they would like to be supported. People's preferences were sought and respected for example, if they liked to stay in their bedrooms or relax in one of the lounges.

People's risks and environmental risks were managed well and monitored. People were promoted to live full and active lives and participate in the entertainment and special days the service organised such as cream teas and fireworks night. Activities reflected people's interest and pastimes they enjoyed.

People mostly had their medicines managed safely. However, some people at the time of the inspection did not always receive their medicines as prescribed or receive them on time. Prompt action was taken following the inspection and feedback from professionals to ensure robust checks were made to improve the management of medicines. The service was working closely with their pharmacist, people's doctors and their staff to resolve these issues quickly and ensure procedures and checks were followed.

People were supported to maintain good health through regular access to healthcare professionals, such as GPs, mental health professionals, social workers, occupational therapist and district nurses.

People told us they felt safe. Staff understood their role with regards the Mental Capacity Act (2005) (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). Applications were made and advice was sought to help safeguard people and respect their human rights. All staff had undertaken training on safeguarding adults from abuse; they displayed good knowledge on how to report any concerns and described what action they would take to protect people against harm. Staff told us they felt confident reporting any incidents or allegations and these would be fully investigated.

Staff described the management to be very open, supportive and approachable "Very supportive, been amazing to me, it's a pleasure to work for them". Staff talked positively about their jobs. Staff worked together as a team to meet people's needs for example if someone preferred a particular gender of staff to support them this was arranged.

Staff received a comprehensive induction programme. The Care Certificate had been implemented for new staff. The care certificate is a national initiative designed to ensure new staff are appropriately trained. There were sufficient staff to meet people's needs. Staff were appropriately trained and had the correct skills to carry out their roles effectively.

There were effective quality assurance systems in place. Incidents were appropriately recorded and analysed. Audits were conducted, trends noted and action taken when needed. Feedback from people, friends, relatives and staff was encouraged.

Summary of findings

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. There were sufficient numbers of skilled and experienced staff to meet people's needs.

Staff had a good understanding of how to recognise and report any signs of abuse, and the service acted appropriately to protect people.

Risk had been identified and managed appropriately. Assessments had been carried out in line with individual need to support and protect people.

People's medicine management needed improvement to ensure people had the medicines they were prescribed and in a timely way.

Staff followed safe infection practice and policies.

Is the service effective?

Good

The service was effective. People had their health care needs met and received care and support that met their needs.

Staff received a thoroughly induction and ongoing training.

Staff had received appropriate training in the Mental Capacity Act and the associated Deprivation of Liberty Safeguards. Staff displayed a good understanding of the requirements of the act, which had been followed in practice.

People were supported to maintain a healthy diet.

Is the service caring?

Good

The service was caring. People were looked after by staff that treated them with kindness and respect. People were supported by staff that promoted independence, respected their dignity and maintained their privacy.

Positive caring relationships had been formed between people and supportive staff.

People were informed and actively involved in decisions about their care and support.

Is the service responsive?

Good

The service was responsive. Care records were personalised and so met people's individual needs. People were involved in planning their care. Staff knew how people wanted to be supported.

Activities were meaningful and were planned in line with people's interests.

People's complaints and concerns were taken seriously. People's experiences were taken into account to drive improvements to the service.

Is the service well-led?

Good

The service was well-led. The service had clear governance and leadership processes in place.

Summary of findings

There was an open culture. The management team were approachable and their roles defined by a clear structure.

Staff were motivated to develop and provide quality care.

Quality assurance systems drove improvements and raised standards of care.

The Old School House

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was undertaken by an inspector for adult social care on the 15 and 16 August 2015 with short notice.

Before the inspection we reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law.

Before the inspection, the provider was requested to complete a Provider Information Return (PIR) and return by the end of August 2015. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with seven people who used the service, one relative, the registered provider, the deputy manager and eight members of staff. The registered manager was on annual leave during the inspection and we spoke with them by telephone on their return. We also contacted four health and social care professionals, the physical care team, mental health team and the district nursing team who had all supported people within the home. We received feedback from the local authority improvement team.

We observed the care people received in the lounge and dining areas on both days of the inspection and carried out a Short Observation Framework Inspection (SOFI). SOFI is a tool to help us assess the care of people who are unable to tell us verbally about the care they receive. We observed morning handover on the second day of the inspection and spoke with the day and night staff about people's care needs.

We looked around the premises and observed how staff interacted with people throughout the day. We also looked at five records related to people's individual care needs, the recruitment, supervision, induction and training records in five staff files, reviewed staff meeting minutes, quality assurance questionnaires and records associated with the management of the service including quality audits and maintenance checks.

Good

Is the service safe?

Our findings

People who lived at The Old School House confirmed they felt safe. Comments included; "I feel absolutely safe here" and, "It's lovely and safe here." We observed staff were visible in the communal areas, promptly supported people whose mobility was not good and responded immediately when the emergency call bell sounded.

Records showed staff were up to date with their safeguarding training. Staff were confident they knew how to recognise signs of possible abuse. They felt reported signs of suspected abuse would be taken seriously and investigated thoroughly. For example, one staff member told us how they had recently identified a safeguarding concern with one person at the home. The issue had been discussed as a team and the action the home felt they needed to take to keep people safe. Safeguarding and CQC were informed. Staff knew who to contact externally should they feel that their concerns had not been dealt with appropriately.

There were enough skilled and competent staff to help ensure the safety of people. Staffing levels were assessed and monitored depending on people's needs. This enabled care and support to be given in a timely manner. People told us they felt there were sufficient numbers of staff to meet their needs and keep them safe. Staff said there were enough staff on duty to support people. Staffing levels were regularly reviewed to ensure they could meet the needs of people. As a result of these discussions an additional staff member was on duty during the late afternoon / evening to support people in the lounge. There was consistency of staff and little use of agency staff, this meant staff knew people's needs and risks. During the second day of our inspection one staff member had called in unwell. Staff worked flexibly to ensure the service was sufficiently staffed at short notice.

The registered manager and deputy observed staff practice which supported staff to provide safe care. For example if it was noticed staff did not feel confident moving someone additional practical training was given.

People were supported to take everyday risks. We observed people move freely around the home where possible and staff intervened to assist people where needed. The garden had been improved and was secure. Risk assessments recorded concerns and noted actions required to address risk and maintain people's independence. For example, one person had been assessed as a high risk of falls. The person liked to mobilise independently but had a pressure may in place and a bedroom door alarm to alert staff they were moving. This meant staff were able to respond promptly to support them. Staff had clear and visible fall management guidelines to follow.

Risk assessments highlighted people at risk of skin damage. Staff knew who required frequent moving to reduce the likelihood of a pressure ulcer developing and staff had developed a specific chart to ensure people's vulnerable areas were checked frequently. In addition, those people who were more vulnerable and needed additional support such as those at the end of their life were noted on the staff board.

Staff handover shared information about people's risks, for example those who had fallen the previous night and those who needed prescriptions that day. A traffic light system alerted the staff coming on duty about actions which required following up that day. This supported safe care.

Personal evacuation plans were in place in the event of an emergency and identified those who would require staff support to exit the building safely. Weekly fire drills were undertaken to ensure the fire system worked correctly. The environment was safe with radiator covers in place to prevent scalding, the carpet downstairs had been replaced with a wood flooring to make it safer for people moving with mobility aids and since our previous inspection security lighting had been installed. Safety sheets on the chemicals used within the service were available and cleaning materials locked away. Regular safety checks on the equipment in use such as the hoists and slings occurred. Staff told us of the visual checks they undertook when moving people in their wheelchairs to ensure they were safe.

Staff informed us how they supported people whose behaviour sometimes challenged the service. Staff confirmed they would use distraction techniques, gave people space and sought help from their colleagues if necessary. Staff knew people's particular behaviours well which meant they were alert to possible triggers and could therefore avoid situations escalating. People had crisis management care plans where indicated. This gave staff clear guidance on early warning signs someone might present with and the steps they should follow to prevent

Good

Is the service safe?

deterioration in people's health. Risks associated with people's care were known, shared and treatment plans followed. This helped to keep people as safe as possible and protect their dignity and human rights.

The home was clean and smelled fresh during our inspection. There were notices in place supporting good infection control practice, ample gloves, aprons and protective clothing in place for staff. Staff informed us during a recent infection control outbreak they had alerted visitors and taken the necessary action to reduce the likelihood of the infection spreading. Staff had undertaken infection control training.

The service was experiencing problems with the management of medicines at the time of the inspection. Medicines usually arrived two weeks in advance so staff had time to resolve any errors. Staff had received training in the management of medicines and confirmed they understood the importance of safe administration and management of medicines. Medicines Administration Records (MAR) were all in place and had been correctly completed. Medicines were locked away as appropriate and where refrigeration was required temperatures had been logged and fell within the guidelines that ensured quality of the medicines was maintained. Staff were knowledgeable with regards people's individual's needs related to medicines. Staff told us if people were prescribed pain relief but were unable to verbally inform them if they were pain they would note their facial expressions. If people were reluctant or refused their medicine, staff would try at a later time when they might be more amenable.

We noticed the morning medicine round took considerable time. This meant one person often did not have their lunchtime medicine for their heart condition. We spoke to the deputy manager regarding this and following the inspection a review was undertaken of people on lunchtime medicines and the times changed to ensure people had the medicine they required.

The staff undertaking the medicine round were also holding the telephone which could lead to distraction. We spoke to the deputy manager about this during the inspection and they took immediate action to make the medicine round protected to avoid the potential of staff being distracted and making an error. This change was being communicated to people and their families in a newsletter to ensure the staff undertaking the medicine round could concentrate on this task reducing the likelihood of an error occurring. This prompt action made the medicine round safer.

Health professionals feedback they were concerned some people had not received medicine they were prescribed. In one person's case this had meant their mental health had deteriorated. The auditing processes in place at the time of the inspection had not identified this person's medicine had not been administered for two weeks. We spoke with the registered manager and registered provider regarding the feedback we received. The registered manager was already aware of the concerns and a meeting had occurred with the pharmacist.

Weekly auditing was now in place to monitor medicines more closely, identify any medication which had not been delivered promptly and ensure communication improved between all agencies involved when people's prescriptions had been changed. Two staff now check the monthly medicine order, when received it is checked against the original prescription and MAR sheet to avoid any discrepancies.

In addition to this, the registered manager put further safeguards in place which included additional staff training to ensure consistency across all staff when medication changes were made by professionals, seeking written confirmation of all verbal requests and alterations of medicine. Changes in medicine were now highlighted on the home's traffic light system. All outstanding medication was also noted on the staff room whiteboard to ensure staff a robust system. A communication diary recorded requests for medication to provide an audit trail on discussions held with the chemist. The management has arranged a meeting with the local surgery to clarify procedures for prescription changes and repeat prescriptions. This will ensure all parties are working together to support people to have the medicine they need at the right time.

Good

Is the service effective?

Our findings

People felt supported by knowledgeable, skilled staff who effectively met their needs. One person stated "The girls are wonderful; Oh yes, they are trained."

Staff undertook an induction programme at the start of their employment at the home. The registered manager made sure staff had completed an introduction to the home and had time to shadow more experienced staff and get to know people. The Care Certificate induction was in place and used for new staff. This is an identified set of standards that health and social care workers adhere to in their daily working life to promote consistency amongst staff and high quality care. Induction training included information about the building, fire exits, care plans and regular support from the deputy manager and registered manager. New staff shadowed experienced members of the team until both parties felt confident they could carry out their role competently.

Ongoing staff training in areas such as moving and handling, skin care, care plan training and, dementia care training were in place to support staff's continued learning and was updated when required. All staff had a health and social care qualification. Staff shared how they had found the dementia training particularly helpful to understand and meet people's needs. Additional learning and knowledge was gained through attending the local dignity forums, reading current literature and the staff supervision process.

Staff felt supported by a regular system of supervision and appraisal which considered their role, training and future development. In addition to formal one to one meetings staff also felt they could approach the registered manager and deputy informally to discuss any issues at any time. Staff competency was observed in areas such as hand washing, moving and transferring people and communication and oral care. If any issues were identified additional training was provided for staff. Staff found the management team supportive "Doors always open, the registered manager is approachable and helpful." The registered manager and deputy manager regularly worked alongside staff to encourage and maintain good practice.

Staff communicated effectively within the team and shared information through handovers. This supported staff to have the relevant information they required to support people's needs. A white board detailed essential information and a traffic light system alerted staff to those who had the greatest needs. Staff confirmed they had time to read care plans and had good handovers on return from annual leave. Healthcare professionals confirmed communication was good within the team. Staff were able to adapt their communication styles dependent on people's needs. For example one person repeatedly questioned staff as to why they were in the home and when they were going home. Staff were honest and gave simple explanations to reassure and calm the person informing them they had fallen at their own home and now were at The Old School House to rest.

People when appropriate were assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005 (MCA). DoLS is for people who lack the capacity to make decisions for themselves and provides protection for people ensuring their safety and human rights are protected. The MCA is a law about making decisions and what to do when people cannot make decisions for themselves. DoLS applications had been appropriately made. The registered manager was aware of the legal process they were required to follow and sought advice appropriately from the local supervisory body.

People's capacity was regularly assessed by staff. Staff showed a good understanding of the main principles of the MCA and followed this in practice. Staff were aware of when people who lacked capacity could be supported to make everyday decisions. Staff knew when to involve others who had the legal responsibility to make decisions on people's behalf. A staff member told us they gave people time and encouraged people to make simple day to day decisions. For example, what a person liked to drink or wear and what they wanted for lunch. However, when it came to more complex decisions the relevant professionals were involved. This process helped to ensure actions were carried out in line with legislation and in the person's best interests. The MCA states, if a person lacks the mental capacity to make a particular decision, then whoever is making that decision or taking any action on that person's behalf, must do this in the person's best interests. Staff understood this law and provided care in people's best interests. Staff informed us best interest discussions and meetings had been held regarding if people should return to live in the community and for less complex decisions

Good

Is the service effective?

such as the use of pressure mats. Staff sought people's consent before they engaged in personal care, for example we observed staff asking whether they could trim one person's nails.

People confirmed and records evidenced consent was sought through verbal and written means for example the frequency people wished to be checked at night and if they were happy for staff to take their photograph. Where possible people were able to make an informed choice, for example one person easily woke at night so staff listened outside of their room.

People had their nutritional needs met. People were provided with a healthy diet and encouraged to drink often. Staff supported people as appropriate. People were involved in decisions about what they would like to eat and drink and essential information noted in their care records for example those unable to eat certain foods due to their medicine or those allergic to nuts and gluten. The chef informed us they read people's care plans and developed the menu from people's preferences. Care records identified what food people disliked or enjoyed and listed what the staff could do to help each person maintain a healthy, balanced diet. For example, one person had a beaker with handles which supported them to be independent whilst drinking.

Essential information about people's dietary needs was displayed in the kitchen for example those who were diabetic, on a soft or pureed diet and those who disliked particular foods. People's drink preferences were also available in the kitchen for example those who liked sugar with their tea.

During breakfast and lunch people were relaxed and told us they had sufficient choice. The chef told us fresh fruit was available for people, drinks were offered throughout the day and there were ample snacks in the larder should people be hungry outside of the main meal times. We observed people having a leisurely breakfast and lunch with support from staff when required and nobody appeared rushed. Staff were visible and on hand to support people to eat. Staff gave people time, made eye contact and spoke encouraging words to keep them engaged. We observed staff offering people a choice of drinks when they asked and their preferences were respected. People said "Yes, the food is very good."

People's care records highlighted where risks with eating and drinking had been identified for example where there had been weight loss. Staff were observant to these people's diets. Where necessary GP advice had been sought and supplements prescribed. Some people had required more specialist support and a dietician was involved or a referral to the speech and language team (SALT) had been made. Staff confirmed if they were concerned about weight loss / gain they would discuss people care with their GP. People had choking assessments in their files to identify those who might be at risk of choking.

People had their health needs met. Staff communicated effectively to share information about people, their health needs and any appointments they had such as dentist appointments or GP visits. People had access to a range of community healthcare professionals to support their health needs and received ongoing healthcare support. For example, from opticians, dentists and chiropodists. Staff promptly sought advice when people were not well for example if they had a suspected urine infection or chest infection. Physiotherapy referrals were made where necessary and advice and referrals sought from the mental health team in a timely fashion when people's mental health deteriorated. The physical care team was positive about the home. Staff were mindful of each individual's behaviours and mannerisms which might indicate they were not well or in pain. The district nurse we spoke with confirmed advice was sought promptly and appropriately by staff.

Good

Is the service caring?

Our findings

People spoke highly of the quality and consistency of the care they received. Comments included; "Staff are very pleasant and friendly, they make it feel homely"; "Staff are so polite, courteous and supportive"; "They care, they find out what you want, they come to your room and ask what help you need"; "Absolutely lovely"; "I can't speak highly enough of the staff" and "So caring to the residents, so good to the family too." Throughout the inspection staff were warm, polite and cheerful.

We observed staff interacting with people in a caring compassionate way throughout the inspection. For example, one person displayed visible signs of anxiety. Staff were patient, calm and reassuring in their responses to reduce the person's anxiety. Another staff member gently manoeuvred a person from the wheelchair to the dining table. They explained what they were doing at each stage and gave the person time to transfer. Staff prompted and guided people to maintain their dignity and personal presentation following breakfast. We observed staff suggest to one person they changed their top when some cereal had soiled this. Professionals confirmed their observations of interaction's between people and staff were very good.

People's needs in relation to their disability were understood by staff and met in a caring way. For example, one person liked to stand in a particular part of the home. Staff respected this talking to the person each time they passed them. People were partners in their own care as much as possible. People were supported to remain independent. For example one person like to sit on their toilet seat and have their flannels passed to them so they were able to wash themselves, staff knew and respected this. Others liked to dress by themselves but needed staff assistance with their buttons. We observed people coming to have breakfast after being washed and dressed in the morning; people had been supported to choose what they wore and looked delightful in matching outfits with colour co-ordinated jewellery and their hair done.

Staff knew the people they cared for and spoke of people in a caring, thoughtful way. The service embedded the "social care commitment"; a set of values to ensure high quality, compassionate care. The service worked to incorporate the "6 C's" (Care, compassion, competence, communication, courage and commitment) in all they did. These six fundamental values supported staff to deliver excellent care maximising people's independence and well-being. These values of care were integral to all parts of the service from the recruitment of new staff to supporting and challenging areas of practice through staff meetings. We observed staff working to these values throughout the inspection.

Staff told us they worked as a team and supported each other. The service was led by people's needs and not task orientated. Staff worked flexibly to meet people's needs as they arose and support their colleagues.

Where people were unable to make decisions advocacy services were involved to ensure decisions were made in people's best interests. Talking to staff about particular decisions it was clear they cared about people and wanted the best for them. The team had courage to speak out if they disagreed with some decisions and felt they were not in people's best interests giving a balanced argument as to why risks may be present.

People told us their privacy and dignity were respected. Staff knocked on people's doors and waited for a reply before entering people's rooms. Staff closed doors and curtains when they provided personal care. Staff informed us how they maintained people's dignity and independence. We observed people cared for in bed with the greatest needs looked clean, comfortable and warm.

Special occasions such as birthdays were celebrated in the home. A list of those with birthdays that month were displayed on the main noticeboard. Staff were kind and thoughtful helping people to engage in their particular pastimes, for example one person liked cycling and in their younger days had ridden in the "Tour de France". Staff supported them to watch the recent "Tour de France" by creating a timetable of when it was being broadcast. This kindness supported the person to have the information they needed to watch this as they wished.

Friends and relatives were able to visit without unnecessary restriction. Relatives told us they were always made to feel welcome and could visit at any time.

The provider information return (PIR) detailed improvements the service wished to make in the next 12 months. This included developing a keyworker system where people and / or relatives had a known member of staff to contact. This idea would further develop

Good

Is the service caring?

relationships with family / health and social care professionals. Expanding the support families receive to enable them to better understand their relative's condition was another area the service wished to develop further.

Good

Is the service responsive?

Our findings

Care records contained detailed information about people's health and social care needs, they were written using the person's preferred name and reflected how the individual wished to receive their care. "All about me" records gave information staff needed to provide personalised care. Pictorial care plans were in place for those no longer able to read a more detailed care plan. People, family and professionals were involved as far as possible to develop these. The small details which made care individualised were known for example, those who liked their hair done in a particular way, those who liked to maintain their faith and those who liked two pillows at night to sleep.

People were involved in planning their own care and making decisions about how their needs were met where possible. For example, staff knew who liked to wake early and those who preferred to sleep in. People's breakfast choices were known for example those who liked Weetabix. Daily notes showed and staff confirmed this was respected. People's past histories were known to staff and those with particular end of life wishes were clearly recorded.

People told us they were able to maintain relationships with those who matter to them. Several relatives visited on the day of our inspection and were welcomed. Relatives confirmed they were welcomed and kept informed of changes. The registered manager told us they supported people to maintain relationships and encouraged families to be involved.

Activities were planned across the week and included quizzes, dancing, games, sing a longs and pamper sessions. We observed a music session on the first day of the inspection. Music such as "Bring me Sunshine" and "What a difference a day makes" was being enjoyed with people tapping their feet to the musician, singing to the words and clapping to the music. People were requesting their favourites, smiling and happy and they chatted to those next to them and memories were relived of dancing to the tunes in their youth. People were visibly engaged, alert and enjoying themselves. Themed events were also held to enjoy particular times of year such as Halloween and fireworks, Christmas parties, cream tea afternoons and the 70th anniversary of the D-Day landings. These seasonal events supported people to be orientated to the time of year, reminisce and have fun.

The Provider Information Return (PIR) detailed the value of listening to people and their relatives to ensure care remains of a high quality. The ethos of the home was to be open and accountable and put things right where possible. There was a suggestion box where people could leave information anonymously if they wished.

The provider had a policy and procedure in place for dealing with any concerns or complaints. This was made available to people, their friends and their families. The policy was clearly displayed within the home. People knew who to contact if they needed to raise a concern or make a complaint. People who had raised concerns, had their issues were dealt with straight away. A complaints log noted any concerns and the action taken. For example as a result of one complaint the skin care chart had been developed to check people's pressure areas. Feedback from professionals felt the management was at times defensive when concerns were raised. We discussed this with the registered manager who was aware of this and agreed that caring about the people, staff team and service meant at times hearing criticism was difficult.

Good

Is the service well-led?

Our findings

The provider, the registered manager and deputy manager took an active role within the running of the home and had good knowledge of the staff and the people who used the service. There were clear lines of responsibility and accountability within the management structure. The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations. Staff comments included; "There is a clear management structure."; "The management are always around and approachable"; "Very supportive, been amazing to me, it's a pleasure to work for them" and "They're very informative of changes in legislation, always arrange more training if needed."

People and their relatives were encouraged people to voice their opinion and they felt listened to when they did. People's comments in the quality assurance questionnaires we reviewed were positive. Meetings were held with people and their families to encourage their involvement, support family and gain feedback.

People and staff were involved in developing the service. The home was currently re decorating. The registered manager had read about dementia friendly environments, colour schemes and signage that would aid people. Possible colour schemes were painted on the walls for people to choose their favourite.

Staff meetings were held to provide an opportunity for open communication. Staff told us they were encouraged and supported to question practice. One staff member told us they had raised the idea of having more frozen vegetables due to problems with keeping the vegetables fresh. As a result of this more frozen vegetables were now available and used. Staff had raised the way weights were recorded on the weight chart as the chart itself made it difficult to tell if people had lost weight. The registered manager was planning to change the weight charts as a result of these discussions.

Information was used to aid learning and drive quality across the service. Daily handovers, supervision and meetings were seen as an opportunity to reflect on current practice and challenge existing procedures. For example, staff raised concerns that people were not having a choice of food at tea time; this was discussed in the staff meeting and the rationale of why choice is important. Other staff told us that the evening time could be busy and as a result of this an additional staff member now worked early evening to ensure there was a staff member in the downstairs lounge / dining area to assist people.

The provider promoted an open culture. The home had an up to date whistle-blowers policy which supported staff to question practice and defined how staff that raised concerns would be protected. Staff confirmed they felt protected and were encouraged to raise concerns. We saw from the staff meeting minutes staff felt confident to raise areas which required improvement or where they felt standards had fallen for example if bedrooms were not as clean as they should be or people had been given incontinence aids when they did not require these. Discussions were open and honest during these meetings.

The registered manager was currently undertaking a leadership award. The registered manager and deputy led by example, working alongside staff alternate week ends and when required sharing their knowledge and skills. Any poor practice was quickly identified, discussed with staff and addressed through training / explanation of correct practice with a rationale. Staff told us they were happy in their work, were motivated by the management team and understood what was expected of them. Comments included; "I'm really made to feel valued, it's lovely working here."

There was an effective quality assurance system in place to drive continuous improvement within the service. The Old School House belonged to the Devon Dementia Quality Kite Mark (QKM). This is a peer review system that has been set up to support delivery of best practice within care homes in Devon. A "compliance" audit reflecting the CQC's new inspection methodology had been completed identifying areas for improvement for example developing a person centred dignity and respect policy. A monthly inspection of equipment was conducted, the environment and premises were checked frequently and action taken where needed.

Audits were carried out in line with policies and procedures. The registered manager demonstrated they learnt from the audits to improve everyone's experience of the service. For example, the falls audit had identified one person who frequently fell and they were referred to a physiotherapist to support their mobility needs. Room checks had noted where rooms were not as clean as they should be and this was discussed in the staff meeting. Staff

Good

Is the service well-led?

had noticed when records of professional visits were not being completed and following staff discussion they agreed a system for documenting these visits so recording would be improved. Areas of concern had been identified and changes made so that quality of care was not compromised. The local authority had conducted a quality assurance check at the service. Recommendations that had been suggested to improve practice had been actioned.

Health and social care professionals who had involvement in the home, confirmed to us communication was good. They told us the staff worked alongside them, were open and honest about what they could and could not do, followed advice and provided good support. The local authority confirmed the home had acted responsively and the team communicated well. Following the inspection the service responded promptly to feedback given implementing changes needed rapidly where required.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.