

The Old School House (Madeley) Ltd

# The Old School House

## Inspection report

17 Church Street  
Telford  
Shropshire  
TF7 5BN

Tel: 01952582808

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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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

The Old School House is a residential care home registered to provide personal care to up to ten people with a learning disability. At the time of the inspection there were three people living at the home.

Registering the Right Support has values which include choice, promotion of independence and inclusion. This is to ensure people with learning disabilities and autism using the service can live as ordinary a life as any citizen. The home was not fully meeting the principles of this policy.

The Old School House is currently in a period of transition. The home is being sold and people, placing authorities and staff have been given a date for its final closure if a sale is not achieved.

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

The priority for the home managers and staff is currently to keep people safe while planned changes take place. People received safe and effective care and support to meet their individual needs. People were protected from harm as risks were known although some safeguards were not the least restrictive despite keeping people safe. Staff were confident to recognise and report abuse.

People received their medicines as prescribed and there were procedures in place to ensure the process was carried out safely.

People were supported by a staff team who had the knowledge and skills to meet their needs effectively. There were enough staff employed to ensure flexible support. Staff were well supported.

People's needs had been assessed and documented in care plans. Staff were confident they could meet people's individually assessed needs and relatives were equally as confident in staff's skills and abilities.

People's care was responsive to their changing needs. Staff worked in partnership with health and social care professionals to ensure consistency and ensure people received appropriate and safe support. People were supported to access healthcare, and other agencies, when required and effective joint working had a positive impact on people who used the service.

People received appropriate support to eat and drink and their nutritional needs were met.

Staff were caring and respectful, promoting people's privacy, dignity and independence.

People knew how to raise a concern and felt listened to.

Activities were currently not being developed although people still had opportunities to enjoy social events, especially in the lead up to Christmas time.

Interim management arrangements ensured stability at a time of great change. The provider had been open and transparent about changes and had taken appropriate action when things had gone wrong and when people had been put at risk of harm.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was requires improvement. (Report published March 2019. At this inspection the service is now good.

#### Why we inspected

This was a planned inspection brought forward following safeguarding concerns raised to the local authority. At the time of the inspection these concerns were being addressed.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme or until the home closes. 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?

Good ●

The service was safe

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our Well-Led findings below.

# The Old School House

## 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

This inspection was carried by one inspector.

#### Service and service type

The Old School House is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 did not have a manager registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The service had an interim manager, who was not available on the day of the inspection, and a facility manager, who was.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. This included checking for any statutory notifications that the provider had sent to us. A statutory notification is information about important events which the provider is required to send us by law. We had received feedback from the local authority and the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and

improvements they plan to make.

#### During the inspection

We spoke with one person who use the service and one staff member and the facility manger. We looked at two care files. We also looked at records held by the service including audits.

#### After the inspection

We sought clarification from the provider regarding some of the evidence found. We received written feedback from a relative and a social care professional who visited the home.

# 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 with breaches of regulation identified. At this inspection this key question is now good.

This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Risk assessments were in place for people however some risks had not been formally assessed although they were being managed. In discussions we identified less restrictive ways of keeping people safe and the facility manager took immediate action to assess these safeguards and committed to implement them if considered safe to do so.
- Risk that were identified at the time of the last inspection, which constituted a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been addressed and the people had moved from the home thus eliminating the risks.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse by staff who had received training in recognising and reporting any concerns. A relative told us, "I completely trust them [the staff] and I know they would do everything to keep [person's name] safe."
- Local safeguarding policies were in place and staff had access to a whistleblowing policy which they had used effectively.
- Staff told us if they had any concerns they would be confident to speak with the facility manager and the facility manager told us they liaised with the local authority to keep people safe following recent allegations of abuse.

### Staffing and recruitment

- People were supported by staff who were able to meet people's needs and knew them well. There were currently enough staff to meet people's needs and staff were flexible to support people for hospital and family appointments.
- We did not look at the recruitment process as part of this inspection as the home is closing and there is currently no active recruitment taking place.

### Using medicines safely

- People received their medicine on time by staff who were trained to administer it as prescribed.
- Staff confirmed they had received training and competency checks before they could administer medicines.
- Medicine was stored securely and in line with manufacturer's instructions.
- Prescribed creams were used as directed and there was guidance on their administration available for care staff.

- Protocols were in place for medicines administered as and when required. Staff were aware of these and they were being followed.

#### Preventing and controlling infection

- People were protected from the risk of infection by effective infection control procedures being in place.
- On the day of the inspection the home was seen to be clean.
- The home had received a rating of five stars for their hygiene standards from the local authority.

#### Learning lessons when things go wrong

- Staff told us how practice had been reviewed in light of incidents and processes reviewed as a result to reduce likelihood of reoccurrence.
- Since the last inspection people have left the service to live in more appropriate accommodation to better meet their needs. For example, one person with increased health care needs now lives in a home that provides nursing care.



# 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 Good. At this inspection this key question has remained Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs had been assessed prior to their admission and were continually reassessed as their needs changed.
- Staff told us they could meet people's needs effectively and we saw how they worked flexible to support one person who currently had health issues.
- People's care files contained information to guide staff as to how to effectively meet people's assessed needs although some information was not documented. The facility manager committed to add details to one plan to fully reflect what the staff team knew about the person.
- In discussions, staff were knowledgeable about people's needs and preference, including little details that made care personal.

Staff support: induction, training, skills and experience

- One person told us that the staff were 'good' and knew how to support them. A relative spoke very positively about the staff team and how they effectively met their family member's care and support needs.
- Staff had received training relevant to their roles and although there was no training currently being delivered, due to the imminent changes, staff felt they had the skills and knowledge to effectively support people.
- Staff told us they felt well supported with opportunities for one to one and group discussions to reflect on practice. Staff told us that senior staff were approachable and very supportive.

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

- People were supported to maintain a balanced diet and had access to drinks and snacks throughout the day.
- People, relatives and staff, reflected positively on the quality of the meals provided. One person told us, "They do my favourites." A relative told us, "It is fantastic to see that delicious meals are cooked from scratch with fresh ingredients."
- Staff were knowledgeable of people's dietary needs and care plans detailed likes and dislikes.
- People's weight was monitored when required and staff worked with health care professionals to share any changes that could indicate an underlying health issue.

Staff working with other agencies to provide consistent, effective, timely care

- The staff worked with outside agencies to support the delivery of people's care. Staff told us they had good working relationships with these agencies to ensure people's needs were assessed and appropriate support was identified.

- We saw that where people's health needs had declined appropriate support had been identified and staff were working with agencies to ensure the best outcomes for the person.
- Staff told us how they shared information with new care providers when people moved from the home and have kept communication channels open to ensure any additional information required was shared to enable new providers to deliver effective care.

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

- The Old School House provided a spacious environment that would benefit from some refurbishment, in part, to make it look more homely.
- We saw pictures of people engaged in various activities used to create a homely atmosphere. People were able to, and encouraged to, personalise their rooms.

#### Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare services and get support when required.
- We saw that people's oral health needs had been assessed and incorporated into care plans.
- Staff and health professionals worked flexibly and creatively to ensure they could offer the required support for a person to ensure they received essential tests to identify underlying medical conditions.

#### 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.

- People's capacity was assessed under the MCA and where people had capacity their wishes were respected.
- When people lacked capacity to make a specific decision, the correct process was followed. Best interests meeting were held and applications to deprive people of the liberty were submitted to the local authority and reviewed appropriately.
- People were asked for consent before being supported and staff told us how they knew people's non-verbal responses to indicate if they were happy, or otherwise, about something.
- One person, who had a restriction placed upon them had consented to this however it was not recorded. The facility manager decided to revisit the restriction prior to documenting the person's agreement.

# 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 remains good. 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.

- People were treated with kindness, compassion and respect. One person told us that staff were kind to them. Interactions seen demonstrated a warmth and empathy.
- Staff told us how they worked flexibly to ensure people's needs were met and they did this because they cared about the people they supported. One relative told us, "I am delighted with the service and I cannot speak highly enough about the home and the loving care which my [relative] receives from the wonderful staff."
- People were well groomed and dressed to reflect their individual preferences and tastes. Relatives reflected this saying, "[Person's name] is always beautifully presented, well-groomed and the care taken to maintain their personal hygiene is outstanding."

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

- People were involved in decisions about their care as far as they were able. When people could not express their views staff worked closely with family members and health and social care professionals to ensure their needs and best interests were considered.
- One person was able to verbally express their needs and wishes and staff listened to them and asked them what they would like to do. When people were unable to verbalise, staff responded to gestures and facial expressions to respond to their wishes. Interactions were relaxed and unhurried.

Respecting and promoting people's privacy, dignity and independence

- People's dignity was protected. We saw staff discreetly adjusting people's clothes and talking quietly to them when discussing person care matters.
- People were supported with personal care in private and monitoring of a person when they were resting was discreet and unobtrusive.
- Care records were kept securely to ensure confidentiality was maintained.
- People were encouraged to support themselves and maintain independence where possible although for one person this could be further developed to enable them to learn new skills in the future.

# 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 requires improvement.

At this inspection this key question has improved and is now good. 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

- People received care that was personalised to their needs.
- People, and relatives, told us that staff met their care and support needs in ways they preferred. Care plans, overall, identified people's care and support needs and a thorough record of a person's health care appointments with outcomes demonstrated how staff were fully responsive to a person's changing needs meaning they received the treatment they required.
- Activities were minimal, and this was an area where the facility manager told us was not being developed due to the imminent changes. People attended clubs, went shopping and attended, and hosted, Christmas parties to ensure they remained socially stimulated during the home's transition period.
- We saw how effective communication ensured staff were responsive to people's needs. Effective communication between health care professionals and with families ensured people's changing needs were met. A relative told us, "The School House does a wonderful job in getting to know families and I would describe the relationship as a true partnership of open and transparent communication where the needs of the individual are of the utmost priority."
- Records detailed correspondence and actions identified. These meant that staff could act upon changing advice and guidance and demonstrate outcomes for review.
- People were treated as individuals and their protected characteristics were recognised and supported.

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.

- People's communication needs had been identified and staff were aware of how to effectively communicate with the three people they supported.
- When people were unable to verbalise their needs and wishes staff were responsive to changes in mood and behaviour enabling them to respond to their wants and needs.

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 were supported to maintain relationships with friends and families. One relative told us how the staff had made efforts to keep contact and maintain memories. They told us, "As a family we really appreciate that."

#### Improving care quality in response to complaints or concerns

- People who were able to share their views verbally told us that they would share a concern with staff if they were unhappy about something. Staff told us that two people would show displeasure or unhappiness by gestures and behaviours. As staff knew people well they could be confident they would know if someone had a concern.
- Staff were knowledgeable of the people being supported and would speak up if they felt something was wrong.
- The facility manager told us how complaints would be acknowledged, outcomes shared, and any lessons learnt.

#### End of life care and support

- At the time of the inspection no-one was receiving end of life care. The facility manager said that families would be involved with any decisions that may be needed prior to the closing of the home.

# 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 remained requires improvement although they are no longer in breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Previous management arrangements had not been effective and as a result people had been placed at risk of harm and abuse. The facility manager had now created an open culture where information was effectively shared to ensure good outcomes for people. The majority of people who used the service have moved from the home.
- People told us they were happy with the care they currently received, and people's relatives were also highly satisfied.

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

- The home did not currently have a registered manager and the interim manager was away from the home. The facility manager was assuming all management responsibilities and had a good knowledge of the current health and social needs of the people being supported at the home.
- The facility manager told us that the provider regularly visited the home and they had good support from external human resources teams to assist them make appropriate management decisions.
- Notifications of incidents, events or changes that happen at the service were sent to us within a reasonable timescale and as required by law. These included safeguarding referrals and incident notifications. We had not, however been notified that the previous registered manager had left and the facility manager committed to ask the provider to immediately complete the appropriate paperwork to do this.
- The service had audit systems in place that identified strengths and needs of the service. Outcomes were shared within the staff team to drive improvement. We saw how checks were made to ensure medicines were given safely and that identified tasks had been carried out to ensure the safe running of the service.

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

- The provider understood their responsibilities under the duty of candour and the facility manager also told us how they worked openly and transparently. They shared examples of how safeguarding concerns had been shared with all relatives, so they knew what was happening.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics

- People, their families, staff and other stakeholders were offered various opportunities to be involved in discussions about how the service operated.

Continuous learning and improving care

- The provider had learned from incidents that had occurred at the home over the last twelve months. They had taken action to prevent reoccurrences. They looked at why events happened and took appropriate disciplinary action and now staff felt confident that they delivered safe support to people while the home was still operational.

Working in partnership with others

- Records showed how staff worked closely with health and social care professionals to ensure people's good health and wellbeing. The facility manager has also worked closely with commissioners of services and families to ensure people were supported during the closure of the home.