

Richard Wraighte

The Old School House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Inspected but not rated

Is the service effective?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The Old School House is registered to provide accommodation for up to 36 older people who require personal care. The service specialises in supporting people living with dementia. At the time of the inspection 32 people were living at the home.

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

People lived in a service that was well-led and had a positive and inclusive culture. Infection prevention and control procedures were being followed to keep people safe from COVID-19, this included the implementation of government guidance.

People were now supported by staff who had received training in relation to people's needs. However, there was an action plan in place to ensure staff completed all of the providers mandatory training courses.

People's needs were assessed prior to moving into the service; however, we have recommended the provider reviews their assessment to ensure it captures people's health and social care needs.

People had care plans in place, so staff knew how to support them in line with their wishes and preferences. Records relating to people's support were now documented more accurately. People's capacity to make decisions was known and legislative frameworks were followed to ensure their human rights were protected.

People had their needs individually met and had access to external health and care professionals. The environment had been designed to take account of people's individual social needs.

Relatives felt confident to complain and were complimentary of the registered managers approach to concerns raised. The provider had an overarching system in place to continuously monitor the quality and safety of the service. Since the last inspection, the system was now embedded and sustained.

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 the service was Requires improvement published on (04/05/2019). 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

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Effective, Responsive and Well-led.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from Requires improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Old School House on our website at www.cqc.org.uk.

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?

At our last inspection we rated this key question Good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question, we had specific concerns about.

Inspected but not rated

Is the service effective?

The service was effective.

Details are in our effective 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 findings below.

Good ●

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one adult social care 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 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 the 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 judgements in this report.

We contacted the local authority quality improvement team and Healthwatch Plymouth. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection

We met and spoke with three people who lived at the service and nine relatives.

We also spoke with three care staff, the laundry assistant, a member of the maintenance team, the chef, the activities coordinator, the deputy manager, the registered manager, the Director of Care, and the provider.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at records relating to people's care. This included eight care plans. We also looked at records relating to the day to day management of the service, such as policy and procedures and quality assurance audits.

After the inspection

We continued to seek clarification from the provider to validate evidence found and contacted and spoke with a community nurse, a mental health practitioner and the local authority adult social care safeguarding team.

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 Good. We have not changed the rating of this key question, as we have only looked at the part of the key question.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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 we recommended the provider kept under review its staff training programme to ensure staff received regular training in topics relating to people's needs. At this inspection we found improvements had been made.
- The providers training records now detailed staff had completed courses in respect of people's needs such as dementia, continence and diabetes. However, whilst staff told us they felt confident to meet people needs, records showed some training was yet to be completed. The registered manager told us they were aware of this and had an action plan in place.
- One relative told us, "I have no concerns about the team, who know what to do".
- A new in-house trainer had recently been employed, who would be delivering bespoke training sessions for staff.
- There was an induction programme in place for new staff, however it was in the process of being improved and redesigned following staff feedback.

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

- People received an assessment prior to moving into the service. The assessment was used to mainly gathering information about a person's health needs, in helping to determine if staff had the skills and experience to meet them.

We recommend the provider reviews their pre-assessment documentation to ensure it captures people's health and social care needs.

- The registered manager explained how they continued to carry out robust pre-assessments despite the restrictions of the pandemic.

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

- At the last inspection we found some of the monitoring forms relating to people's nutrition had not always been completed. At this inspection we found improvements had been made.
- People now had care records in place where required, that detailed the amount they were drinking, and that their weight was being monitored.
- People were observed to enjoy their meals. A flexible approach meant people could enjoy their meals where and when they wanted. One relative told us, "He needs support to eat but has to be reminded. There is choice of meals. They offer him a menu. It's hard for him to use a knife and fork...but there is always

someone to help him. He really enjoys his food".

- Pictorial menus were available to help people make an informed choice, and people's cultural food choices were respected.
- The registered manager told us how they had been working hard to enhance the dining experience for people, and as a result people were much calmer and staff more at ease; of which we observed.
- Contrasting table mats had recently been purchased to help improve the mealtime experience of those living with dementia.
- People's care plans recorded their preferences, and staff were observed to know what people liked. Snack pots had been introduced to encourage people to graze in between mealtimes.
- Staff felt improvements were needed to the quality of the meals, commenting "Meals could be better, particular for those who require specialist softer diets". They also told us they felt the menu was not always created in response to people's wishes and preferences. The registered manager told us, they had already recognised improvements were required in this area and explained what action had occurred and what their plans were for the future.

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

- People's care plans detailed those who were important to them, in respect of their care and support.
- The registered manager spoke of the importance of a joined up approach when meeting people's needs, and shared an example of how they had been working with a GP, the mental health team and the local authority in trying to get help for one person.
- One relative told us, "Staff have organised an occupational therapist to help maintain his mobility".

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

- People had access to outdoor space but required the support of staff due to the design of the garden.
- There was communal space for people to meet socially together, as well as an area for people to spend time alone with their friends and family.
- The provider continued to invest in the upkeep of the building. For example, they had an environmental improvement plan in place and explained how two bathrooms had recently been upgraded to wet rooms. One relative told us, "The building has been refurbished over lockdown".

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

- Relatives told us, and records confirmed people had access to external health professionals. Commenting, "The home sorts out his need for the GP or surgery visits. He has been taken to the opticians for new glasses. He's all very well looked after...chiropractic visits too"; "He sees the nurse for his diabetes. The GP visits on Tuesday". Other comments included, "The doctor does visit the place as well as nurses. They respond quickly", and "The home is very good with doctors and nurses. He refused the flu jab and the doctor came. So, they left it till later. He has had his two COVID-19 vaccinations".
- During the pandemic, the registered manager had ensured continued clinical oversight of people's ongoing and changing health care needs by using technology to meet with a GP on a weekly basis.

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 received training in the MCA and had a basic understanding.
- Care plans were capacity based and described people's abilities.
- People's consent to receive care and support was gained by staff with each interaction. Where people were unable to consent to receive care and support, capacity assessments had been undertaken and best interest decisions made on people's behalf. One relative told us, "The home asked my permission for her to be vaccinated. She has had both COVID-19 jabs".
- Where restrictions had been placed on people's liberty to keep them safe, authorisation had either been applied for, or authorised by the local authority.

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 now improved to 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

- At the last inspection, we recommended the home reviewed how people who might be resistive to receive support with personal care have their personal care needs met. We also recommended the home reviewed providing people being cared for in their rooms, with staff support for social engagement meaningful to them. At this inspection we found improvements had been made.
- When a person was resistive of staff support, actions required of staff were now reflected in the person's care plan. Staff were observed to be skilled in helping support people with their personal care when they showed reluctance. Support was seen to be provided in a way that promoted people's dignity.
- When a person was cared for in bed, care records were now reflective of the reasons for this and social engagement was observed to be provided.
- People were supported with their continence needs, and care interventions were recorded. However, some records showed that the frequency of when people were supported did not always meet their needs. Following the inspection, the registered manager told us a new system had been introduced to improve this for people.
- Relatives told us they were not fully aware of their loved one's care plan but told us they were confident in the care and support they received. Commenting, "I ask the staff, who tell me he dresses himself and carers check he has clean clothes on. They [the staff] help him with the shower. He sees the hairdresser and chiropodist". And, "She can manage getting washed and dressed but is supported to be safe. She was so pleased to see the hairdresser again and feel smart".

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 care plans recorded people's individual communication needs and how they should be met.
- Staff were observed to take an individualised approach to ensuring effective communication with people. For example, speaking clearly, slowly and kneeling next the person so they were in their eye line.
- Pictorial signage was in place throughout the building to help those living with dementia orientate themselves.

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

- During the pandemic, people had been supported to use technology to help reduce social isolation. One relative told us, "The staff helped with zoom calls, but I use them less now as we can visit. He struggles with the laptop, so staff help him. Someone is always there to support". Another relative told us, "If I ask to speak to Mum, they will take the phone to her".
- The new government visiting guidance was being followed to ensure people now received visitors. One relative told us, "I have to book a visit. I've had no problems with getting a time on Sundays. The staff are very accommodating".
- One person received a weekly 'Skype' call from their daughter who lived abroad. Staff were aware of this weekly call and ensured the technology was set up and working so they could speak with them.
- Relatives felt there was enough social entertainment, comments included "They [the staff] said mum was doing drawing yesterday. She joined in the karaoke. She does gardening and has made some pastries". And, "He joins in cookery and crafts. He did some painting. An event was held for Easter. The home celebrated his birthday and we took him presents and cards".
- A reminiscence newspaper was read in small groups, to facilitate reminiscence sessions and an interactive train journey whereby people sit and feel they are on the train journey by the use of a virtual reality (VR) headset had recently been introduced. People were also encouraged to take part in household tasks such as dusting, folding washing and setting the tables for lunch.
- However, staff felt there was not always enough going on for people. The registered manager explained, recruitment was ongoing for a new activities' coordinator which would help ensure opportunities to participate in social engagement was seven days a week.

Improving care quality in response to complaints or concerns

- Pictorial signage was displayed to encourage people to speak with staff if they were having a good or a bad day, and/or whether they had any concerns to raise. The registered manager explained how staff were observant to changes in people's behaviour that could indicate they were unhappy.
- Complaints received were used to help improve the service, and a record was kept to help identify themes and trends. The provider had recently implemented a new calendar 'alert' system so people would not miss phone or video calls with their loved ones.
- Relatives told us, "No complaints. If I did, I'd approach [registered manager] or the owner. I know them, I would be confident to do so. The only thing that matters is mum", and "I'd go to the matron or manager with any complaint". One person told us, "My main concern is that there is only one telephone line on the ground floor at the home. Reception is not great. The connection is lost on the third floor so you can't make a private call". We shared this with the registered manager who told us a new phone system had been ordered and would be installed within the next month.

End of life care and support

- People had care plans in place, so their wishes were known to staff.
- Staff received training in end of life care in order to care for people with the upmost dignity and respect.
- The registered manager worked in partnership with GPs and community nurses to ensure the right support was in place, including access to pain medicines.
- Despite the pandemic, families were still able to visit their loved ones at the end of their life; the registered manager followed government guidance to ensure people remained safe.

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. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- At our last inspection further evidence was required of effective and sustained systems regarding the governance systems in place. At this inspection we found overarching systems had improved and were embedded within the culture of the service.
- The provider now had a robust system in place to assess the ongoing safety and quality of the service. This included the use of internal audits, such as care planning, falls, staffing and complaints. In addition to this, the provider had employed an external consultant to visit the service to provide an independent assessment of regulatory compliance.
- There was a registered manager in place who knew people well and understood regulatory requirements.
- Relatives and staff were complimentary of the registered manager, commenting "The manager is very approachable and very competent. She is also very interactive and funny in a nice way. Things get done". And, "I can go to her if I have a problem...she is approachable".
- The registered manager told us they felt well supported in their role and embraced the mentorship of the providers director of care. Telling us, "She is always at the end of the phone".

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

- We observed a friendly atmosphere within the service and observed people and staff interacting with ease and warm humour.
- Staff described the culture as being focused on people and supporting them as individuals, "Making it a home from home". One relative told us, "I feel it is homely and friendly".
- One member of staff told us, "There is no hierarchy, we are all part of the same team".
- Relatives told us they would recommend the service to others, commenting "In my experience it is kind, helpful and conscientious", and "Yes, I would recommend it 100%".
- Staffs wellbeing was considered. The registered manager encouraged an 'open door' policy whereby staff could talk about how they were feeling, and an external counselling service was available.
- A social worker who had recently visited the service commented about the positive atmosphere.

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 registered manager understood their responsibilities in line with the duty of candour and was open,

honest and transparent throughout the inspection process.

- The Commission had been notified of events in line with the providers legal obligations.

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

- People, relatives and staff were consulted and informed about changes within the service. However, relatives told us they could not recall being asked for their feedback about the quality of the service. The registered manager recognised this was an area for improvement and were already in the process of developing a new questionnaire, which would be shared with relatives.
- Staffs views were valued, for example recruitment for care staff was ongoing in response to feedback about staffing levels and the quality of meals was being reviewed.
- The activities coordinator had engaged with the local community for donations to support with social engagement; the response had been positive.

Continuous learning and improving care

- The provider had created a service improvement plan, which was used to help drive continuous improvement and learning within the service.
- A new deputy manager was being recruited to enhance the leadership of the service.
- A new fire alarm was being fitted, and the staff induction was being redesigned.

Working in partnership with others

- The registered manager was passionate about working with others, to ensure the best outcomes for people and the service.
- The registered manager built and fostered positive relationships with others to support the care provision of people. For example, by attending the local authority learning forums and being a member of the Skills for Care managers network.
- A social worker told us the service worked in positive collaboration.