

## The Old School House (Madeley) Ltd

# The Old School House

### Inspection report

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#### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



#### Overall summary

The inspection was unannounced and took place on 9 June 2015. At the last inspection in August 2013, we found the provider was meeting the regulations we inspected.

The Old School House provides care and accommodation for up to 10 people with a learning disability. There were nine people living in the home on the day of the inspection. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

‘registered persons’. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they or their relative was kept safe. Staff and managers had received training in safeguarding people and demonstrated an understanding of abuse. However, they were not aware of their responsibility to refer incidents of potential abuse to keep people safe

# Summary of findings

from harm. There were enough staff to meet people's needs and to support them in leading the lives they chose. People were given their medicines when they needed them by staff who had received training.

People were supported by staff that had the skills to meet their needs. Staff had received training and felt supported in their roles. People were supported to make decisions and choices but staff did not understand the requirements of the law to support people who lacked mental capacity to ensure their human rights were fully protected. People's healthcare needs were regularly monitored and reviewed.

Staff were kind towards the people they supported and interacted with people calmly and positively. We saw staff had developed positive and trusting working relationships with people. People were listened to and respected by staff who knew them well and their privacy and dignity was respected.

People's care plans and risk assessments were personalised. Staff were able to tell us how people preferred their care and support to be delivered. People took part in a range of activities and staff knew how to raise concerns on behalf of the people they supported. The management team had responded to a complaint received since the last inspection.

The management team were approachable and supportive. People considered the home was well-led and felt listened to. People's views were sought about the quality of the service they or their relative received at the home. The provider had some systems to monitor quality but acknowledged this was an area for development to drive continuous improvement.

# 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 not always safe.

Staff received training and demonstrated an understanding of types of abuse but were not aware of their responsibility to refer incidents of potential abuse to keep people safe from harm. Risk associated with people's care was identified and managed. There were enough staff to make sure people received their medicine safely and received the support they needed.

Requires improvement



### Is the service effective?

The service was not always effective.

Staff received training to meet people's specific needs and support them in their role. Staff did not understand the requirements of the law to support people who lacked mental capacity to ensure their human rights were fully protected. People were supported in maintaining their health and nutritional needs.

Requires improvement



### Is the service caring?

The service was caring.

Staff were kind and caring and had a good understanding of people's needs and preferences. People's privacy and dignity was considered and respected.

Good



### Is the service responsive?

The service was responsive.

People's needs were assessed and reviewed. People were involved in planning and reviewing their care. Staff knew how to raise any complaints or concerns on behalf of the people they supported.

Good



### Is the service well-led?

The service was not always well-led.

Systems to monitor quality required further development to drive continuous improvement. Managers were approachable and supportive. People's views were sought about how the home was run.

Requires improvement



# 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 unannounced inspection took place on 9 June 2015. The inspection team included two inspectors.

We reviewed the information we held about the home. We had not received any statutory notifications from the provider since the last inspection in August 2013. A

statutory notification is information about important events which the provider is required to send us by law. We also sought information and views from two local authorities. We used this information to help us plan our inspection of the home.

During the inspection we met all nine people who lived at the home. We spoke with the registered manager, the facilities manager and four support workers. Following the inspection we spoke with three people's relatives. We looked in detail at the care two people received, carried out observations across the home and reviewed records relating to two people's care. We also looked at how medicine was managed, reviewed complaints, staff training, recruitment and systems used for monitoring quality.

# Is the service safe?

## Our findings

The management team and staff had received training in protecting people from harm and demonstrated an understanding of different types of abuse but were not aware of their responsibility to refer incidents of potential abuse to keep people safe from harm. We saw staff recorded incidents that had occurred between people and all incident records were seen and countersigned by the registered manager. Action taken as a result was documented by the registered manager. However, we found incidents that may have constituted potential abuse had not been referred to the local authority who take a lead on investigating such matters. Following our inspection the management team advised us that they had contacted the local authority and had shared incident records with them and that a meeting had been arranged to discuss safeguarding and their responsibilities. Additional training for managers and staff had also been sought.

People who were able to share their experiences told us they felt safe at the home. One person said, “I like it here; the staff are nice and look after us”. All of the relatives we spoke with considered their family member was kept safe. One relative told us, “They’ve put lots of measures in place to safeguard [name of family member’s] safety. Another relative said, “[name of family member] is definitely safe there”. We saw people looked comfortable with staff and other people they shared their home with. A member of staff told us they would feel “absolutely confident” in ‘speaking out’ in the event of observing poor staff practice. We saw staff had access to a written policy and procedure to follow. One member of staff told us, “I’d immediately report it to [name of registered manager].

We saw risks to individuals had been identified, assessed and recorded in people’s care plans. This included risks associated with road safety and community activities. We saw there were systems in place to record accidents and incidents. Where people presented behaviour that challenged we saw these were recorded and the

information was used to inform a health care professional as part of people’s medication reviews which ensured that people received the support they needed. A member of staff told us, “We record every incident”.

People told us they thought there was enough staff on duty to support them to do the things they wanted to do. This was also reflected in discussions held with staff and relatives and our observations on the day of the inspection. One member of staff told us, “Staffing is flexible to cover activities, days out and support people with visits to their family”. The management team explained the process they had in place to ensure only suitable staff were employed to work at the home. They considered the recruitment procedure was robust. We spoke with a newly appointed member of staff. They considered the procedure was “thorough” and confirmed all of the necessary checks had been undertaken before they commenced employment. This was demonstrated in the staff file held for them.

We looked at how other people were supported with their medicines. A member of staff described procedures as a, “Fantastic system”. We saw people received their medicine when they needed them and these were stored securely. Copies of prescription forms were kept to enable staff to check the correct medicines were being given to people. Records we checked were completed correctly and showed that people had received their medicines when they were required to have them. A member of staff told us how they ordered and disposed of medicines. We found these systems were safe. Regular reviews were held to ensure people received the right medicine in the right quantity. A member of staff told us that one person’s medicine had been reviewed when staff noticed a change in the person’s sleeping pattern. Staff told us that they had received medicine training. The management team told us they regularly observed staff administer people’s medicine but did not record their findings. There was a medication policy available however; the management team acknowledged this required updating to reflect current practice.

# Is the service effective?

## Our findings

We saw people responded positively to the staff support they received, and engaged well with the staff on duty. We were told people living at the home lacked capacity to consent to important decisions however, care records we reviewed lacked information about people's capacity to consent or for making specific decisions in relation to their care and support. The management team shared an example of when a best interest meeting had been made in relation to one person with input from relevant people and professionals.

Staff told us they always asked people's consent before providing care. A member of staff shared an example of how they supported a person who was unable to give consent verbally. They said, "If [name] doesn't want a shower they will let me know by physically walking away from the shower". Although staff and managers had received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) some years ago, discussions showed they had a limited awareness of their responsibilities of this law and the effects it could have on people. During the inspection, the management team sought additional training in order to refresh the team's skills and knowledge. We were told a DoLS application for one person, who required continuous supervision in the community, had been submitted to the local authority for authorisation some months ago. During the inspection, managers contacted the local authority for a progress update and agreed to submit further applications for other people based on our discussions with them.

Some people presented behaviour that challenged the service. We saw this was managed in a way that maintained people's safety but did not always protect people's rights. For example, although staff showed that they understood how to respond to people's behaviour, we saw restrictions were in place that prevented people's freedom of movement around the home. We found a stair gate had been fitted at the bottom of the stairs to reduce the risk of a person using the stairs without staff supervision. This prevented other people from accessing their rooms independently when the person was at home. Locks had also been fitted to one person's bedroom furniture to prevent them from accessing their clothes without staff support. Staff shared the reasons why such measures were

in place. We saw one person had bed rails on their bed. The management team told us these were used when the person's health deteriorated and they were in place to safeguard the person but were no longer in use due to an improvement in the person's health. However, discussion with staff identified the bed rails were still being used. The management team agreed to review this practice.

People told us they liked the food and helped choose their meals. One person said, "We go to Tesco's down the road to buy our food and we sometimes go to the pub". A relative told us, "[Name of family member] has broadened their diet and tried and tasted lots of different foods". Another relative said, "The food is marvellous". Throughout the inspection we saw that people were supported by staff to have access to snacks and drinks to include fresh fruit. We were shown the menu. We saw this provided people with a range of meals and alternative choices; nobody required a specialist diet. We saw people had access to specialists, such as the speech and language therapist to help them with their eating and drinking.

People told us they got their own breakfast and made their own sandwiches but that staff cooked the main meals for them. One person said, "We're not allowed to use the cooker". We shared this with the management team and discussed options to enable people to develop their skills and independence based on assessment of risk. We saw people eating their meals and chose where they wanted to sit. However, we found the meal time experience did not provide a pleasurable experience for people. Most people sat at a small breakfast bar in front of oak bars overlooking the kitchen. There were no condiments provided and people drank from plastic beakers. We found the environment was not conducive to eating.

One person we spoke with told us staff knew them well and felt that staff understood how to meet their needs. They said, "Staff are good. They help me when I want it". Relatives felt staff had the skills and knowledge to meet their family member's needs. One relative said, "The staff regularly go on courses to help update their skills and knowledge in what's going on in the care world". Another relative told us, "The staff have definitely got the skills and always do training to update their skills". A member of staff said, "Knowledge of our residents is a big thing to us and we deal with people as individuals". We saw people were supported by an established staff team. Staff told us they were provided with good training opportunities to equip

## Is the service effective?

them to carry out their work effectively. Staff reported they were well supported and received one-to-one meetings with the registered manager and attended staff meetings. A member of staff told us, “[Name of facilities manager] is really hot on training and doesn’t allow anything to slip. All my training is relevant and up-to-date”. We saw staff communicated with people effectively most of the time.

People told us they went to the doctors and dentists when they needed to. One person said, “I see the doctor when I’m poorly”. We saw people were supported to maintain good health and had access to healthcare services and support. Staff knew people’s routine health needs and preferences. Care records identified people’s healthcare needs and showed people saw health care professionals when they

needed to and were referred to specialists promptly. Staff were familiar with people’s individual support needs and were responsive to people’s needs. We saw staff had sought specialist advice and intervention when a person’s health needs had deteriorated. Managers advocated for the person concerned to ensure their health was safeguarded. The facilities manager told us, “The minute we saw a change in [name of person’s] needs we sought help straight away”. We saw people were provided with the specialist equipment they needed to keep them safe and to support their independence. For example, one person had been seen by the occupational therapist and equipment had been obtained in order to promote the person’s independence and safety.

# Is the service caring?

## Our findings

People told us they liked the staff. One person said, “They are very good and nice”. Another person said, “I like them”. A relative told us, “The staff are absolutely caring”. One relative said, “[Name of family member] is very well looked after and I wouldn’t want them moved from there”. Another relative described the care as, “Second to none”.

We saw staff were kind towards the people they supported and interacted with people calmly and positively. They had developed positive and trusting working relationships with the people living at the home. Staff took time to listen to people and allowed them time to express their needs and preferences however, on occasions we saw one person lacked staff interaction. Although this did not appear to affect the person at the time, we shared this with the management team who said they would address it.

People told us they chose what they wanted to do. This included what time they wanted to get up and retire to bed, the activities they wanted to do and where they wanted to spend their time. We saw people attended their review meetings and were involved in their care planning,

as far as they were able. People had designated key workers that were responsible for reviewing their care. Care records we looked at detailed people’s likes and dislikes and staff were aware of people’s preferences. People told us that staff encouraged them to maintain relationships with their friends and family and to help out round the

house. One person said, “I wash up and keep my room tidy”. Staff told us that they liaised with people’s relatives on a regular basis and kept them informed of any changes in their family member’s care where appropriate. A relative we spoke with confirmed this and told us they visited the home whenever they wanted and said staff made them feel welcome every time.

One person showed us they had their own key to their room and said they could spend time in their own room as they wished. People told us staff knocked on their doors and respected what they wanted. Staff shared examples of how they promoted people’s privacy and dignity. This included respecting people’s personal space and supporting people with their personal care routines behind closed doors. For example, one person’s care record stated that the person shaved independently and staff were to ask if they could check the person’s skin to see if they had missed any areas and offer support where needed. The person confirmed this is what staff did in the privacy of their own room. During the inspection we heard the registered manager discreetly suggest to one person that they change an item of their clothing after they had spilt their food down them. This ensured their dignity was promoted. We saw the home had received a written complaint last year in relation to an incident where one person’s dignity was compromised. The management team described the action they had taken to put things right to ensure people’s dignity was fully promoted and the lessons learnt.



# Is the service responsive?

## Our findings

People told us they were involved in decisions about their care and that staff supported them when they needed them to. One person said, “I have meetings and we talk about me and what I am doing”. Relatives told us they felt fully involved in their family member’s care and support. One relative said, “I get invited to a care review every year at the home with [name of family member], the manager and care staff and get given lots of paperwork telling me what [name of family member] has been up to, their health, medication and so on”.

One person told us they had visited the home before they moved in and met and spent time with other people and staff to help them decide if it was the right place for them. We saw the home had obtained an assessment of need from the funding authority and carried out their own assessment to ensure they were able to meet the person’s needs. We looked in detail at the care and support two people received. Each person had individualised care plans. These contained information about their life history and included their personal preferences. We saw people’s care was reviewed with them and with people that were important in their lives and with their care. Staff were able to tell us about people’s individual needs and preferences and these reflected information that was recorded in their care records. We saw the provider had systems in place to monitor and discuss people’s changing needs for example, reviews, staff handovers, diaries held for each person and during staff meetings. We saw that care plans were updated to reflect any changes in people’s needs. Staff considered people’s care plans were sufficiently detailed to ensure they provided people with continuity of care and support.

People told us they chose what they wanted to do. We saw people were supported to engage in a range of activities that reflected their personal interests. During the inspection most people went out on varied activities these included a walk along a local old railway line, activities at a community centre and visiting a local shop and the chemist. Care records described people’s hobbies and interests. One person told us, “I go dancing, shopping, swimming, football, to the bank to get my money out and to a club on a Thursday. We go to the pub too. I’ve got lots of friends and I see my family every week”. They showed us their room and we saw their room had been personalised with photographs of them and people close to them. They showed us their music tapes and DVD’s and told us they had chosen their own bedding. People told us they were going on holiday and had the choice of two locations. One person said, “I’m looking forward to my holiday; I like staying in a caravan”. A relative told us, “They do lots of activities and are always out and about. They have a good social life”. Another relative told us, [Name of family member] enjoys doing puzzles”.

People knew who to speak to if they were unhappy with their care and support. One person said, “I’d speak with my keyworker”. Relatives we spoke with told us they had never had the need to make a complaint. One relative said, “I’ve never had to make a complaint. I can’t fault it”. Staff knew how to raise complaints or concerns on behalf of the people they supported. A copy of the complaints procedure was available but this was not in an easy-read format for people. Records showed that the provider had taken action to address the one complaint that they had received since the last inspection.

# Is the service well-led?

## Our findings

The home had a registered manager in place that had worked at the home for numerous years and was closely supported by the facilities manager, who provided administrative and general support. The management team were able to share the strengths of the service and areas requiring improvement. This included installing a passenger lift to accommodate people's needs. However, we found that they had not identified and reported incidents of potential abuse and significant matters to us and other relevant authorities as required. For example, incidents of potential abuse, significant injury and an admission to hospital. The management team fully acknowledged these shortfalls and were committed to addressing these.

The provider had some systems to monitor the quality of the care and support people received. The facilities manager told us, "We pride ourselves on quality". We saw evidence of internal checks covering petty cash, people's finances, medication accidents and incidents. A health and safety audit had also been carried out by an external agency in addition to weekly checks by staff and servicing of equipment by external agencies. The management team acknowledged the need to review and update the homes policies and procedures to ensure they were current and in line with good practice. We were told the registered provider visited the home and, "walked the building" to meet and speak with people and if anything was picked up it was acted upon. However, these visits were not formalised to demonstrate findings and any action taken resulting from the visits in order to drive continuous improvement. A member of staff told us, "The provider is very supportive and listens to us and makes any improvements we suggest". Another member of staff said, "If there's something you want, you get it as long as it benefits the residents".

We observed the registered manager interacting with people throughout the day and conversations demonstrated that they knew people well and spent time working alongside the people using the service and staff. This helped them with monitoring staff practice, performance and the care and support provided. Staff told

us they felt able to approach the registered manager and offer suggestions to improve the quality of the service provided to people. One member of staff told us they found the registered manager, "Very approachable and helpful."

Relatives considered the service was well-led. One relative said, "I can't fault The Old School House, I really can't. I have nothing but praise for them". Another relative said, "I've been in lots of different care homes in my time and I've never seen one so organised as this one". Relatives told us there was good communication between staff at the home and themselves and felt the home had an open culture that encouraged people's involvement in the service. A member of staff told us, "There is a very positive culture and the manager has worked here a long time and promotes a good atmosphere in the home". People and staff told us they found the management team approachable and felt they were listened to. One person said, "The staff are good; they always tell me what's going on". Managers told us they led by example. The facilities manager said, "We work jointly and wouldn't expect staff to do what we were not prepared to do ourselves". We saw the service had developed strong links with the local community. We were told people from a place of worship visited the home at Christmas. During the inspection a neighbour also visited the home to share a celebration cake with people.

There were systems in place to obtain feedback about the service. Residents' meetings took place so people could share their views and plan activities. The minutes of the most recent meeting held demonstrated that people using the service had contributed to the meeting and various subjects had been discussed, for example holidays, meals, activities, day trips and feedback about health services people received. We saw as a result of feedback from people a ground floor washroom had been installed. We saw staff meetings were held and staff contributed to these meetings. These showed that numerous discussions were held with actions and identified timeframes for completion. A member of staff told us, "We share and contribute". People and their relatives told us they had completed satisfaction surveys and also attended care reviews which provided opportunity to share their views about the service provided. The latest survey undertaken in January 2015, showed people were satisfied with the service. Comments included, "I am happy and I don't think anything needs changing" and, "I like my home and my room". Information

## Is the service well-led?

obtained from surveys had not been collated and a report of the outcome shared to inform people of the overall findings. People told us the registered manager was available and listened to what they had to say.