

Valeo Limited

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 Old School House is registered to provide accommodation and personal care for up to four people with a learning disability or autistic spectrum disorder. The home is situated in Sheffield, South Yorkshire near local shops and public transport.

There was a manager at the service who 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 and associated Regulations about how the service is run.

Our last inspection at The Old School House took place on 28 January 2014. The home was found to be meeting the requirements of the regulations we inspected at that time.

This inspection took place on 13 April 2015 and short notice was given. We told the provider two days before our visit that we would be coming. We did this because the 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 that the manager and staff would be available. On the day of our inspection there were two people living at The Old School House.

Summary of findings

We were unable to speak in detail with one person living at The Old School House, but we saw they were happy in the company of staff and appeared content. The other person told us “It’s good here” and “They [staff] are nice.”

We spoke with one relative who had no concerns regarding the care their loved one received.

We found systems were in place to make sure people received their medicines safely

Staff were provided with relevant induction and training to make sure they had the right skills and knowledge for their role. Staff understood their role and what was expected of them. They were happy in their work, motivated and confident in the way the service was managed. The service followed the requirements of the Mental Capacity Act 2005 (MCA) Code of practice and Deprivation of Liberty Safeguards (DoLS). This helped to protect the rights of people who may not be able to make important decisions themselves.

People had access to a range of health care professionals to help maintain their health. A varied and nutritious diet was provided to people that took into account dietary needs and preferences so that health was promoted and choices could be respected.

People living at the home, and their relatives said that they could speak with staff if they had any worries or concerns and they would be listened to.

We saw people participated in a range of daily activities both in and outside of the home, which were meaningful and promoted independence.

There were some systems in place to monitor and improve the quality of the service provided. Some checks and audits were undertaken to make sure full and safe procedures were adhered to. However, visits by the locality manager to audit and assure themselves of the quality of service delivery had not taken place at the frequency identified by the registered manager. People using the service and their relatives had been asked their opinion via surveys. The registered manager confirmed that once returned the results of these would be audited to identify any areas for improvement. Some policies available at the home were out of date and required reviewing. Staff meetings had not taken place on a regular basis to share information and provide and encourage an open culture in the home.

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?

The service was safe.

Appropriate arrangements were in place for the safe storage, administration and disposal of medicines.

There were effective staff training, recruitment and selection procedures in place.

People expressed no fears or concerns for their safety and told us they felt safe.

Good



Is the service effective?

The service was effective.

Staff were appropriately trained to provide care and support to people who used the service. Whilst we found that the delivery of staff supervision had improved, some staff had not been provided with supervision on a regular basis for development and support.

People were provided with access to relevant health professionals to support their health needs. Where people had specific health needs, staff sought advice from specialists where required. Staff were aware of the guidance relating to the MCA and DoLS to protect people's rights.

Good



Is the service caring?

The service was caring.

We saw that staff were respectful and appeared to know people's preferences well.

Staff were positive and caring in their approach and interactions with people. They supported people with patience and kindness.

Good



Is the service responsive?

The service was responsive.

People's support plans were kept under review and had been amended in response to changes in their needs.

Staff understood people's preferences and support needs. The activities provided took into account people's personal hobbies and interests.

People using the service and relatives told us they felt confident to raise any issues with staff and managers and felt their concerns would be listened to.

Good



Is the service well-led?

The service was well led.

The manager and staff told us they felt they had a good team. Staff said the manager and senior staff were approachable. Team meetings did not take place on a regular basis where staff could discuss various topics and share good practice.

Good



Summary of findings

There were quality assurance and audit processes in place. However, some quality assurance visits had not taken place at the frequency identified.

The service had a range of policies and procedures available to staff. Some policies kept in the policy files needed replacing with the up to date versions available on the computer.

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.

This inspection took place on 13 April 2015. The inspection team consisted of two adult social care inspectors.

Before our inspection, we reviewed the information we held about the home. This included correspondence we had received about the service and notifications submitted by the service. We asked the provider to complete a provider information return (PIR), which helped us to

prepare for the inspection. This is a document that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make

We contacted commissioners of the service who had knowledge of The Old School House. We received feedback from Sheffield local authority contracts officers. This information was reviewed and used to assist with our inspection.

During our inspection we spoke with the two people living at the home, one relative, the registered manager and the two staff on duty.

We spent time observing daily life in the home including the care and support being offered to people. We spent time looking at records, which included both people's care records, four staff records and other records relating to the management of the home.

Is the service safe?

Our findings

One person told us they felt very safe. They said “I’m safe here, I can tell them [staff] and I can talk to them [staff].”

A relative we spoke with said that they had no worries or concerns about their loved ones safety. Their comments included, “I know [my relative] is safe. The staff are very caring.”

We found that two staff were on duty during our inspection. Staff told us that two staff were always on duty apart from during the night when one member of staff was available and awake on night shifts. We looked at the homes staffing rota for the month prior to this visit, which showed that these identified numbers were maintained in order to provide appropriate staffing levels so that people’s needs could be met.

Staff confirmed that they had been provided with safeguarding training so they had an understanding of their responsibilities to protect people from harm. Staff could describe the different types of abuse and were clear of the actions they should take if they suspected abuse or if an allegation was made so that correct procedures were followed to uphold people’s safety. Staff knew about whistle blowing procedures. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice. Staff said that they would always report any concerns to the most senior person on duty and they felt confident that senior staff and management at the home would listen to them, take them seriously, and take appropriate action to help keep people safe.

We saw that a policy on safeguarding people was available so that staff had access to important information to help keep people safe and take appropriate action if concerns about a person’s safety had been identified. Staff knew that these policies were available to them.

We looked at four staff files. Each contained an application form detailing employment history, interview notes, two references, proof of identity and a Disclosure and Barring Service (DBS) check. Some recruitment information was kept at the head office but this was made available to view during our inspection so that we could make sure all appropriate information had been obtained. We saw that the company had a staff recruitment policy so that

important information was provided to managers. All of the staff spoken with confirmed that they had provided references, attended interview and had a DBS check completed prior to employment. 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 home. This showed that recruitment procedures in the home helped to keep people safe.

We looked at both people’s support plans and saw that each plan contained risk assessments that identified the risk and the actions required of staff to minimise the risk. The risk assessments seen covered all aspects of a person’s activity and included road safety, community presence, travel, emergency evacuation and daily routines. We found that risk assessments had been evaluated and reviewed to make sure they were current and relevant to the individual. A relative told us they had been invited to be involved in discussions about their loved ones care, support and risk assessments.

The service had a policy and procedure on safeguarding people’s finances. The manager explained that each person had an individual account and could access funds from petty cash. We checked the financial records and receipts for both people and found the records and receipts tallied. The manager told us that a financial audit undertaken by staff external to the home had taken place three weeks prior to this inspection, and was undertaken on an annual basis. No errors had been identified and the manager was waiting for the report from this.

We found there was a medicines policy in place for the safe storage, administration and disposal of medicines. Training records showed staff that administered medicines had been provided with training to make sure they knew the safe procedures to follow. Staff spoken with were knowledgeable on the correct procedures on managing and administering medicines. Staff could tell us the policies to follow for receipt and recording of medicines. This showed that staff had understood their training and could help keep people safe. We found that a pharmacist had inspected the medicines systems in 2013 and recommendations made had been acted upon. The manager telephoned the pharmacist during this inspection so we could confirm that they no longer undertook annual inspections.

Is the service safe?

We observed staff administering some of the morning and afternoon medicines. We saw medicine was dispensed into a medicine pot and the staff dotted the MAR (Medication Administration Records) chart to indicate which tablet had been dispensed into the pot. The medicines were given from the medicine pot and the person was offered a drink. The member of staff stayed with the person until they were sure they had taken their medicines safely. We saw that one person had a tendency to chew their tablets in a rush. Staff were seen to support the person with patience and kindness whilst encouraging and guiding them to take their medicine safely. When the person had taken their medicine the member of staff signed the MAR sheet. This showed that safe procedures were followed.

We found that a policy and procedure was in place for infection control. Training records seen showed that all staff were provided with training in infection control. We saw that the manager undertook infection control audits, which showed that any issues were identified and acted upon. We found staff undertook cleaning, with support from people living at the home with some relevant tasks. We found the home was clean. One person told us that they sometimes like to clean their room and staff helped them to do this. We saw this person's room was clean.

We saw that the home had a Business Continuity Plan dated April 2015 that described the procedures to follow in the event of emergencies to keep people safe.

Is the service effective?

Our findings

One person told us, “It’s good here. They [staff] are good.”

A relative we spoke with said that staff appeared to know their loved one well and had the skills to support them. They told us they had no concerns regarding their loved ones health. They commented, “They seem very good. They have organised massage and aromatherapy as well as routine health. I have no worries at all.”

We looked at both people’s support plans. They contained a range of information regarding each individuals health. Support plans contained a health action plan which showed that annual health reviews took place to monitor people’s well-being. We saw that people had contact with a range of health professionals that included GPs, dentists and hospital consultants. One file checked indicated that the person’s GP used to visit them at The Old School House as this was identified as best meeting their needs. We saw that, with staff support, the person was now able to make some visits to the GP surgery. The files held information about people’s known allergies and the staff actions required to support people’s health. We saw that people’s weight was regularly checked as part of monitoring people’s health. Both people living at The Old School House looked fit and well.

The manager told us that both people had lived at the home for a number of years. If new referrals were made then the manager would undertake an assessment that would consider compatibility. The manager told us that recent referrals had not been accepted as the assessment process indicated that the person’s needs would not be compatible with the two people living at the home. The support plans contained evidence that people living at the home, and their relatives had been asked for their opinions and had been involved in the support planning process to make sure people could share what was important to them. We saw one support plan had been signed by the person to evidence their consent. The other person was unable to sign. Their relative told us they were always invited and took part in reviews to contribute their views.

The support plans detailed people’s food preferences, likes and dislikes and gave guidance to staff on maintaining and encouraging a healthy diet. Staff told us that people helped to decide the weekly menu and joined staff to do the food shopping. People were able to choose what they wanted to

eat. We saw staff using pictures and symbols to support one person to decide what to eat. We saw staff were familiar with the person’s communication and were able to ascertain the person’s agreement about food choice by the use of hand signals. This showed that people’s opinions and choices were sought and respected.

Staff told us that there were always choices of food available and if a person wanted different to the menu this was respected. Staff said they encouraged people to eat a healthy diet. We saw that the fridge contained a variety of fresh fruit and vegetables.

One person told us they enjoyed the food provided. They said “I get to choose. I like the food.”

Staff told us that they were provided with a range of training that included conflict resolution, first aid, infection control, safeguarding, food hygiene and valuing people. We saw a training record was in place so that training updates could be delivered to maintain staff skills. The manager told us that training was completed via e-learning on the homes computer, and each learning topic had tests of understanding to complete at the end of training to show staff had understood.

We found that one staff was out of date with training. The manager told us that this had been brought to the attention of the staff to ensure they completed their e-learning. However, the staff was leaving employment and due to return as bank staff. The manager confirmed that the person would not commence as bank staff until all e-learning had been completed.

Records seen showed that the majority of staff were provided with supervision and annual appraisal for development and support. The supervision record showed that staff were provided with supervisions in the form of individual supervision, observation and team supervision. In addition, clinical supervision was provided by a psychologist on a regular basis. We looked at the records in four individual staff files and the supervision matrix. This identified that the frequency of supervisions had improved in 2015 and most staff were provided with supervision every six to eight weeks, the frequency identified by the manager.

However, we found that two staff had not been provided with supervisions at the identified frequency. This was discussed with the manager who gave assurances that the frequency of supervision would continue to improve and

Is the service effective?

take place as planned. This had also been identified in the PIR provided by the manager. Staff spoken with said supervisions were provided and they could talk to their managers. Staff were knowledgeable about their responsibilities and role.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS), which applies to care homes. DoLS are part of the MCA (Mental Capacity Act 2005) legislation which is in place for people who are unable to make all or some decisions for them. The legislation is designed to ensure that any decisions are made in people's best interests. Also, where any restrictions or restraints are necessary, that least

restrictive measures are used. The manager was aware of the role of Independent Mental Capacity Advocates (IMCAs) and how they could be contacted and recent changes in DoLS legislation. Staff we spoke with understood the principles of the MCA and DoLS. Staff also confirmed that they had been provided with training in MCA and DoLS and could describe what these meant in practice. This meant that staff had relevant knowledge of procedures to follow in line with legislation. We found that appropriate DoLS had been obtained in line with current guidance. We saw that best interest meetings had taken place where necessary to ensure guidance was followed.

Is the service caring?

Our findings

There was a relaxed atmosphere at the home. Throughout our inspection we saw examples of a caring and kind approach from staff who obviously knew people living at the home very well. Staff spoken with could describe the person's interests, likes and dislikes, support needs and styles of communication.

The interactions observed between staff and people living at the home appeared patient and kind. Staff always included people in conversations and took time to explain plans and seek approval. For example, staff were planning to take people for a drive to the park and asked a person if they were happy and waited for the person to communicate that this was what they chose to do. On another occasion we saw one person reach for someone else's drink. Staff quietly explained to the person that this was not theirs and handed them a drink of their own. Staff were seen to have conversations with each other and always made sure people were not excluded. This showed a respectful approach from staff.

One person told us, "Staff are nice, I like it here." We saw that this person sought the company of staff and freely engaged in conversation with them and appeared comfortable and happy to be with them. Staff in turn took time to talk to the person about their plans for the day and about an interest of theirs.

A relative spoken with said the staff were very caring. They told us they had no worries or concerns and felt their loved one was well cared for by staff that knew them well. They commented, "When I see [name of person] they always seem happy. All of the staff are very nice. There are always two staff (on duty) and always staff that are known to [name of person]. They [staff] always make me feel welcome and are very helpful. They are open to trying new things like aromatherapy massage to support [name of person]. I have no worries at all."

We saw that people's privacy and dignity was promoted so that people felt respected. We did not see or hear staff

discussing any personal information openly or compromising privacy and we saw staff treated people with respect. Staff we spoke with were able to describe how they maintained people's privacy and how important this was for people. Staff said that people were encouraged and supported to be as independent as they could be. This showed staff had an understanding of equality and dignity.

We found that information on advocacy services was available and one person had benefited from an advocate being involved in an aspect of their support.

The support plans seen contained information about the person's preferences and identified how they would like their care and support to be delivered. The plans focussed on promoting independence and encouraging involvement safely. The records included information about individuals' specific needs and we saw examples where records had been reviewed and updated to reflect people's wishes. Examples of these wishes included food choices and preferred routines. The plans showed that people and their relatives had been involved in developing their support plans so that their wishes and opinions could be respected. This showed that important information was recorded in people's plans so that staff were aware and could act on this.

We found that two staff were undertaking qualifications in End of Life Care. Staff told us that all care staff were planning to undertake End of Life training provided by the local authority and were waiting for places. Staff told us that end of life care was discussed in team meetings and supervisions. They could clearly describe how they would care for someone with dignity and commented, "It's different for everyone, it has to be about what they [the person living at the home] want, and what they need." The care plans checked contained information on the person's preferences and wishes for end of life care so that these could be respected.

One person told us they had a plan that was 'all about me'. This showed that people were involved in support planning where possible.

Is the service responsive?

Our findings

One person told us that staff supported them in the way they needed and preferred. They said, “Staff help me with some things, like washing up, but I can decide what to do. I can talk to them [staff] about it.” Relatives said that they could speak with staff and found them approachable and friendly.

We saw that staff understood how people communicated and saw staff responded to people in an inclusive manner. Staff checked choices with people and gained their approval. For example, staff were seen to check with a person what they wanted to eat and later checked they still wanted to go out for a drive.

We found that a range of activities were provided, and these were based on people’s individual interests. The home had a car available to support trips out. We found that activities included drives to local parks, trips to swimming baths, trips to Turkish baths, aromatherapy massage, visits to the local pub, visits to a local gym, art work and some crafts. We saw a variety of craft materials were available at the home for people to use as they chose. One staff commented, “We do something all the time. We are never in.”

One person proudly showed us photographs in their room of some different activities and the people important to them. We also saw a photograph of a recent activity on display. The person spent time showing us things that were important to them that they collected. We checked their support plan and found clear details of this interest were recorded so that a full picture of the person was available.

People’s care records included an individual support plan. The plans seen contained details of people’s identified needs and the actions required of staff to meet these needs. The plans contained information on people’s life history, preferences and interests so these could be supported. Health care contacts had been recorded in the

plans and plans showed that people had regular contact with relevant health care professionals. This showed people’s support needs had been identified, along with the actions required of staff to meet identified needs. The plans contained clear guidance for staff on people’s communication so that staff could ensure people were consulted. The plans reflected promoting and encouraging independence to support people leading a full life.

Staff spoken with said people’s care 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 every month, some sections every three months or when needed. Staff were confident that people’s plans contained accurate and up to date information that reflected the person.

The support plans seen had been reviewed on a regular basis to make sure they contained up to date information.

There was a clear complaints procedure in place and we saw a copy of the written complaints procedure on display in the entrance area of the home. We saw an ‘easy read’ version of the complaints procedure was included in the service user guide, which had been provided to people living at the home and their relatives. The complaints procedure gave details of who people could speak with if they had any concerns and what to do if they were unhappy with the response. This showed that people were provided with important information to promote their rights and choices. We found that a system was in place to respond to complaints. The manager told us that no complaints had been received since she had worked at the home in the last two years. The manager was able to describe in detail the procedure to follow should a complaint be made and confirmed that written records would be kept that would include the detail, the response and the outcome of the complaint.

Is the service well-led?

Our findings

The manager had been in post since June 2013 and was registered with CQC.

The manager was responsible for managing The Old School House and two other small homes run by the same provider in the Sheffield area. The manager told us that she spent part of each week at The Old School House and the other two homes. The 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 manager was available if needed. The home had a deputy manager who also deputised at one of the other small homes run by the same provider. Staff said both managers were approachable, supportive and they felt listened to. A relative told us that management staff were approachable, friendly and supportive.

Staff told us they enjoyed their jobs and on the whole communication was good and they were a good team that worked well together. However, staff told us that staff meetings did not take place on a regular basis. We looked at the staff meeting minutes and found that two meetings had been held in 2014, and one in January 2015. In addition, a team supervision had been held in January 2015. We discussed this with the manager who gave assurances that further staff meetings would be planned to ensure good communication in the home.

We saw that staff held handovers every morning, afternoon and evening when staff changed. The records of handovers were detailed and recorded specific information and updates so that staff were aware of these. This showed that this aspect of communication was good.

We found that a quality assurance policy was in place and saw that audits were undertaken as part of the quality assurance process. We saw that the quality manager visited annually to undertake a full audit and this had taken place a few weeks prior to this inspection. Whilst the report from this visit had not been fully completed, the quality manager emailed us the completed section of the report during our inspection as evidence that this had taken place.

We saw that checks and audits had been made by the manager and senior staff at the home on a weekly or monthly basis. These included audits of support plans, medication, and health and safety checks. We saw that records of accidents and incidents were maintained and these were analysed to identify any on-going risks or patterns.

The manager told us that in addition to these checks the locality manager completed 'Operational Performance and Monitoring' visits on a monthly basis. We checked a sample of these reports and saw they detailed 'to be submitted monthly.' The quality assurance policy stated 'the locality manager should visit regularly.' However, the records seen showed that whilst visits had taken place, the most recent monitoring report was dated December 2014.

The manager told us that as part of the quality assurance process she had recently sent surveys to the relatives and representatives of people living at the home and staff to formally obtain and act on their views.

The manager confirmed that once received these would be audited and an action plan would be developed if needed to respond to any concerns raised. The manager was aware of the need to ensure the results of the survey were made available to interested parties. Staff we spoke with confirmed that they had recently received a survey asking them their opinions of the home.

The home had policies and procedures in place, which covered all aspects of the service. We sampled the policies held in the policy and procedure file stored in the office. We found some policies were out of date and recorded that they had needed reviewing, some in 2009, some in 2013 and 2014. We discussed this with the manager who told us that all policies and procedures had been updated and showed us the updated and reviewed policies. The manager gave assurances that these updated policies would be placed in the office file so that changes in legislation and current good practice guidelines were reflected and staff could access these.

Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training programme.