

The Old School House Limited

The Old School House and Courtyard Nursing Home

Inspection report

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10 January 2019
11 January 2019
14 January 2019

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The Old School House and Courtyard Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 is for older people and people with dementia. The care home accommodates up to 42 people in one building. At the time of inspection 31 people were using the service.

The inspection took place on the 10, 11 and 14 January 2019. The first day of inspection was unannounced.

At the time of inspection there was 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.

At the last inspection on 16 November 2017 we rated this service 'requires improvement'. We identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was Regulation 18 (staffing). During this inspection we have identified a continued breach of Regulation 18. We also identified a breach of Regulation 17. You can see what action we told the provider to take at the back of the full version of the report.

This is the second consecutive inspection this service has been rated requires improvement.

Staff induction records were not fully completed. Some staff had out of date training. Staff were not receiving regular supervision and appraisal.

Some concerns found at the last inspection were identified again at this inspection. The provider had failed to ensure appropriate action was taken to develop the service. Audits had failed to identify and address some of the concerns we found at inspection. When actions required had been identified by the provider these had not always taken place.

The building required some improvements with the maintenance. Action had not always been taken in a timely manner when faults had been reported. The home had recently had a food hygiene inspection and was rated two, which means improvement is necessary. Work was ongoing at the time of inspection to resolve the issues.

Risk assessments had not always been implemented to mitigate the risk in regards to the health and safety of some people.

People were offered food and drinks throughout the day; however, people were not always offered a choice of drinks. We observed the meal time experience and found this could be improved.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Best interest decisions were carried out when required.

People told us staff were kind and caring. During the inspection we observed interactions were often task focused but staff were caring in their approach. People's independence was encouraged.

Care plans did not always contain person centred information. The registered manager had taken steps to start improving these, by putting person centred profiles in place. Complaints were responded to appropriately.

The service had an activities coordinator, however we observed limited activities during the inspection.

The registered manager and deputy manager were open and transparent throughout the inspection.

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 not always safe.

Maintenance checks were carried out but action was not always taken in a timely manner.

Risk assessments were not always completed to mitigate the risk to people.

Staff had not received competency assessments to ensure they were administering medication safely.

Staff had knowledge of safeguarding procedures and people told us there were adequate staff on shift.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Staff were not receiving effective induction, training and supervision to support them in their role.

The meal time experience did not promote choice and was not person centred.

Requires Improvement ●

Is the service caring?

The service was caring.

Our observations of care interactions were mixed, but people told us staff were kind and caring.

We saw people's independence encouraged.

People were supported to maintain existing relationships.

Good ●

Is the service responsive?

The service was responsive.

Work was on-going to ensure people's care plans fully reflected people's needs. The registered manager had put profiles in place

Good ●

to ensure person centred information was available.

Complaints had been responded to appropriately.

Is the service well-led?

The service was not always well-led.

Areas of concern found at the last inspection were still identified at this inspection. Audits had failed to identify and address issues found at inspection. Action had not always been taken when required.

People and their relatives were not always fully involved in service developments.

People were positive about the registered manager.

Requires Improvement ●

The Old School House and Courtyard Nursing Home

Detailed findings

Background to this inspection

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

This inspection took place on 10,11 and 14 January and was unannounced. The inspection was carried out by one inspector and an expert-by-experience on day one and one inspector on day two and three. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection, we reviewed all the information we held about the service. This included notifications the provider had sent us. A notification is information about important events which the provider is required to tell us about by law. We used information the provider sent us in the Provider Information Return to plan the inspection. 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 contacted the local authority safeguarding team and the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services. We used their feedback to plan the inspection.

During the inspection, we observed how staff interacted with people who used the service throughout the day and observed the meal time experience. We spoke with four people who lived at the service, three family members/visitors, the registered manager, three senior care workers, two care workers, the cook and kitchen assistant, the handyman, the activities coordinator and two visiting professionals. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at a range of documents and records related to people's care and the management of the service. We looked at three care plans, a selection of staff recruitment files, supervision and training records and minutes of meetings. We also looked at quality assurance audits, complaints, and maintenance of equipment records. We completed a tour of the environment.

Is the service safe?

Our findings

At the last inspection we found a rusty toilet frame and the flooring in one bathroom not intact therefore difficult to clean. At this inspection we again found a rusty toilet frame and bathroom flooring not intact. The service required some maintenance work. For example, in the corridor, part of the skirting board was missing and there was painted chipped off hand rails and doors around the home. This meant the surfaces were not impervious to bacteria and could not be cleaned as effectively. We noted one bathroom had no door handle in place so the door was unable to be fully shut. We noted access points on radiators sticking up which posed a potential risk to people. We discussed this with the registered manager who organised for a door handle to be fitted immediately and informed us the maintenance person was looking at ways to resolve the radiator concerns.

Whilst regular safety checks took place throughout the home, action was not always taken promptly when faults were identified. For example, emergency lighting in three rooms had been reported as not working for 12 months. This work was in the process of been carried out during the inspection.

We found not all risks relating to the health and safety of people who used the service were assessed and effectively mitigated. We saw people had risk assessments in place. However, we found, one person was at risk of choking and another person had epilepsy but there were no risk assessments in place relating to these known risks. We discussed with this registered manager at the time of inspection and they completed a risk assessment during the inspection.

We looked at the systems in place to manage people's medicines. Staff completed medication administration records and protocols were in place for medicines prescribed for use 'as required'. We observed staff administering medication and found they administered medication safely. However, we found only one staff member had received a medication competency assessment, to ensure they maintained appropriate skills in this area. Staff confirmed they had not had competency assessments; one told us, "I know I should have a competency check, but I never have."

The home had received a food hygiene score of two, at their most recent food hygiene inspection on the 29 November 2018. The inspection had been carried out by the food standards agency, and checked hygiene standards and food safety in the home's kitchen. At the time of our inspection maintenance work was ongoing to improve the standards in the kitchen.

We found some potential infection control issues such as the bath panel not covering the full length of the side of the bath and pull cords which were material that could not be effectively cleaned. The provider employed cleaning staff and a cleaning schedule was in place to ensure areas of the home were regularly cleaned. We saw there was adequate supplies of personal protective equipment (PPE), such as disposable gloves and aprons. These were stored securely across the home. We observed staff using PPE appropriately.

People told us they felt safe. Comments included, "Yes I feel safe at night, a staff member comes every hour to see I'm alright and I've not fallen" and "We feel safe here because we always have people around us."

People told us there was adequate staff available to keep them safe. The registered manager used a dependency tool to assess the number of staff required, according to people's needs.

Staff had a good understanding of how to raise safeguarding and whistle blowing concerns. One staff member told us, "I would report any abuse to the office straight away, I could also report to safeguarding if needed." Concerns had been appropriately referred to the local authority safeguarding team. Staff knew how to record accidents and incidents. Accidents and incidents had been reported appropriately. The registered manager completed a monthly summary of accidents to monitor for patterns to consider if lessons could be learnt.

We looked at two staff files and found safe recruitment practices had been followed. For example, the registered manager ensured references had been obtained and Disclosure and Barring Service (DBS) checks had been carried out. The DBS helps employers make safer recruitment decisions and reduces the risk of unsuitable people from working with vulnerable groups.

Each person had an individual Personal Emergency Evacuation Plan (PEEP). A PEEP outlines the support required for individuals who may not be able to reach a place of safety unaided or within a satisfactory period of time in the event of any emergency.

Is the service effective?

Our findings

At the last inspection in March 2018 this key question was rated 'Requires Improvement' and the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Staffing. This was because staff had not always received appropriate support, training, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. During this inspection we found a continued breach of Regulation 18 and because the required improvements had not been made this key question continues to be rated 'requires improvement'.

We reviewed induction records for two staff recruited since the last inspection and found one person had no induction record and the other person's induction record was not fully complete. The training record showed that not all staff had completed training considered to be essential by the provider. For example, for one staff member, there was no evidence they had received training in safeguarding, food hygiene, infection control, health and safety and dementia. The registered manager's training matrix showed 11 staff had not received safeguarding training and four staff had out of date manual handling training. One staff member had out of date medication training and was still administering medication. This member of staff confirmed they had not had medication training for a long time. Only two staff had up to date equality and diversity training. Staff told us they felt they required more training. Their comments included, "We don't get enough training, I ask all the time for more training." One person who used the service told us that not all staff seemed to be as well trained as others.

Records showed that staff supervision meetings had not been held on a regular basis. Staff confirmed they didn't receive regular supervision. One staff member told us, "I have never had an appraisal and can't remember when I last had a supervision. No, I don't get feedback on my performance." Supervision meetings give staff the opportunity to discuss any concerns they might have, as well as their development needs. We did not see any records of annual appraisals for any staff. Staff told us they had not received an appraisal. The registered manager told us there had not been any appraisals but they had sent out self-appraisal forms to be completed but appraisal meetings had not been organised at the time of inspection.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us team work was not always good. People who lived at the service had witnessed staff "falling out." One person told us, "They're pretty good with you then they fall out amongst themselves." The registered manager was aware of these issues and had implemented some measures to try to resolve this but was aware further work was needed to improve team work and communication.

During the inspection we observed the meal time experience on both days. On the first day of inspection we saw that when people made negative comments regarding the quality of the food they received, alternatives were provided to people. Tables were set with knives and forks but there were no condiments, table cloths or placemats. We observed one person asking for condiments and by the time staff brought these the person had finished their meal. We discussed this with the manager who informed us that these items

should have been available.. We saw food and drink was available to people throughout the day.. People had care plans in place detailing people's dietary requirements. Where people had particular dietary requirements relating to their religious or cultural beliefs, these were accommodated and supported by staff.

There was no menu on display in the service on the first two days of inspection. We observed people were offered choice by the kitchen assistant going around with a list and telling people the choices. Some people struggled to make choices with this approach. We discussed this with the registered manager who told us they had picture cards that should be used and would remind all staff to use these.

Records showed people had access to health care services. People we spoke with confirmed this. One person told us, "They'd get me a doctor straight away if I needed one." One person's advocate confirmed people had access to health care. They told us, "Yes all health appointments are made, [Name] had just had an eye test."

The environment was planned with consideration of people's needs. We saw signs on doors, such as bathrooms, to support people to identify different rooms. Some people's bedrooms had photos and their names on the door. The deputy manager told us they did this to help people recognise their rooms. They informed us they were updating people's photos which was why some people did not have photos up.

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).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The service ensured that where necessary DoLS applications were made. Care plans we viewed showed that staff identified if people had the capacity to make decisions on their care and that best interest meetings took place when required. The decision agreed was recorded, for example, in relation to a person having bedrails in place.

Is the service caring?

Our findings

People who used the service told us staff were kind and that they had developed positive relationships with the staff. One person told us, "I've got good relationship with the staff, we get on very well." Another person told us, "You couldn't get better staff."

During the inspection we saw that staff interactions with people were sometimes task focused, such as offering people food and drink, rather than trying to engage them in conversation or activities. However, we saw staff were caring in their approach, for example, when encouraging and supporting people with their drinks. We saw staff apologising to people if they had to go do other tasks.

People and staff provided examples to illustrate how people were given choices and involved in decisions. We noted that when the drinks trolley come around people were sometimes given drinks rather than being asked what they would like. The registered manager told us this was likely because staff knew what people liked to drink but assured us this would be addressed as people should still be offered the choice routinely.

Staff supported people to maintain existing relationships by welcoming visitors into the service. Relatives told us they were made to feel welcome and there were no restrictions on visiting times. When necessary, people had access to advocacy services if they required support making decisions or expressing their wishes. This meant that people were supported to make decisions that were in their best interest and upheld their rights.

People had keys to their own rooms if they wanted, to ensure their privacy. People confirmed staff respected their privacy and dignity. We observed, and people confirmed, that staff always knocked on their doors before entering their rooms.

We saw staff encouraged people's independence. For example, the provider had put facilities in place to support one person make hot drinks in their room. People confirmed their independence was promoted. One person told us, "I like to look after myself, so I've got my own sweeping brush and dust pan and I clean my own room."

We looked at whether people's private information was being kept securely. The manager told us computers were password protected and confidential information was stored in locked cabinets. The registered manager was aware of the new General Data Protection Regulation (GDPR). GDPR is new legislation which came into effect in May 2018 and gives people more control over how their personal data is used. We saw the provider had sought people's consent to their personal details being shared with appropriate parties when required.

Is the service responsive?

Our findings

At the last inspection the registered manager told us they were developing people's care plans. At this inspection we saw improvements had been made and the service had implemented a new electronic care planning system. Further work was required to include more person-centred information to some care records to detail some people's preferences. The provider was aware of this and had implemented person centred profile's as a means of giving more information to staff. Where people had specific needs such as requiring encouragement with their fluid intake. We observed staff being responsive to their needs.

People told us they were happy with the activities on offer. One person told us, "We do exercises and somebody else comes and does music and movement." During our inspection we saw minimal activities taking place. On the first day of inspection the activities coordinator did provide some activities but was then carrying out caring duties. The next two days of inspection, there was no activities coordinator on shift and no activities were provided. People told us the service brought in external facilitators monthly to carry out some activities such as exercises. The registered manager told us the activities on offer had increased but there were plans to develop them further.

A complaints procedure was in place; a copy was displayed on the notice board near the entrance to the home. When complaints and concerns had been raised we saw these had been responded to appropriately. People told us they were happy to raise concerns. One person told us, "If I had anything to complain about, I'd go to the office. I can't remember ever having to complain."

The Accessible Information Standard (AIS) is a legal requirement for providers to ensure people with a disability or sensory loss can access and understand information they are given. We looked to see how this standard was being met. The registered manager was aware of this standard and told us if it was identified people required information in different formats they would source this. We saw care plans detailed people's communication needs. However, further detail was required in some people's care plans. For example, we saw one person's care plan stated staff needed to make assumptions from facial expressions. However, it did not give any detail about the person's body language and expressions or how staff should respond to these.

We saw people had end of life care plans in place. However, some people's end of life wishes had not been explored. For example, one person's care plan stated they are unable to communicate. The service had a detailed assessment tool in available and the registered manager told us they would be working on using this more effectively to develop end of life care plans. Staff had knowledge about how to support people at the end stage of their lives.

Is the service well-led?

Our findings

The provider had failed to address some of the issues we found at the last inspection. Appropriate action had not always been taken to develop and improve the service. For example, the same areas of concern about maintenance were found at our previous inspection. The provider had not taken appropriate action to address the breach of Regulation 18 found at the last inspection.

Although audits were taking place they had failed to pick up and rectify some of the issues we found at this inspection, such as risk assessments not in place, maintenance issues and potential infection control concerns.

Actions identified in the provider's audits and following investigations were not always completed. For example, where medication errors had occurred, we saw a report had been completed with an associated action plan. This included actions for staff to have competency assessments and further training. These actions had not been completed. We saw when staff had made repeated errors they had not received further training.

The provider's systems and quality assurance procedures had not been effective in ensuring that risks were mitigated. Governance and monitoring of the service was not robust.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (good governance).

The provider only offered limited opportunities for people and their relatives to engage in the development of the service. There was a suggestion book located in the entrance of the home, but we found no evidence of meetings or surveys being carried out to gain people's views and feedback.

A shift evaluation had been carried out to gain feedback from staff about how they thought a particular shift went. But no surveys for general feedback had been carried out. Records showed staff meetings took place. However, we saw a letter to the registered manager, from all night staff requesting a meeting. A response was provided from the registered manager but no meeting had taken place since this was requested in July 2018.

People were positive about the registered manager, although some staff told us they felt things were not always dealt with. Throughout the inspection the management team demonstrated openness and transparency about the improvements they felt were required.

The registered manager told us they worked in partnership with the local community and health professionals. The registered manager was developing links with the local community by organising for the local church and schools to visit the service. They told us they attended provider forums and did research to stay up to date with best practice.

The provider submitted statutory notifications in a timely manner. A notification is information about important events which the service is required to send to CQC by law.

It is a legal requirement that the provider's latest CQC inspection report rating is displayed at the service. This is so people, visitors and those seeking information about the service can be informed of our judgements. The provider had displayed the rating at the service and on their website.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have an effective system in place to assess, monitor and improve the quality and safety of the service.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff had not always received appropriate support, training, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform.