Rushcliffe Care Limited

The Old School House

Inspection report

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Date of inspection visit:
23 February 2017

Date of publication:
03 April 2017

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 inspection visit took place on 23 February 2017 and was unannounced.

The Old School House is a care home that supports up to 18 people with learning disabilities or autism. At the time of our inspection 17 people were using the service. At the last inspection on 2 and 16 October 2014, the service was rated good. At this inspection, we found the service remained good.

People continued to receive safe care. Staff knew how to protect people from harm and abuse. Risks associated with people's support was assessed to help them to remain safe. The provider had safely recruited a suitable number of staff to meet people's support requirements. People received their medicines safely by staff who had guidance to make sure they remained competent.

People continued to receive effective care from staff. Staff received guidance, training and support to make sure that they worked well with people. People were supported to maintain their health including support with eating and drinking where this was required.

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 provided guidance in this practice.

People were supported by staff who were kind and compassionate. Their dignity and privacy was maintained by staff who knew how to do this. People were supported to maintain relationships that were important to them.

People had support plans that were focused on them as individuals so that staff had guidance about their preferences. Staff offered their care in line with things that mattered to people in a consistent way. Staff supported people's different communication requirements so that people received information in ways that were important to them.

People's relatives knew how to make a complaint or to raise a concern and the provider had suitable systems in place to manage these.

The service had an open and positive culture. People's relatives and staff had opportunities to give suggestions about how the service could improve. The provider and registered manager were aware of their responsibilities. They had arranged for quality checks of the service to take place to make sure that it was of a high standard.

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? The service remains safe.	**Good**
Is the service effective? The service remains effective.	**Good**
Is the service caring? The service remains caring.	**Good**
Is the service responsive? The service remains responsive.	**Good**
Is the service well-led? The service remains well led.	**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 was a comprehensive inspection; the inspection visit took place on 23 February 2017 and was unannounced. The inspection was carried out by one inspector, an inspection manager and an expert by experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service. They had expertise in supporting adults with learning disabilities.

Before the inspection visit, we reviewed the information that we held about the service to inform and plan our inspection. This included information that we had received and statutory notifications. A statutory notification contains information relating to significant events that the provider must send to us. We contacted Healthwatch Leicestershire (the consumer champion for health and social care) and the local authority who has funding responsibility for some people living at the home to ask them for their feedback about the service.

We were unable to speak with people who used the service due to their communication differences. We spoke with the relatives of three people living at The Old School House. We also spoke with the registered manager, two team leaders, a senior carer and two support workers. Two social care professionals and a health care professional were visiting The Old School House and we spoke with them about their views of the service. We observed staff offering their support to people throughout our visit so that we could understand their experiences of care.

We looked at the care records of two people who used the service. We also looked at records in relation to people's medicines, as well as documentation about the management of the service. These included training records, policies and procedures and quality checks that the registered manager or senior staff had undertaken. We also looked at two staff files to look at how the provider had recruited and supported their employees.

We asked the registered manager to submit documentation to us after our visit. This was in relation to the provider's aims and objectives and how they had sought the views of relatives on the quality of the service. They submitted these to us in the timescale agreed.

Good

Is the service safe?

Our findings

Staff knew their responsibilities to protect people from abuse and avoidable harm. They knew the signs and symptoms that someone could be at risk. One staff member told us, "If figures are not adding up or if monies are not there that should be, that could point to abuse. The person might be able to tell us." The provider had made available to staff guidance to follow if they were concerned about a person's safety that staff knew about. A staff member told us, "I'd take any concerns to the manager. If they didn't deal with it then to the head office for support." This meant that staff knew how to respond to concerns about people's well-being.

Risks associated with people's care were assessed to help people to remain safe. A staff member told us, "We have risk assessments for accessing the community. For example, how many staff they need to keep safe." We saw that guidance was available for staff within the risk assessments to help prevent an accident or incident occurring. Staff we spoke with were able to give an accurate account of people's care requirements and the measures they took to manage any risks.

Some of the people using the service could display behaviour that presented a risk to themselves and others. Staff knew what action to take to help people to remain safe as they understood the guidance that was available to them within people's support plans. One staff member told us, "If something happens I ask other people to move away. You can try a different approach with the person. Generally with a bit of patience that's all that's required to help them." We saw staff using touch to reassure people when they were anxious as well as supporting a person to move from a situation that made them unhappy. This was in line with written guidance staff had available to them. This meant people received the support they required to maintain their well-being.

The registered manager monitored all accidents and incidents to help people to remain safe. We saw that the provider's recording of accidents and incidents prompted them to consider if the local authority needed to be informed to investigate further. We found that accidents were handled safely and people received the support they required when one occurred. Following one incident, a risk assessment was put into place to guide staff on how to try to prevent a reoccurrence from occurring. The local authority had asked the provider to detail all actions they had taken following an incident as on occasion this had not always occurred. We saw that they had taken action to improve their systems.

People were protected from risks to their health and well-being as the provider had carried out checks of the environment and equipment. We saw that the equipment people used was routinely serviced and checked as well as fire detection systems. There were also checks on the temperature of the water to protect people from scald risks and on the safety of the gas and electrics. We saw that some radiators were not covered. There was a risk that a person could fall and become injured by the surface temperature. The registered manager told us that all radiators would be covered by April 2017. We saw that temporary measures were put in place to reduce the likelihood of people falling against a radiator such as putting furniture close to it.

During our visit, there was a power cut. Staff described the measures they had in place to deal with such

emergency situations. One staff member described how they had a non-electric hoist they could use to assist people where there was a loss of power. We saw that there were emergency plans in place to ensure that the service could continue to operate. This included alternative accommodation and the arrangements for additional staffing if required. We also saw that people had individual plans to support people to vacate the home in an emergency. We found these to be focused on each person's individual needs. This meant that the provider had considered people's safety should a significant incident occur.

We found that the provider had recruited a sufficient number of staff. A relative told us, "They always seem to be enough and in the main I see people about." Staff confirmed that the staffing numbers were suitable to offer people the care and support they required. One staff member told us, "It's fine. People get the support they need." Another said, "We are very rarely understaffed. People don't have to wait." We saw that people received the care and support they required without having to unduly wait and staff were able to observe people where they required additional support to remain safe.

The provider recruited prospective staff safely. Staff described the recruitment process as thorough and we found that checks took place before they started working for the provider. These included obtaining two references, one of which was required from the person's previous employer to ask about their suitability. We also saw that a Disclosure and Baring Service (DBS) check was undertaken. The DBS helps employers to make safer recruitment decisions and aims to stop those not suitable from working with people who receive care and support. This meant that people were supported by staff who were appropriately verified.

People received their prescribed medicines in ways they preferred. We observed a staff member offering a person their medicines. The person required additional assistance from another staff member who they preferred to offer them support. We found this approach worked. We saw that people's preferences for taking their medicines were detailed in their care records and we saw staff following this guidance when they offered medicines to people.

We saw that staff understood their responsibilities for handling medicines safely. This was because the provider had given them guidance which they understood. For example, we saw that medicines were stored safely and the recording of people being offered their medicines was accurate in the five records we looked at. Some people required medicines to help them to remain safe. There were guidelines for staff to follow that they knew about. One staff member told us, "One person has seizures and there are guidelines in place for how we can give it [their medicine]." Staff received training, guidance and their competence was checked to make sure they continued to handle people's medicines safely.

Good

Is the service effective?

Our findings

People received support from staff members who had the required skills and knowledge. Staff completed an induction when they started to work for the provider so that they understood their responsibilities. One staff member told us, "I had a three day induction. We went to the head office and visited other homes. I was given the care plans to read. It gives you a bit of an insight." Staff received training in topic areas such as food safety, care planning and moving and handling. They told us that the training equipped them with the skills and knowledge they needed. One staff member said, "Training is refreshed. We do the mandatory. There is a lot but it's good. There are some booklets we are doing on Autism to help us understand it better."

Staff received guidance from the registered manager about their work. One staff member told us, "It's [supervision] every couple of months. It's alright. It's good to get things off your chest." We saw that discussions in these meetings included topics such as reminding staff to read people's support plans and detailed staff members' training requirements. We also saw that staff were observed carrying out their duties. This included the registered manager checking that staff were working safely and protecting people's rights. This meant that staff received guidance on how to provide good support.

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. We checked whether the provider was working within the principles of the MCA and found that it was.

We saw that people were asked for their consent before staff provided their support. Staff knew the importance of doing this. One staff member told us, "I explain everything I am doing so that they know. I can show as well if they struggle to understand." Staff also knew how to help people to make decisions for themselves. One staff member said, "Some people you can ask. A few can make basic decisions. For example, for their clothes and food. You get used to their body language."

The provider had assessed people's mental capacity where there were concerns about their ability to make decisions. For example, the provider had assessed whether a person understood the reasons for their medicines. Where a person was assessed as not having the mental capacity, a decision made in their best interest had occurred with relevant others such as their representative.

Staff understood the requirements of the MCA. One staff member told us, "It's whether you can ask them a question and whether they can understand the implications. For example, to make a decision to take their medicines and about the risks of not taking it." We saw that staff received training on their responsibilities under the Act and we found staff working to the principles during our visit.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospital are

called the Deprivation of Liberty Safeguards (DoLS). The registered manager had made applications and any conditions where an authorisation was in place, were being met. Staff recognised that some forms of restraint were used and that this had been considered as part of a DoLS application for some people. One staff member told us, "There are some restrictions. We use lap belts [on wheelchairs] as some people have epilepsy. We also have bed rails to keep people safe."

People's relatives were satisfied with the food available to their family members. We saw that people's preferences for food and drink were detailed in their support plans and staff had a good understanding of these. We observed people having a meal. We found that the mealtime was unhurried and people received a meal of their choosing and the support they required. For example, one person required a staff member to discreetly watch them when they ate as they were at a risk of choking. We found this to be occurring. Where there were concerns about people's eating and drinking, the provider had sought specialist advice. Following this, the guidance received was incorporated into the person's support plan. We saw staff following this guidance. This meant that people's nutritional needs, based on their preferences and support requirements, were met.

People's health was monitored to make sure their well-being was maintained. A relative told us, "Any changes to [person's] health, we always get a phone call if something's happening." Staff described how they could recognise, from people's body language, if they were in pain. We saw that people's support pans contained information about their health conditions that staff knew about. We also saw that people had health booklets in place. These detailed any visits to health care professionals, such as to their doctor or dentist, and any follow on action required. People had emergency grab sheets and information for a hospital stay. These contained information about people's health and social care requirements for those who may not know their needs should a hospital admission or visit be required. In these ways people's healthcare needs were met.

Good

Is the service caring?

Our findings

People received support that was caring and compassionate. When people became upset, staff spent time with them to offer their reassurance. We also saw a person approaching a staff member and putting their arms out to indicate they wanted a hug. The staff member supported this and hugged the person back. This made the person happy. We observed the handover of information from staff leaving their shift to others arriving for theirs. Staff spoke about people in a kind way and described how people had spent their time and how each person was feeling.

People's dignity and privacy was respected. One person preferred to spend time in their room and we saw staff making sure they were comfortable and had the privacy they required by knocking on their door before entering. Where people required assistance to eat, we saw that staff promoted their personal hygiene by offering their assistance to freshen up throughout the mealtime. Staff understood how to maintain people's sensitive and private information because the provider had made available to them policies on confidentiality and data protection. We saw that people's care records were stored securely in a locked room to protect their privacy.

Staff knew the people they were supporting. They were able to describe people's likes and dislikes. One staff member told us, "[Person] always likes to talk about their mum and upcoming visits to see them." Another said, "[Person] dislikes anyone that is too touchy and feely. He likes space. He likes lots of things but particularly junk food!" We found that these examples matched what we read in people's support plans. Staff new to the service explained how they got to know about people. One staff member told us, "I read all of the care plans. I ask staff who have been here a long time."

People received the information they required in ways that were meaningful to them. One staff member told us, "Some people use basic Makaton [signing system]. Some use their own signs. People can use them to tell us what they want and we can give them information that way. For example, we can use a coat to see if a person wants to go out." We saw that people had 'communication passports'. These detail how to support a person's communication and offer guidance to staff. We saw staff members alter their communication styles and methods for different people they were supporting. This meant that people received information in ways that were important to them so that they understood what was being said.

People were supported to be involved in day-to-day decisions about their care where they could. For example, we saw staff offer people different food and drink and people were given time to make a choice. We also heard staff asking a person what they wanted to wear for a trip out as the weather was poor. Where people may require additional support to make decisions, information on advocacy services available to them was displayed. An advocate is a trained professional who can support people to speak up for themselves.

People were encouraged to be as independent as they wanted to be. We saw examples of staff assisting people to retain their skills. For example, we heard staff say, "Would you like to take away your empty cup?" We saw in people's support plans guidance for staff to promote people's independence. One person's

support plan detailed how staff should encourage a person to wash themselves as this was seen as important for them to undertake to promote their well-being. This meant that people were supported to retain their skills.

People were supported to maintain relationships that were important to them. One relative told us, "They bring [person] out to me. I'm 16 miles away but they come whenever I want, about once a fortnight and one staff comes with her." We saws in people's care records that their families had arrived at different times throughout the day and relatives confirmed they were made to feel welcome whenever they visited.

Good

Is the service responsive?

Our findings

People received the support they required based on their preferences and things that mattered to them. A social care professional told us, "[Person] is getting the care they need. They do personalised activity which they ask for. They [staff] are very responsive to their needs. Their bedroom is very personalised and beautifully decorated and it's their choice as well."

We saw a staff member supporting a person who required a high level of care and encouragement. They said to the person, "Come on, you're doing really well today. It's alright where would you like to sit? You're alright don't worry the chair is behind you. Would you like your jigsaw?" Staff were able to describe how they met people's preferences. One told us, "[Person] doesn't like to go out very much now. It makes them anxious." They described how the person enjoyed spending their time including their favourite television programmes and music. We found that this was detailed in the person's support plan. This meant that people could be sure that staff understand and acted on their support requirements.

People's representatives contributed to their family members' support plan. One relative told us, "Decisions, if they're needed, we're always involved. We've talked about funerals and things like that." Staff told us how family members and social care professionals helped them to plan people's care in ways that reflected things that were important to and for the people they supported. They told us that these people took part in this as people themselves were unable to contribute. We saw that people's support requirements were reviewed. A staff member told us, "As a team leader I go through and review the support plans with the seniors and the manager." We saw that people's support plans were reviewed monthly or more often if there was a change to a person's support. This meant that staff had up to date guidance about people's support requirements.

People's support plans were centred on them as individuals. There was information for staff on people's backgrounds, their preferences and things that mattered to them. For example, we read about a person's preferred time to get up in the morning and the activities they enjoyed. We also read about ways that people preferred to be supported and ways that staff could help them to understand what was happening. We saw that some people's support plans contained pictures to help people to be involved in understanding their support plan. We found that staff had a thorough understanding of people's support requirements and preferences, and they offered their support in ways that people responded well to.

People were happy engaging in activities that were offered to them. We saw that people accessed the local area. For example, they accessed the local church and leisure centre. We saw that the service had a spa bath as well as a sensory cabin in the garden area. The cabin was equipped with sensory materials. Staff told us that people got a great deal of pleasure from spending time in the cabin listening to music, touching sensory objects and watching the various coloured lights. One staff member said, "Sometimes living with people can be difficult. Coming in here helps people who have anxiety." We saw that activities were recorded as important for people in their support plans which staff knew about and we saw some of them occurring when we visited. This included trips into the local area.

People chose the décor of their bedrooms where they were able to. Staff told us that they chose colours based on people's facial expressions when they were offered different ones. We found that people's rooms contained items that were important to them such as family photographs and the music they enjoyed listening to.

People's relatives knew how to make a complaint should they have wanted to. One relative told us, "Yes, we know the manager and she'd sort it out, she'd sort anything out. Whilst [person] has been there, we've had no problem in double-figure years!" We saw that the provider had displayed their complaints procedure detailing what action they would take should one be received. Staff told us they carefully observed people's body language and listened to key words people said to help them to take action to make sure people remained happy with the service offered to them. We saw that this was important as people would not have been able to make a complaint for themselves. We saw that where a complaint was received, the provider took action including responding to the complainant to give information where this was required.

Good

Is the service well-led?

Our findings

Relatives told us the service was well-led and that any contact they had with the registered manager was good. One relative said, "It's very well run. If there was any problem [person] would not be there." A visiting health care professional told us, "I absolutely love it here. The staff here are perfect. I've never had any problem, it's a good service.' Staff told us that the registered manager was a good leader and that the team worked well together. One staff member said, "I'm learning every day. There is good communication and good teamwork."

People's relatives had opportunities to give feedback to the provider. There was a compliments and suggestions box for people's representatives available within the home. We saw that questionnaires had been sent to people during the last 12 months. These asked for feedback in topic area such as the choice of food available, activities offered to their family members and on the decoration of the home. We read many positive responses about the quality of care people received. One comment read, 'This home and the staff enables me to have confidence in the way my sister is looked after. The continuation of her care and activities are an integral part to this.'

Staff members told us they received good support from the registered manager. One staff member told us, "You're listened to. You can make suggestions and she's [registered manager] approachable." Another said, "She [registered manager] takes action. A brilliant boss, she's understanding. She's always there to listen and never too busy." We saw that the registered manager was available to staff during our visit and gave them direction and guidance when this was required.

Staff attended team meetings and received individual support from the registered manager so that they understood their responsibilities. One staff member told us, "They happen. We go over any new policies and updates. You can bring up any issues." We saw that the provider went through a 'policy of the month' in staff meetings so that team members were aware of any required changes to their practice. Staff were also given reminders about safe care. For example, we read, 'Don't just click on the buzzer intercom to let people in, check who they are.' This meant that there were opportunities available for staff members to reflect on their practice to improve outcomes for people using the service.

The provider had made available a range of policies and procedures that staff were aware of. These included a whistle-blowing procedure. A 'whistle-blower' is a staff member who exposes poor quality care or practice within an organisation. Staff knew what action to take should they have concerns. One staff member told us, "I'd go to [registered manager]. I am confident they would deal with it. You could also talk to other people within the organisation. Social services too if it's really serious, police or the CQC [Care Quality Commission]."

The provider had aims and objectives for what the service strove to achieve. These included managing risks associated with people's support, respecting people's dignity and making sure that people were treated as individuals. Staff knew about these aims and we saw them working to them when we visited. For example, people had the same opportunities to undertake activities and were respected when staff offered them

support. One staff member told us, "To give them the best. The best we can do. A home, not a business. Equal and balanced. To make sure people are safe and well cared for. I'm really proud of the home." This meant that staff knew about the aims and objectives of the service and offered their support in line with these.

There was a registered manager in place. It is a requirement that the service has a registered manager. 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 understood their responsibilities and the conditions of registration with CQC were met. This included the submission of statutory notifications by the registered manager to CQC for significant incidents that they are required to send us by law. This enabled us to check that the registered manager was taking any necessary action. The registered manager told us that they were currently in the process of submitting some statutory notifications. These were for authorisations they had received from the local authority where they had sought to deprive people of their liberty. During our inspection we saw that the ratings poster from the previous inspection had been displayed in a prominent position. The display of the poster is required by us to ensure the provider is open and transparent with people who use the services, their relatives and visitors to the home.

The provider and registered manager carried out checks on the quality of the service to make sure it was of a high standard. We saw that accidents and incidents were audited to look for patterns so that the provider could make adjustments to the care offered should this be required. Weekly checks on people's medicines also occurred to make sure people received their medicines when they required them and that the recording of this was accurate. We also saw that the safety of the building was checked. We found that action was not currently required to make improvements based on the provider's quality checks. Where improvements had been required by the local authority, these had been, or were in the process of being, implemented.