

The Old School House Limited

The Old School House and Courtyard Nursing Home

Inspection report

Main Road
Gilberdyke
Brough
North Humberside
HU15 2SG

Tel: 01430441803

Date of inspection visit:
06 January 2020
19 January 2020

Date of publication:
18 February 2020

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

About the service

The Old School House and Courtyard Nursing Home is a residential care home providing personal care and support to 26 people aged 65 and over at the time of the inspection. The service can support up to 42 people.

People's experience of using this service and what we found

People told us they felt safe and they received their medicines on time and as prescribed. Staff followed good infection control processes and lessons were learnt when things went wrong.

People's needs were thoroughly assessed, and care plans were regularly reviewed to ensure information remained up to date. People had access to plenty to eat and drink and those who required assistance received additional support.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The home was welcoming, and staff were friendly. Everyone we spoke with told us staff were kind and treated people with respect.

Staff knew people well and tailored support to meet people's different needs. They engaged people in meaningful activity and people's friends and families were free to visit the home at any time.

People told us the home was well-run and were confident any concerns would be addressed.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 26 February 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led section below.

Good ●

The Old School House and Courtyard Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

The Old School House and Courtyard Nursing Home 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 service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information

helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and one relative about their experience of the care provided. We spoke with 12 members of staff including the registered manager, deputy manager, care staff, cook, domestic and maintenance staff.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from risk of abuse and ill-treatment.
- There were effective safeguarding systems in place and staff responded promptly to any concerns. One person told us, "[We are] very safe here. If we have anything to say they listen very carefully."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People were protected from avoidable harm. Risks to people were thoroughly assessed and monitored and staff had the information they needed to care for people safely.
- Staff used equipment correctly to support people to stay safe.
- There were clear processes in place to monitor safety and lessons were learnt from accidents and incidents.

Staffing and recruitment

- Staff were recruited safely
- There were enough skilled staff to keep people safe. One person told us, "Oh yes, quite safe here. [There is] always staff around."
- The registered manager regularly reviewed staffing levels to meet people's changing needs.

Using medicines safely

- People received their medicines on time and as prescribed. One person told us, "[They are] good at giving you a paracetamol if you have a pain."
- Staff received training in the safe administration of medicines and the registered manager assessed their competency in this area.
- Medicines were stored correctly and disposed of safely.

Preventing and controlling infection

- People were kept safe from the risk of healthcare associated infections.
- Staff had access to and used personal protective equipment and followed good infection control and prevention processes. One person told us, "You won't get a place any cleaner, and it's warm."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff were appropriately trained and supported in their roles. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff had the right skills and experience to care for people. People told us staff were competent in their roles. One staff member told us, "I take a lot of pride in my work."
- New staff had completed a thorough induction programme and staff continued to undertake additional training to meet people's needs.
- Staff felt supported. The registered manager met regularly with staff to review their practice and development and to discuss any concerns.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Care and support was planned and delivered in line with best practice following a thorough assessments of people's needs and preferences. This was regularly reviewed and updated to ensure people continued to receive the right care.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people.

Supporting people to eat and drink enough to maintain a balanced diet

- People had access to enough food and drink throughout the day and those with complex needs received the support they needed.
- Mealtimes were a pleasant experience and people were given a choice of dishes. Alternative options were available to people if wanted something else. One person told us, "If there's anything you don't like they'll do you something else."
- Staff offered people a choice of hot and cold drinks throughout the day.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff made appropriate and prompt referrals to other health professionals when they had any concerns

about people's health. Staff acted on professionals recommendations.

- People received information about their care and support options. One person told us they were engaged in a course of alternative therapy.

Adapting service, design, decoration to meet people's needs

- People lived in warm, homely environment.
- Visual aids and signage were in place to support people to find their way around the home.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- Staff had a good understanding of MCA and DoLS and were confident about using the Act.
- They Staff followed the correct procedures in assessing people's capacity and best interest decisions were always made in accordance with legislation and people's wishes.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated people with kindness. They engaged in meaningful conversation with people and addressed people in their preferred way. People told us, "[All the staff are] very kind, oh yes, they are that" and "No discrimination here, everyone is treated the same."
- Staff were attentive to people's needs. For example, we saw staff adjusting curtains when they found the sun was shining in someone's face.
- People's families and friends were free to visit at any time.

Supporting people to express their views and be involved in making decisions about their care

- Staff listened to what people wanted from their care. People told us, "Yes, I tell them what I want, when I want to do it" and "They listen to me, discuss things with me."
- Staff included people and their families in assessing and reviewing care and support.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. Staff supported people discreetly and compassionately. People told us, "They always knock before coming in" and "They never rush me."
- Staff supported people to maintain their independence. A staff member told us, "We will encourage people to do what they can for themselves as much as possible."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs. At the last inspection this key question was rated as good.

At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People received personalised care and support. Their care plans contained information about their likes, dislikes and preferences, and staff used this information to care for people in a way they preferred. One person told us, "They know me well, know my preferences."
- Staff carried hand-held devices and recorded care at the point of delivery. Care records were uniquely tailored to each person. One staff member told us this technology afforded them more time to spend with people.
- Staff supported people to access the community, take part in activities they enjoyed and to pursue hobbies and interests. Staff had recently organised a bingo night which took place in the local hall and was attended by residents of the home and members of the local community.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Reasonable adjustments were made where appropriate to meet the information and communication needs of people with a disability or sensory loss, as required by the Accessible Information Standard.
- People were provided with information in a format they could read or understand.

Improving care quality in response to complaints or concerns

- The provider welcomed and acted on feedback received by the home.
- Complaints investigations were thorough, lessons were learnt, and improvements were made where possible.

End of life care and support

- People's preferences for end of life care was well-documented and staff respected peoples wishes.
- Staff made sure that people, their families, friends and other carers were actively involved in developing care and support plans.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to ensure effective systems to assess, monitor and drive improvement in the quality and safety of the services provided. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Systems were in place to measure service delivery and to support continuous improvements.
- The registered manager carried out monthly audits in areas such as care plans and medicines records to assess the quality of the service.
- Staff were clear about their roles and responsibilities and supported each other to make sure people experienced good healthcare outcomes and a good quality of life.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People told us they were happy at The Old School House and Courtyard Nursing Home. We found the atmosphere to be warm and welcoming. One person told us, "Very hard to say what is best, it is such a fabulous place."
- People gave positive feedback about the management of the home. Comments included, "I think the place is very well run. I think a lot of thought has gone into it" and "[The] manager is very good, they always talk to us."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The registered manager worked in a transparent way and made improvements where they were able.
- Learning was shared with staff to ensure improvements were sustained. One person told us, "They seem to realise if something is going wrong and put it right before it affects us."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager engaged with people, carers and other stakeholders in the running of the service.

They had recently invited an independent consumer champion into the home to drive further improvements.