

Eeze Old School House Ltd

The Old School House

Inspection report

Old School House
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Old School House is a care home providing personal care and accommodation. The service can support up to 7 people. People living in the home had their own bedrooms and there were shared communal spaces, including lounges, a kitchen, and a garden area. At the time of this inspection 3 people were receiving a regulated activity.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

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

The service had made improvements required following our last inspection and could demonstrate how they met most of the principles of right support, right care, right culture. However, further improvements were needed regarding the providers quality monitoring systems, activities and some aspects of care planning.

Right care

Improvements were needed to be made regarding the identification and recording of peoples wishes and preferences as they approached the end of life. People were safeguarded from the risk of abuse as staff had refreshed their safeguarding training and knew how to respond to allegations of concern. People's individual care and support plans reflected their needs, wants and wishes.

Right Support

People needed to be further engaged in developing activities which were functional, enjoyable and built on their existing skills whilst promoting new ones. People were involved in the development and reviews of their care and support plans which reflected their needs and wishes. 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.

Right culture

People received effective care and support which met their individual needs. The provider completed quality checks to identify and improve people's experiences of care. However, these checks needed to be embedded into practice and demonstrated as effective over time. These included checks to the physical environment where people lived to ensure it was safe.

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 inadequate (published 21 December 2023) and there were breaches of regulations regarding safety, protection from abuse, consent, person centred care and how the service was managed. Following the last inspection, the provider was issued with a warning notice giving them a specific date by which to be compliant with the law. Improvements were noted at this inspection and the provider was no longer in breach of regulations. However, improvements were still required. Please see the responsive and well-led sections of this report.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

At this inspection we found improvements had been made and the provider was no longer in breach of regulation. The overall rating for the service has changed from inadequate to requires improvement based on the findings of this inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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?

Requires Improvement ●

The service was not always 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

Why we inspected

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 Health and Social Care Act 2008.

Inspection team

This inspection was completed by 1 inspector.

Service and service type

The Old School House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Old School House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. However, the provider had appointed a manager who had commenced work by the second day of this inspection. It was the manager's intention to complete their application to become a registered manager.

Notice of inspection

The inspection was announced. We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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. We took this into account when we inspected the service and made the judgements in this report.

We sought feedback from the local authority. Local authorities together with other agencies may have responsibility for funding people who used the service and monitoring its quality.

During the inspection

We with spoke 2 people living at the Old School House and 2 relatives. We also spoke with 6 staff members including care staff, manager, head of transition and compliance and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed risk assessments, care plans and the decision-making processes for 3 people. In addition, we looked at documents relating to quality checks completed by the provider. We confirmed the safe recruitment process for 1 staff member.

Is the service safe?

Our findings

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

At our last inspection this key question was rated inadequate. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider failed to identify, assess, mitigate or investigate potential risks of abuse. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) 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 this regulation.

- People were protected from the risks of abuse. One relative told us they had faith in the staff and the management team to safeguard their family member. Staff had revisited safeguarding training and understood the principles of keeping people safe and knew what to do if they suspected abuse.
- Information was available to people, visitors and staff on how to report concerns.
- The provider had systems in place to report and if necessary, investigate concerns raised with them.

Assessing risk, safety monitoring and management

At our last inspection systems were not robust enough to demonstrate safety was effectively managed. This placed people at the risk of avoidable harm. These issues constituted a breach of Regulation 12 (Safe Care and Treatment), 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 this regulation.

- Staff had rewritten everyone's risk assessments which were individual to people's personal needs and experiences. These were reviewed by the management team to ensure they were relevant and met the person's needs.
- Staff members knew the individual risks to people and knew how to keep them safe whilst supporting them in the least restrictive way possible.
- The provider completed a review of the physical environment and made repairs and adaptations needed to minimise the potential of avoidable harm.
- People had individual personal emergency evacuation plans in place. Staff knew how to safely support people in the event of an emergency. There was appropriate signage in place to direct people should they need to leave the premises.

Preventing and controlling infection

- The provider had introduced temperature ranges on the food storage fridge to effectively monitor the safe storage of food. This included clear instructions for staff on what to do if they observed unsafe temperatures.
- Staff members had received training in infection prevention and control and knew how to minimise the risks of infectious illnesses.
- The provider ensured a regular and effective cleaning regime was completed. This included checks to high frequency touch points, like handrails, to ensure they were clean and safe for people.

Visiting in care homes

- The provider was supporting visits in line with the Governments guidance. One relative told us they were able to visit whenever they could, and they were always assured a warm welcome.

Using medicines safely

- People received their medicines safely and as prescribed. The provider had revised people's medicine protocols to ensure they were provided safely whilst ensuring people's individual rights were maintained.
- Staff members were trained and assessed as competent before supporting people with their medicines.
- The provider had systems in place to respond should a medicine error occur. This included contact with healthcare professionals, investigation into any perceived error and, if needed, retraining of staff members.
- People had guidelines in place for staff to safely support them with 'when required' medicines including the maximum dosage within a 24-hour period to keep people safe. Staff members were aware of these guidelines.

Learning lessons when things go wrong

- The provider reviewed any incidents or accidents to see if any further action was needed and to minimise the risk of reoccurrence. For example, 1 person told us about a recent incident they were involved in. The provider was aware of the incident and had reviewed the details recorded by staff. The provider had identified a possible previously unknown factor and had included this in the person's care plan. Staff were aware of this additional information. This action helped to minimise the risk to the person of it happening again.

Staffing and recruitment

- People were supported by enough staff who were available to safely support them without any unreasonable delay.
- The provider followed safe recruitment checks. This included checks with the Disclosure and Barring Service (DBS). Disclosure and Barring Service (DBS) checks and provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The provider had systems in place to address any unsafe staff behaviour including disciplinary processes and re-training if needed.

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 our last inspection this key question was rated inadequate. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection people were being deprived of their liberties and the principles of the MCA were not followed. This was a breach of Regulation 11 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 11.

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 had individual capacity assessments which reflected their current abilities. This included aspects of their lives where a decision had to be made in their best interests. This included, but was not limited to, eating and drinking, CCTV provision and medicines. One relative told us they didn't feel they needed to be involved in all the decisions impacting on their family member and could express their views when they wanted. They felt these views were always taken into account by the management team and the staff.
- Staff knew how to support people in their best interests whilst maintaining their individual rights. Staff members had revisited their training in the MCA and knew how to apply the principles when supporting people effectively and lawfully.
- The provider had systems in place to make DoLS applications and to renew applications in a timely way to ensure people's rights were maintained.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

At our last inspection people did not have individual assessments of need which reflected best practice or supported people in line with the law. These concerns were a continued breach of Regulation 9 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 9.

- People had individual assessments associated with their personal needs. This included skin integrity, eating, drinking and mobility.
- People's assessments were based on recognised assessment tools which directed the provider and staff on how to support the person in line with best practice. People were supported by staff who knew about these assessments and guidelines and supported them in a consistent way. Staff members could tell us about people's individual needs and wishes.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessment. Staff members could tell us about people's individual characteristics and knew how to best support them. This included people's religious beliefs, disability and personal preferences.
- People had enough to eat and drink to support wellbeing. Staff were aware of people's individual health needs associated with their eating and drinking and knew how to safely support the person whilst maintaining their individual rights.
- People were supported to access healthcare provisions effectively and in a timely way. One relative told us staff always get medical appointments when it was needed. Information was passed to other healthcare professionals promptly for them to make an accurate assessment. They went on to say staff always fed back any significant changes which they found to be reassuring.
- Staff members had effective, and efficient, communication systems in place. This helped to share appropriate information with those involved in people's support.
- Staff members were knowledgeable about people's healthcare needs and knew how to support them in the best way to meet their personal health outcomes.

Staff support: induction, training, skills and experience

- People were assisted by a trained staff team who felt supported by the provider and the management team.
- New staff members completed a structured introduction to their role. This included completion of induction training, for example, safeguarding, health and safety.
- Staff members, new to care, completed training that was in line with the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.
- New staff members worked alongside experienced staff members until they felt confident to support people safely and effectively.

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

- People lived in a physical environment which supported their individual needs. This included the safe use of handrails, clearly defined changes in flooring heights and stairs. One person told us they were very happy with their home including their personal space and the space they shared with others.

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 our last inspection this key question was rated requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity

At our last inspection people were not actively treated as partners in their care provision, they were not actively or routinely engaged in the decisions effecting their care and the provider was enforcing decisions without the legal authority to do so. These issues were a continued breach of Regulation 9 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 9.

- People were treated with dignity and respect and their privacy was supported by staff. One person said, "I like them [staff] they treat me ok." A relative told us they had noticed the changes in staffing and the staff are lovely and engaging and treated their relative with respect and kindness.
- Staff talked about those they supported with kindness and positive regard. One staff member said, "I can see the difference we make on a day-to-day basis. I enjoy supporting people even through their struggles. It's what we are there for and we should support everyone as individuals with their own strengths and weaknesses. Just as we do with our friends and families."
- People were engaged in decisions regarding their care and support. Where they could not effectively engage in making decisions, plans of care were developed in their best interests. One relative told us, although they were not as involved as they used to be, that was their choice. However, the staff kept them involved with decisions and always asked for their opinion.
- Staff were aware of people's individual goals and aspirations and supported them to reach achievable goals. One staff member described how 1 person had achieved a significant milestone. They went on to say this person had already achieved smaller achievable goals which they felt encouraged and motivated the person.
- Information which was confidential to the person was kept securely and only accessed by those with authority to do so.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection this key question was rated inadequate. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences, End of life care and support

At our last inspection people were not actively involved in making decisions about their care. This issue was a continued breach of Regulation 9 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 9. However, further improvement was still required.

- The provider had reviewed people's care and support plans. Where possible these had involved the person and those close to them. However, this needed to be embedded into the provider's practice with regular reviews and a greater level of involvement of people, families or if appropriate advocates. For example, during our previous inspection we raised concerns about the lack of information regarding people's end of life care. Although attempts had been made since the last inspection the information was focused on the functional elements of care and not personalised individual preferences, thoughts and beliefs which needed to be assessed and recorded.
- In other areas of people's lives, they were involved in the development of care and support plans which were individual to them and contained the necessary information for staff to respond to them effectively.

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

- Although, people were engaged in activities these were limited and there needed to be a greater level of consistency with activities offered and the engagement with people. One relative said, "I know it is hard to motivate [relative's name] sometimes but I tend to think some staff try harder than others."
- The provider had introduced an activity coordinator role to support people and staff. This was a relatively new role to encouraged people to engage in activities. However, this recently introduced role needed to be embedded with the completion of reviews and evaluations of people's skills and abilities. A staff member said, "Although the plans are good, we still need to do more with people to get everyone fully involved. We have to make sure all staff are supporting people with their activities and to encourage everyone or else there is the temptation to just sit and do nothing." The provider needed to further involve people in their development of these activities to ensure they were purposeful as well as enjoyable.
- Where people were at risk of becoming socially isolated the provider had plans in place to encourage and prompt integration at a pace people found to be comfortable. However, there needed to be a consistent whole staff team commitment to ensure people received consistent support.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had individual assessments regarding their communication skills and staff knew how to meaningfully engage with them.

Improving care quality in response to complaints or concerns

- People and relatives knew and felt able to complain. One relative said, "The new manager introduced themselves so I would go straight to them if I had any concerns. Saying that I am sure any staff member will listen to me."
- There was a complaints policy in place. The complaints policy was available for people in an easy read format with a written record of the most recent complains which had been addressed with a written explanation and outcome provided.

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 our last inspection this key question was rated inadequate. At this inspection the rating has changed to requires improvement.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements, Continuous learning and improving care

At our last inspection the provider did not have effective systems in place to monitor and drive good and safe care provision. This was a breach of regulation 17 (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. However, further improvements were still required.

- Since our last inspection the provider had made changes to their management team. They had commissioned the services of external professionals to provide advice and guide their improvements. In addition, they utilised staff from other areas within their organisation to support changes at The Old School House. These changes included a review of their quality monitoring systems which have driven improvements to people's experiences of care. However, these improvements needed to be embedded in the management teams practice and demonstrated as reliable and effective over time.
- The provider had appointed a manager who had recently commenced their employment. Relatives told us the manager had introduced themselves and found them to be approachable.
- The provider now had effective quality monitoring systems in place which reviewed people's individual care and support plans, risk assessments and any decisions which were made for them. This supported the provider to identify any improvements to people's experiences were identified and actioned in a timely way to meet people's needs.
- The provider had effective checks regarding the physical environment ensuring tasks were completed as required. This included, but was not limited to, a physical check of hot water systems and legionella flush throughs of seldom used outlets.
- The provider had reintroduced checks to ensure any incidents or concerns raised regarding people's safety was responded to in a timely way and in accordance with locally agreed procedures.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people, Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives told us they had a positive relationship with the provider and felt they could approach them at any time. They went on to say they had been introduced to the new manager and again felt able to approach them with confidence.

- The provider had recently asked for feedback from people and relatives regarding their experiences of care. They had also recently approached staff and reintroduced individual staff review meetings. All those we spoke with felt these actions were positive and they felt motivated by them. Everyone felt assured their views would be valued and acted on. However, at the time of the inspection the provider had yet to review and publish the results of their recent contact with people and relatives.
- Staff members understood the policies and procedures that informed their practice including the whistleblowing policy. They were confident they would be supported by the provider should they ever need to raise such a concern.
- People felt their individual characteristics were valued and promoted by the provider and this was confirmed through the conversations we had with family members. One family member said, "We have had conversations about religion, and it is more about the spiritual uplift rather than assigning a specific religion which the provider was doing. This was very useful and in [relative's name] interests."

Working in partnership with others

- The management team had established and maintained good links with the local community within which people lived. This included regular contact with local healthcare professionals which people benefited from. Clear records were kept, and staff knew any changes in health or any recommendations from visiting professionals which promoted people's individual wellbeing.