

# 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?

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 residential care home providing personal and nursing care to eight people with a learning disability at the time of the inspection.

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.

People's experience of using this service:

People did not consistently receive safe care. Peoples risk assessments were not always followed and risks associated to the environment had not been mitigated.

People were not consistently receiving responsive care and support.

The systems in place to monitor the quality of care were not always effective and actions were not consistently driving improvements.

People felt safe and they were protected from the risk of abuse. There were sufficient safely recruited staff. Staff were trained and able to support people's needs.

People were treated with kindness by staff who knew them well. People's privacy and dignity was respected and their independence was encouraged. People could choose for themselves.

People were listened to and had their views sought about the care they received. There was a positive culture and learning and partnership working were encouraged.

The service met the characteristics of Requires Improvement in most areas. We have made recommendations about assessment and care planning and understanding current guidance.

We identified two breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014 around safe care and treatment and governance. Details of action we have asked the provider to take can be found at the end of this report.

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: At the last inspection the service was rated Good (report published 22 August 2016).

Why we inspected: This was a planned inspection based on the rating at the last inspection. At this

inspection we found the service had deteriorated to Requires Improvement.

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our Effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our Responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

**Requires Improvement** ●

# 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 as part of our regulatory functions. This inspection checked 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.

Inspection team:

The inspection was carried out by two inspectors 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 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 visit, we checked the information we held about the service. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service such as what the service does well and any improvements that they plan to

make.

We reviewed other information we held about the service, such as notifications. A notification tells us information about important events that by law the provider is required to inform us about. For example; safeguarding concerns, serious injuries and deaths that had occurred at the service. We also considered information we had received from other sources including the public and commissioners of the service. We used this information to help us plan our inspection.

During the inspection we spoke with three people who used the service and four relatives. We did this to gain people's views about the care and to check that standards of care were being met. 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 also spoke with four staff, the registered manager and the facility manager.

We looked at the care records of four people who used the service, to see if their records were accurate and up to date. We also looked at records relating to the management of the service. These included training records, incident reports, medicines administration records and quality assurance records.

# Is the service safe?

## Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management:

- At our last inspection in 2016, the service was supporting people to manage risks. At this inspection we found the service was not consistently managing risks to people's safety.
- People's risks had been assessed and plans put in place to manage the risks. However, the plans were not consistently followed by staff. One person had advice from a health professional included in their care plan but we saw staff were not following this advice consistently during the inspection.
- The registered manager sent us an updated risk assessment and management plan for the person following the inspection, which included updated advice from a health professional and all staff had been made aware.
- There were no adaptations in place to enable people with reduced mobility to access bedrooms which required the use of a staircase or steps to gain access. This meant if people's mobility needs increased they would not be able to access their bedroom.
- One person's mobility had decreased at the time of the inspection. The person had an assessment from a health professional to put a plan in place to manage the stairs safely.
- Two people had been assessed as being unable to use the stairs. This meant to access the communal areas of the home staff supported people to use a rear entrance and go outside and around the corner and back in through the front of the building as a temporary measure.
- The registered manager told us there had been discussions with people, relatives and those commissioning the care, and it was deemed to be in people's best interests to remain at the home and use the outside area to gain access in the meantime.
- The registered manager confirmed the provider had been looking at solutions to make sure people had improved access to all areas in the home, and confirmed after the inspection they would be progressing to install lift access where needed.
- A failure to ensure risks assessments and plans to mitigate risks were followed and the premises were safe means there is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Supporting people to stay safe from harm and abuse, systems and processes:

- People told us they felt safe and relatives confirmed they felt people were safe at the service. One relative said, "[Person's name] has been there for several years. We know they are absolutely safe there."
- Staff understood how to recognise abuse and described the procedures for reporting any safeguarding incidents. One staff member said, "You document it and report it to the registered manager."
- The registered manager could describe how incidents had been investigated. Where concerns had been

raised, these had been investigated and reported to the local safeguarding authority as required.

- However, one person had lowered themselves to the floor and two days later bruising had been documented as 'unknown cause'. Staff had failed to report the lowering to the floor on an incident form or to follow the body map process for bruising which was in place.
- This meant opportunities to consider how to reduce the risk had not been considered. The registered manager confirmed following the inspection the incident had been reported to the local safeguarding team.

Using medicines safely:

- People received their medicines as prescribed. One relative said, "[Person's name] has lots of medicine and they are given on time." Records we saw confirmed people received their medicines at the prescribed times.
- There was guidance for staff on how to administer medicines. Body maps were in place for topical medicines to show where to apply the medicine.
- Some people had medicines, which needed to be taken on an 'as required' basis for pain or anxiety management. We saw there was guidance in place to show staff when to administer this medicine.
- Medicine stock checks were carried to ensure people had an adequate supply of their medicines and all medicines were stored safely.

Staffing levels:

- There were enough, safely recruited staff to meet people's needs.
- People were supported by enough staff to help them when they needed it. One person said, "I have help from the staff with having a shave and cleaning my teeth." The person went on to say staff took them out for fresh air every day. Relatives confirmed they did not have any concerns about the number of staff available.
- In the PIR the provider told us they adjusted staffing levels depending on people's needs and the plan for the week. Offering additional hours to staff if needed. Staff we spoke with confirmed there were enough staff to meet people's needs.

Preventing and controlling infection:

- The home was clean and checks were in place to maintain the home. There was guidance in place for staff on how to minimise the risk of cross infection.
- Staff confirmed they had received training in how to minimise the risk of cross infection and were observed following the procedures and using protective clothing.

Learning lessons when things go wrong:

- There was a system in place to learn when things went wrong. The registered manager told us when incidents occurred they were reviewed and action taken to minimise the risk of reoccurrence.
- Staff told us and records confirmed there were summary statements written for each person which they read to understand what had happened and any changes to peoples' 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.

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 were assessed and plans were in place to meet them. Other professionals provided guidance on managing specific health concerns for people and this was included in people's care plans.
- Plans were reviewed on a regular basis however this had not reviewed all aspects of people's care.
- People's support requirements and preferences for engaging in their interests or hobbies had not been reviewed. The registered manager confirmed this aspect of people's care plan needed reviewing.
- We recommend that the service consider current guidance on person centred assessment and care planning practice.

Staff skills, knowledge and experience:

- People were supported by staff who had the required skills and knowledge.
- In the PIR the provider told us they had plans in place to identify staff training needs and put a programme in place to meet them. We saw work had begun however some staff required updates to some aspects of their training. The registered manager confirmed the training was booked for staff.
- Staff completed an induction and their competency was checked to ensure they could work with people safely.
- Staff were supported in their role. Staff received supervisions and had regular meetings to discuss their role.

Supporting people to eat and drink enough with choice in a balanced diet:

- People were supported to maintain a healthy diet and could choose their own meals. One person told us, "If I want a cup of tea I tell staff and they make me one. The food is very nice. Sometimes I help. I make my breakfast, I put butter on my toast and pour my orange juice."
- People received the support they needed with their meals and any risk about their diet and fluid intake were assessed and planned for with health professional advice sought when needed.
- We saw risk assessments and plans were in place with regular reviews and updates undertaken. Where people needed their food and fluid intake monitored this was in place and staff were aware of what action to take if people did not have enough to eat and drink.

Staff providing consistent, effective, timely care:

- People received consistent care. Other professionals were involved in people's care where needed.

- There were communication systems in place for staff and they were kept up to date about any changes to people's needs. Staff confirmed they received a written handover at the start of each shift and this was signed by staff to confirm they had read the information which helped to ensure people had consistent support.

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

- People had access to support with their health and wellbeing. One person told us, "I go to visit the dentist with my keyworker." A relative told us, "The nurse comes in regularly as does the doctor and [person's name] sees the dentist and chiropodist regularly."
- Staff understood people's health needs and we saw there were clear plans in place to support people to maintain their health and wellbeing.
- Where needed referrals were made to health professionals and the advice given was included in people's care plans.

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

- The environment was homely. People had their own bedroom and access to a communal lounge, dining area and kitchen.
- Some people had alarms and sensors in place to alert staff when they were moving around.

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

- The 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 with appropriate legal authority. 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. Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- Staff understood their responsibilities under the MCA and followed the principles of the MCA. Where needed people had a MCA and decisions were taken in their best interests.
- When a person was being deprived of their liberty, the service had applied for the appropriate authority to do so. There were conditions on one of the DoLS and there was no record of the actions taken in support of this. The registered manager confirmed they would ensure a record was kept moving forward.

# Is the service caring?

## Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported:

- People told us staff were nice and they got on well with them. One person said, "I like the carers they're kind to me." Another person told us, "I feel alright. I like living here. Staff are nice and kind to me". A relative told us, "The staff are very good, they are kind. When we visit we are always made welcome."
- People were comfortable with the staff and staff knew them well. One relative commented, "The staff know [person's name] very well, they know and understand their needs. They are very happy in the company of staff."
- We saw kind and caring interactions between people and staff. Staff considered people's wellbeing and acted to ensure people were comfortable and happy.

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

- People told us they could make their own decisions and choose for themselves and were supported to maintain their independence. One person said, "I get up when I want to and go to bed when I want." Another person told us, "I help to clean my bedroom and change my bedding."
- Staff told us people could make their own choices and decisions and could describe how they supported people. One staff member told us how one person would be offered choices and push away the one they didn't want as they were unable to tell staff verbally.
- We saw staff offered people a choice. For example, people had a choice of drinks and meals and could choose where to spend their time. We saw people were able to come to the kitchen and get a drink.

Respecting and promoting people's privacy, dignity and independence:

- People had their privacy and dignity respected by staff. One person told us, "I have my own room and a television on the wall."
- Relatives confirmed people were treated well. One relative commented, "It's the best place [person's name] ever lived. The home is very family-orientated and they are all like family."
- Staff were respectful in how they spoke to people. We saw staff knock doors and ensure people had their privacy maintained. Staff could give examples of when people needed time by themselves and how they would support them to go to their bedrooms.

## Is the service responsive?

### Our findings

Responsive – this means that services met people's needs.

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

Peoples care plans did not reflect information about people's preferences. There was limited information about people's preferences, life history and protected characteristics in their care plans. This meant people may not be getting the support which was appropriate for their individual needs.

- Staff knew and understood people's preferences and used this knowledge to support people as they preferred.
- In the PIR the provider told us they were responsive to people's communication needs. Staff told us they understood how to communicate with people using signs and gestures. However, we found people with communication difficulties spent much time without staff interaction.
- We recommend the provider seeks advice from a relevant health professional to support with people's communication.
- People were not consistently involved in doing things they enjoyed. Some relatives expressed they thought more could be done to get people out and about and doing things they liked.
- Some people told us they had access to things they enjoyed. One person told us, "I am going to the pub down the road for a meal and a pint. I like swimming".
- Staff told us some people enjoyed going out and we saw that one person went for a walk around the grounds, and another went out shopping. We saw people doing puzzles and drawing but others were left for long periods during the day without any stimulation.
- We recommend that the service seek advice and guidance from a reputable source, about how to develop person centred care plans to ensure people receive support to identify their preferences and enjoy activities of their choice.

Improving care quality in response to complaints or concerns:

- People felt they could raise any concerns or complaints with staff. One person said, "If I had any worries I would talk to staff." A relative told us, "I've never had to make a formal complaint, we would discuss concerns with the registered manager."
- There had not been any complaints since our last inspection but there was a policy in place and the registered manager could describe how complaints would be responded to.

End of life care and support:

- At the time of the inspection no-one was receiving end of life care.
- People's future wishes had been considered where this was appropriate and information was included in

their care plan.

## 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.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations were not met.

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

- The providers systems had not ensured staff were following agreed risk assessments to keep people safe. This meant people were left at risk of harm as plans to mitigate the risk were not followed.
- The provider had not taken prompt action to consider alterations to the home to enable people to access all areas independently.
- The providers systems had not ensured incidents were reported, reviewed and investigated appropriately to ensure action was taken to remedy the situation and prevent further occurrences.
- The systems had not ensured peoples care records were fully up to date and following best practice for person centred care.
- The registered manager was not fully aware of their responsibilities for notifying us about incidents in the home. Whilst the local authority had been made aware of all safeguarding concerns these had not been consistently notified to the commission as required.
- We recommend the registered manager reviews the legislation and guidance available to improve their knowledge of notifiable incidents.
- The failings in the governance systems meant there was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- Some aspects for the governance systems were working well. Medicine administration audits ensured medicines were safely administered. The registered manager checked people had received the medicines and accurate records were in place. Storage and stock were also checked.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- The provider told us in the PIR the home aimed to be responsive to individuals needs and ensure people were cared for with compassion. working closely with relatives to involve them in people's support. Relatives confirmed they were kept up to date about peoples care and they felt the home was
- The registered manager understood their responsibilities and acted on duty of candour. Relatives confirmed they were kept informed about any incidents and communication was good.

Engaging and involving people using the service, the public and staff:

- People were involved in reviewing the quality of the service and making suggestions. One person said, "We have a meeting to talk about things." A relative told us, "We get regular reports from the registered manager and we are asked for feedback and complete a regular questionnaire."
- Staff told us the registered manger was very caring and they were available to support staff. One staff member told us, "The registered manager is very good on giving people choice and the management team are very caring people."

Continuous learning and improving care:

- The provider told us in the PIR the registered manager was looking at additional training to consolidate their knowledge. Policies and procedures were also being updated and learning was available through a local network.
- Staff confirmed learning from a local network took place and felt this was helpful. The registered manager told us they also engaged with health professionals to increase learning about different aspects of people's needs.

Working in partnership with others:

- The registered manager told us they worked in partnership with other professionals to improve the service. For example, working with other statutory agencies and health professionals to make improvements to the service.
- Staff confirmed they had access to a range of different professionals to support with developing effective care planning and records we saw supported this.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not ensured risk assessments were followed by staff to keep people safe and action had not been taken to ensure the building was safely accessible for people.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not ensured systems in place were identifying concerns and driving improvements.</p>