

Valeo Limited

The Old School House

Inspection report

2 Norwood Road
Sheffield
South Yorkshire
S5 7BD

Tel: 01142564639

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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

The Old School House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The Old School House can accommodate up to four people with a learning disability or autistic spectrum disorder. Accommodation is based over two floors. The home is situated in the S5 area of Sheffield, South Yorkshire near local shops and public transport. At the time of this inspection, four people were living at The Old School House.

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

Our last inspection at The Old School House took place on 19 July 2017. Whilst the service was rated Good overall, we found one breach of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was a breach of Regulation 18: Staffing.

Following the last inspection, we asked the registered provider to complete an action plan to show what they would do, and by when, to improve the key question asking if the service was effective, to at least good.

This inspection took place on 9 July 2018 and was announced. We gave the registered manager 48 hours' notice of our inspection. We did this because the registered manager is sometimes out of the office at the two other small care homes they manage, and people are often out. We needed to be sure the manager, people receiving support and staff would be available to meet and speak with us.

At this inspection, we found sufficient improvements had been made to meet the requirements of Regulation 18: Staffing, as all staff had been provided with an annual appraisal, as is necessary to enable them to carry out the duties they are employed to perform.

At our last inspection, we rated the service Good. At this inspection, we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and on going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection, we found the service remained Good.

Why the service is rated Good.

People who lived at The Old School House communicated in various ways to tell us they felt safe. Family and friends spoke positively about the standard of care and support people received.

Staff were aware of their responsibilities in keeping people safe.

Policies and procedures for the safe management of medicines were in place.

There were robust recruitment procedures in operation to promote people's safety.

Staff were provided with relevant training and supervision so they had the skills they needed to undertake their role.

People receiving support and their relatives felt staff had the right skills to do their job. They said staff were respectful and caring in their approach.

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.

People's support plans contained relevant person centred information to inform staff. The support plans had been reviewed to ensure they were up to date.

People were confident in reporting concerns to the registered manager and felt they would be listened to.

There were quality assurance and audit processes in place to make sure the service was running well.

The service had a full range of policies and procedures available to staff.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service was effective.

Staff were provided with supervision and appraisal for development and support.

Staff were provided with relevant training to ensure they had the skills needed to support people.

Staff supported people to eat a balanced diet to maintain their health.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

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 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 9 July 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the registered manager is sometimes out of the office at the two other small care homes they manage, and people are often out. We needed to be sure the manager, people receiving support and staff would be available to meet and speak with us.

The inspection was carried out by one adult social care inspector.

Prior to the inspection, we gathered information from a number of sources. We reviewed the information we held about the service, which included correspondence we had received and notifications submitted to us by the service. A notification should be sent to CQC every time a significant incident has taken place. For example, where a person who uses the service experiences a serious injury. We reviewed the Provider Information Return (PIR), which the registered provider completed before the inspection. The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

We contacted Sheffield local authority and Healthwatch (Sheffield) to obtain their views of the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. All of the comments and feedback received were reviewed and used to assist and inform our inspection.

During our inspection, we spoke with three people who were receiving support to obtain their views about the service. We were unable to fully communicate directly with some people receiving support. We spoke with four of their relatives or friends to obtain their views of the support provided. We spent time in communal areas speaking with people and observing how staff interacted with each other and the people they were supporting.

We looked around different areas of the service, which included communal areas, and with their permission, some people's bedrooms.

We spoke with the registered manager, two senior support workers and one support worker to obtain their views.

We reviewed a range of records, which included two people's support plans, two people's medical files, three staff support and employment records, training records and other records relating to the management of the service.

Is the service safe?

Our findings

People told us they liked living at The Old School House and they felt safe with their support workers. One person told us, "Yes I am safe. It is good." We saw people freely approach staff and share smiles, laughter and conversation with them. People with non-verbal communication were happy in the company of staff and shared communication with them. This showed that people felt safe with staff.

Relatives and friends of people supported said people's safety was promoted. Their comments included, "Marvellous. I know [name of person supported] is safe and well looked after. All the staff are so kind" and "They [person supported] are happy there. They are always safe."

Staff said they would be happy for a relative or friend to live at the home and felt they would be safe.

All staff confirmed they had been provided with safeguarding vulnerable adults training. Staff were trained in how to recognise and respond to abuse and understood their responsibility to report any concerns to the management team. This meant staff had an understanding of their responsibilities to protect people from harm.

We saw policies on safeguarding vulnerable adults and whistleblowing were available so staff had access to important information. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. Staff knew about whistle blowing procedures.

The staff training records verified staff had been provided with relevant safeguarding training.

The service had a policy and procedure in relation to supporting people who used the service with their personal finances. We saw that financial transaction records had been completed in line with the registered provider's policy. We checked three finance records. We found each transaction had been recorded and receipts were retained. The monies held corresponded with the amounts recorded. This helped to keep people safe from financial abuse.

We checked to see if medicines were being safely administered, stored and disposed of. We found there was a policy on medicines administration in place to inform staff. We observed one person received their medicines in line with safe procedures

We checked three peoples medication administration records (MAR.) These had been fully completed. The MAR held details of any known allergies and protocols for administering medicines prescribed on an 'as needed' basis. The medicines stored corresponded to the medicines recorded on MAR. This showed safe procedures had been adhered to

At the time of this inspection, no people were prescribed Controlled Drugs (CD's.) These are medicines that require extra checks and special storage arrangements because of their potential for misuse. We found a CD register and appropriate storage was in place should this be required.

Training records showed staff who administered medicines had been provided with training to make sure they knew the safe procedures to follow. Staff told us the registered manager observed staff administering medicines to check their competency. We saw regular audits of people's MAR were undertaken to look for gaps or errors and we saw records of medicines audits, which had been undertaken to make sure full and safe procedures had been adhered to. We found a pharmacist had audited the medicines systems on 10 January 2018 and we were provided with a copy of their report.

We found the registered provider had recruitment policies and procedures in place that the registered manager followed when employing new members of staff. We checked three staff recruitment records. All three contained all the information required by legislation. The records evidenced Disclosure and Barring Service (DBS) checks had been undertaken. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the service. This information helps employers make safer recruitment decisions.

We checked to see if enough staff were provided. Staff told us, and records confirmed, during each day a minimum of three staff were provided. One staff was provided during each night. Staff told us they felt enough staff were provided to meet people's needs. This showed appropriate levels of staff were provided to keep people safe.

We looked at two people's support plans and saw each plan contained risk assessments that identified the risk and the actions required of staff to minimise and mitigate the risk. The risk assessments seen covered all aspects of a person's activity and were specific to reflect the person's individual needs, for example, accessing the community. We found risk assessments had been regularly reviewed and updated as needed to make sure they were relevant to the individual and promoted their safety and independence.

We found policies for infection control were in place so that important information was provided to staff. Staff were provided with equipment, including gloves and aprons, to ensure they could provide care safely. All areas of the home seen were clean. Training records seen showed all staff were provided with training in infection control. We saw infection control audits were undertaken which showed any issues were identified and acted upon.

The registered manager confirmed that they monitored records of accidents and incidents so that any trends or patterns could be identified and acted upon and action plans were put in place to reduce the risk of them happening again.

We found a fire risk assessment had been undertaken to minimise potential risks. Each person had a personal emergency evacuation plan for staff to follow in case of emergency. This showed that people's safety was promoted.

Is the service effective?

Our findings

Our last inspection at The Old School House took place on 19 July 2017. We found a breach of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in Regulation 18: Staffing. This was because the registered provider had failed to provide all staff with an appraisal to make sure they had the skills necessary to enable them to carry out the duties they are employed to perform.

At this inspection, we found sufficient improvements had been made to meet the requirements of Regulation 18. People receiving support told us they liked the staff and thought they were "Good" and "Nice."

Relatives and friends of people receiving support spoke highly of the staff. They told us the service delivered care in a way that met people's individual needs. They said support workers knew what support was needed and they had the skills to do their jobs effectively. Comments included, "It's a great place. [Name of person supported] has come on in leaps and bounds since they've been there. They [person supported] are doing more and more, talking more and are a lot better in themselves" and "I can't fault them [staff]. [Name of person supported] has come on faster and better than any other place. Their communication is better and they are happy there. First rate."

We asked people's relatives if they found it easy communicating with staff. They told us they had been provided with telephone numbers and could always speak to someone if they needed to.

We found the service had policies on supervision and appraisal to inform practice. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. Appraisal is a process involving the review of a staff member's performance and improvement over a period of time, usually annually. We checked three staff files. These showed were provided with supervision and annual appraisal for development and support. Staff spoken with said supervisions were provided regularly and they could talk to their managers at any time. Staff were knowledgeable about their responsibilities and role. Staff confirmed they had been provided with an appraisal within the last 12 months.

We found the service had policies on induction and training to inform practice. We checked the staff training matrix, which showed staff were provided with relevant training so they had appropriate skills. Staff spoken with said they undertook an induction and refresher training to maintain and update their skills and knowledge. This meant all staff had appropriate skills and knowledge to support people. Staff spoken with said the training was, "Very good." One member of staff told us, "It's lovely working here. We [staff] get induction training and regular updates. The training is really good."

We checked two people's medical files. These showed people were provided with support from a range of health professionals to maintain their health. These included GPs, consultants and psychiatrists. The records contained clear details of people's health needs and how these were supported. Each person had a 'Hospital Passport' that contained important information so hospital staff were aware of individual needs and what was important to the person. This showed that people's health was looked after and promoted.

We found people were supported to enjoy a balanced diet in line with their preferences. People were supported to plan, shop and prepare the food and drinks they liked and people told us they were happy with this. Each person was supported to make choices, which meant they could eat foods that were to their specific tastes and which met their cultural needs. Staff had a good awareness of peoples varying needs.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

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

Staff we spoke with understood the principles of the MCA and DoLS. Staff also confirmed they had been provided with training in MCA and DoLS. This meant staff had relevant knowledge of procedures to follow in line with legislation.

There were clear records kept of DoLS authorisations and the care plans seen showed evidence of capacity assessments and decisions being made in the person's best interests.

People's relatives and representatives told us they felt consulted. The support plans we checked all held signed agreements to evidence their consent. This showed important information had been shared with people and they had been involved in making choices and decisions about their support.

The support workers spoken with had a good understanding of their responsibilities in making sure people were supported in accordance with their preferences and wishes.

Is the service caring?

Our findings

People receiving support and their friends and family all made positive comments about staff and the home. People said, "It's nice" and "I like it here."

Friends and family said, "All the staff seem really kind. It's brilliant," "[Name of person supported] seems happy and calls The Old School House home. They used to say, 'I'm [name] from [named area of Sheffield]. Now they say, 'I'm [name] from Norwood Road. That shows they see it as their home" and "The Old School House has been marvellous. I know [name] is happy there."

Some people used positive body language to express their satisfaction with the service. We saw frequent and friendly interactions between people receiving support and the staff supporting them, shared laughter and mutual respect for each other.

From our discussion with staff we found they had a good understanding of people's individual care and support needs.

We spoke with support workers about people's preferences and needs. They were able to tell us about the people they were supporting, and could describe their involvement with people in relation to the support needed. Staff also described good relationships with the people they supported. They were aware of people's history, interests and what was important to them. This showed support staff knew the people they supported well.

During our inspection, we spent time observing interactions between staff and people living at the home. Staff had built positive relationships with people and they demonstrated care in the way they communicated with and supported people. We saw in all cases people were cared for by staff who were kind, patient and respectful. We saw staff shared conversation with people and were attentive and mindful of people's well-being. People were always addressed by their names and staff knew them well. People were relaxed in the company of staff. This showed people were treated respectfully.

Staff we spoke with could describe how they promoted dignity and respect. People's relatives told us support workers respected privacy and they had never heard support workers talk about other people they supported. This showed that staff had an awareness of the need for confidentiality to uphold people's rights.

Staff told us training in equality and diversity was provided as part of induction to ensure staff had appropriate awareness, skills and knowledge to carry out their role and meet people's diverse needs.

Every staff member said they would be happy for a family member or friend to live at The Old School House.

The support plans seen contained information about the person's identified needs, preferred name, their history, hobbies, preferences and how people would like their care and support to be delivered. It was clear

from the plans that people receiving support and their relatives had been involved in and consulted about writing the support plan. This showed people had been involved in discussions about support and important information was available so staff could act on this.

Is the service responsive?

Our findings

People receiving support told us they got the help they needed.

Throughout the inspection, we heard staff constantly ask people about their preferences and choices regarding their daily living activities.

Relatives and friends of people receiving support told us the support provided by the service was personalised. They said support was provided in the way people wanted and staff knew what support was needed. Comments included, "The staff know [name of person receiving support], they know what matters to them. They [staff] are all really good" and "The care is really good. I can't fault them. [Family member] is always out and about. They are really happy."

We looked at two support plans. They were specific to the individual and person centred. They contained a range of information that covered all aspects of the support people needed. They included clear information on the person's identified need, interests, hobbies, likes and dislikes so that these could be respected. The plans detailed what was important to the person, personal outcomes and how these would be achieved. The plans gave clear details of the actions required of staff to make sure people's needs were met. There were sections in the plan titled 'My Plan,' 'What's important to me' and 'The best way to work with me' that provided good detail about the person.

The plans focussed on promoting independence. The plans showed that people and their friends and family had been involved in developing their support plans so their wishes and opinions could be respected.

We saw the support plans reflected our observations of the person and what the person's relatives and staff had told us about what they did in their day-to-day lives and their likes and dislikes. For example, one person shared an interest that was important to them. We saw that this interest was reflected in their personal space. Their support plan contained detailed information about how the person preferred to be supported with this. Another person had a very specific non-verbal signal to express when they wanted to do a particular activity. Staff had described this to us, and we observed the person making this signal and staff responding to them. Details of this communication was also recorded in the support plan. Support plans were reviewed every three months or sooner if changes to a person's care and support was made. This showed important information was recorded in people's plans so staff were aware and could act on this.

Support workers said people's support plans contained enough information for them to support people in the way they needed. Staff spoken with had a good knowledge of people's individual needs and could clearly describe the history and preferences of the people they supported. Staff told us that plans were reviewed and were confident that people's plans contained accurate and up to date information that reflected the person.

People receiving support and their family and friends felt very positive about the frequency and variety of social activities available. The service had a mini bus to facilitate outings and on the day of our inspection

this was used to take people shopping, out for a drive and to visit relatives.

Records showed people participated in activities such as swimming, meals out, day centres, visiting pubs and parks. Other popular events like trips to the coast and going shopping into town were also planned regularly. People were also given the opportunity to go on holiday, supported by staff and/or their family. People regularly visited, and stayed with family or friends for weekends or longer. This showed people's preferences were obtained and their independence was promoted.

We saw that a system was in place to respond to complaints. There was a clear complaints procedure in place and we saw a copy of the written complaints procedure was provided to people in the service user guide. The complaints procedure was written in large print and used pictures, symbols and diagrams to that the information was accessible. It gave details of who people could speak with if they had any concerns and what to do if they were unhappy with the response. The procedure gave details of who to complain to outside of the organisation, such as CQC and the local authority should people choose to do this. This showed that people were provided with important information to promote their rights and choices.

All of the people receiving support, their relatives and friends said they could speak to staff if they had any worries and staff would listen to them. Relatives commented, "I am very happy. I have no worries at all [about the care provided]" and "I can talk to them [staff] if I have concerns, but there is nothing to worry about."

Stakeholders we contacted prior to the inspection told us they had no current concerns about The Old School House.

Is the service well-led?

Our findings

The manager was registered with CQC. 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.

The registered manager was responsible for managing The Old School House and two other small homes run by the same provider in the Sheffield area. The registered manager told us that she spent part of each week at The Old School House and the other two homes. The registered manager had a mobile phone and all staff were aware of this and could contact her if needed. Staff confirmed this and said that the registered manager was available if needed. The home had a deputy manager and staff said both managers were approachable and supportive. Comments included, "The manager is great. We are a good team and we all work together" and "We've got a very good manager. She has people skills and helps us [staff] develop in areas we feel we need more support."

People using the service and their friends and family spoke positively about the registered manager. Comments included, "[Name of manager] is very good. We can ring her any time. We know her well" and "She [registered manager] is great. In fact they all are."

We found a welcoming, open and positive culture at the service that was encouraged and supported by the registered manager. Staff told us there was always a good atmosphere at the service. They told us they enjoyed their jobs and the registered manager was approachable and supportive.

We saw an inclusive culture at the service. Staff spoken with were fully aware of the roles and responsibilities of manager's and the lines of accountability. All staff said they were part of a good team and could contribute and felt listened to. All of the staff spoken with felt communication was good and they were able to obtain updates and share their views. Staff told us they were always told about any changes and new information they needed to know. Staff told us they enjoyed their jobs and all of the staff spoken with, irrespective of their role, displayed a commitment to and pride in their work.

Discussions with staff and review of records showed that representatives from a variety of health and social care professionals were actively involved in supporting people. For example, psychiatrists and social workers. This showed partnership working was promoted by the service.

The registered manager told us that whilst staff meetings took place, these were not frequent. Records showed two staff meetings had been held in 2017, and one in 2018. Staff confirmed daily handover meetings took place and we saw records of these. Staff said they were kept up to date and information was shared by the registered manager. We recommend staff meetings are held more frequently, to share team working, information and service development. The registered manager gave assurances that staff meetings would be held more frequently.

We found a quality assurance policy was in place and saw audits were undertaken as part of the quality assurance process to question practice so that gaps could be identified and improvements made. We found that systems were in place to measure service delivery and make sure the service continually improved. Senior managers of the registered provider carried out regular monitoring visits to the service and identified areas for improvement with action plans that were signed off when completed. In addition, we saw that checks and audits had also been made by the registered manager and senior staff. These included medication, support plans and infection control.

As part of the services quality assurance procedures, surveys had been sent by post or email to people using the service, their relatives and staff. The results of the 2017 surveys had been audited and a report compiled from this so that information could be shared with interested parties. Reflective learning and the outcomes of the surveys were discussed with the registered manager. Where any issues specific to an individual had been brought to their attention, these were responded to on an individual and private basis. This showed that the service used feedback from people using the service to improve service delivery.

We saw policies and procedures were in place, which covered all aspects of the service. The policies seen had been reviewed and were up to date. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training and induction programme. This meant staff could be kept fully up to date with current legislation and guidance.

The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The registered manager confirmed any notifications required to be forwarded to CQC would be submitted.