

Mrs Nahida Arif

Old School House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

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

Old School House is a residential care home providing personal care up to 12 older adults. At the time of the inspection 11 people lived at the home. The care home is located in a period property over two floors, the original building had an extension some years ago. People had access to a lounge, dining area and could freely access a secure garden.

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

People and their relatives told us they were looked after by staff who were kind and caring. Comments included, "My mother's general hygiene and appearance has always been of a high standard and meals are good, wholesome and freshly made" and "My mother has been happy and very well cared for."

People and their relatives told us the service was well-led. However, we found the registered manager did not always notify us of events they were legally required to. Relatives told us the registered manager was approachable. Comments included "I find the staff and management very open and straightforward." One relative told us "If someone was to ask my recommendations for the old school house, I would not hesitate to recommend it."

People were supported with the prescribed medicine by staff who had received training to complete this safely. However, we found some records relating to medicine were not in line with national guidelines. Some medicine did not have opening dates recorded and some medicine were returned to the pharmacy when still prescribed. We have made a recommendation about these in the report.

People were supported to have maximum choice and control of their lives. However, staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not routinely support this practice. The service completed mental capacity assessments on people. However, they were not always based on a specific decision. Two people were subject to restrictive measures and did not have a specific capacity assessment completed for this. We have made a recommendation about this in the report.

People had care plans in place. Care plan provided guidance for staff on how a person would like to be supported. However, although care plans were reviewed on a monthly basis. We found they did not routinely reflect people's current needs. We have made a recommendation about this in the report.

People told us "I could not be looked after better," "They [Staff] are all pleasant" and "I like it here anyhow, friendly place, food is good." People's relatives told us "The staff are always welcoming and friendly and have a genuine care for the residents."

People were protected from avoidable harm. Risk assessments were in place for risk of falls, fire and pressure damage.

People were supported to engage in activities which they enjoyed. The service had forged links with the local community and people looked forward to visits from school children.

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 requires improvement (published 2 July October 2018).

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 some improvement had been made. However, we found the provider was still in breach of regulations.

This is the second consecutive time the service has been rated requires improvement.

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the well-led section of this full report.

Enforcement

We have identified a breach of regulation in relation to information the provider is legally required to inform us about.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring 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 not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

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

The inspection was carried out by two inspectors.

Service and service type

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

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We looked at information we held about the service and what people had told us. We contacted local authority safeguarding teams. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager and four staff which included the cook. We spoke with five people

and two relatives. We reviewed four people's care records in detail. We looked at three staff recruitment and training records. We read incident and accident records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We received feedback from four relatives and made telephone calls to two members of staff. We sought feedback from healthcare professionals who had knowledge of the care 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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to routinely assess and mitigate environmental risk to people. There was a lack of understanding in the required health and safety checks. Records were void, incomplete or inaccurate. This placed people at risk of harm. This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found significant improvements had been made.

- People were protected from unsafe premises and risk of harm. Risks posed to people from the environment had been assessed. Legionella and fire risk assessments were in place. Regular testing was carried out to ensure the fire alarm was in working order.
- The provider ensured water temperatures were checked for the risk of scalding to people and risk of potential growth of Legionella. We checked the water temperatures, we noted some were slightly outside of the recommended range. No remedial action had been taken so we spoke with the registered manager who advised additional training and support would be sought. Following the inspection, we received confirmation action had been taken.
- Equipment used in the service was routinely maintained. A fire year electrical safety certificate was in date.
- Risks posed to people as a result of their medical condition had been assessed. We found the risk of falling, use of bedrails and the risk of developing skin damage had all been assessed as examples. Guidance was available for staff on how to minimise harm to people.

Using medicines safely

At our last inspection we recommended the provider sought guidance from a reputable source on maintenance of fridge temperatures and records relating to correct storage.

At this inspection we found some improvements had been made. However, we identified further improvements would promote the safe administration of medicine to people.

- We found one medicine administration record (MAR) was fully hand written. Two other records had written amendments on them. The hand-written record had not been checked by a second member of staff for accuracy. National guidelines promote two signatories are required for hand written notes to ensure accuracy of information recorded.
- Not all medicines had opening dates recorded on the packaging. Where medicines had an opening date

recorded most had recorded a one-month shelf life. This was not always accurate information as some medicines have a much longer shelf life. At the end of each medicine cycle unused medicines were returned to the pharmacy for destroying, even if they were still prescribed. We found medicines disposal, was not being managed in line with national guidelines.

We recommend the provider seeks guidance from a reputable source regarding maintaining good stock control in order to reduce waste and follow national guidelines on handwritten MARs.

- We found medicines were received, stored and administered safely. Staff involved in handling medicines received training around medicines. The registered manager assessed staff competency.
- The service had received a visit by the clinical commissioning group (CCG) in February 2019. A review of all resident medicine was carried out.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse, staff had received training on how to recognise signs of abuse.
- One person told us they felt safe, "I am much better off here, I wasn't safe to be at home, I could not cope. I had a fall. All I have to do is call the bell now." Relatives told us they felt their family member was cared for in a safe setting. One relative told us "It has been a very safe and homely environment for my mum."
- Staff told us they would not hesitate to raise a concern about poor care practice to the local authority if needed.

Staffing and recruitment

- Records we looked at demonstrated staff had been recruited safely. The registered manager was aware of the required checks prior to a new member of staff commencing work. The checks carried out included an employment history, references and Disclosure and Barring Service checks (DBS). A DBS is a criminal record check.
- We observed staffing levels. Since our last inspection the registered manager had made changes to the deployment of staff. An increase in ancillary (Domestic and kitchen) staff had been made. Which in turn allowed care staff more time to spend with people.
- Staff told us they would like more time to take people out from the home. However, one member of staff told us "I take [Name of person] to the park, we like to watch the children." Relatives told us they felt there was always enough staff on duty.

Preventing and controlling infection

- Staff received training on how to minimise the risk of infections.
- The home was clean and tidy with no unpleasant odours.
- Staff had access to personal protective equipment (PPE) such as gloves and aprons.

Learning lessons when things go wrong

- Accidents and incidents were reported and recorded. Staff were aware of when to report concerns to the registered manager.
- Where concerns had been raised to the registered manager from a third party, local authority as an example. We saw the service worked with them to resolve the issues identified. For instance, when a safeguarding concern had been raised.

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 deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

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 concerns were noted about a person's ability to consent to care and treatment. The registered manager completed a mental capacity assessment. However, these were not decision specific. For instance, two people had bed rails in place. The use of bed rails can be considered a restrictive practice if they "Restrict a person's freedom of movement, whether they are resisting or not" (6.40 Mental Capacity Act Code of Practice 2007). A risk assessment should be in place and where concerns about the person's ability to consent to their use, a capacity assessment should be carried out. Where the person is deemed unable to consent to the use of bed rails. A best interest (BI) decision should be made. We found the capacity assessment completed did not fully explore the reason for the use of bed rails. The assessment concluded the two people did not have capacity, however, no BI had been recorded. Therefore, the service was not routinely complying with the MCA code of practice.
- We discussed our concerns with the registered manager who agreed improvements could be made in respect of assessing people's mental capacity and compliance with the MCA.

The service did not routinely comply with the code of practice of the Mental Capacity Act 2005. This was a breach of Regulation 11(Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were supported to make decisions about their care. For instance, we overheard people being

asked where they wanted to sit for lunch, or what activity they wanted to partake in.

- The registered manager was aware of the need to refer people who they deemed deprived of their liberty to the local authority (LA). We noted some applications were still waiting to be processed.
- We observed people who had been referred to the LA for a DoLS assessment were supported in the least restrictive way. For instance, people had free access to the garden area. The registered manager kept in contact with the local authority to monitor the progress of applications made.

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

- Prior to moving into the care home, people's holistic needs were assessed. This included gathering information about a person's health, social and emotional well-being. At the time of the assessment a level of dependency was calculated. The registered manager used this to inform them if the person's needs could be met within the home.
- The service was sensitive to ensuring they would be able to meet people's needs. The registered manager considered existing residents needs prior to agreeing for a new resident to move in.
- Assessments identified any individual needs which related to protected characteristic identified in the Equality Act 2010. For instance, preferred language, faith, religion, and cultural considerations.

Staff support: induction, training, skills and experience

- New staff were supported with an induction period. We spoke with a new member of staff and they told us they had shadowed more experienced staff. We noted this was recorded on the staff rota.
- Staff were supported with initial training the provider deemed mandatory and ongoing refresher training when the provider felt it was necessary. No formal review period was set for training. We discussed this with the registered manager who agreed a more formal structure would benefit staff and them, to ensure they kept their skills up to date.
- We observed staff supported people to move position. This was carried out in line with good practice and safety guidelines.
- Staff were offered one to one meetings with the registered manager. Staff told us they felt they had enough support.

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

- People's nutritional needs, likes and dislikes were well known by the cook and kitchen staff.
- We observed two meal times (Breakfast and lunch). People were visibly enjoying the food. People told us "The food is very nice," "I am very happy with the food." Another person who used to be a cook told us "I know what good food is, and this is it." A relative told us "Meals are good, wholesome and freshly made."
- People's dietary needs were detailed in their care plan. For instance, if people required a soft or pureed food, this was recorded, and the cook was aware.
- Where people required support with their meal this was provided on a one to one basis. Staff sat close to the person and talked to them about what the food was.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked together and with external healthcare and social care professionals to ensure people received effective care.
- Staff had daily handover meetings at the start and end of each shift. This ensured important information was shared with all staff.
- Where required, referrals were made to external healthcare professionals to ensure people's health needs were met. We noted people were being supported by the local district nursing service and a GP was in regular contact with the home.

- The registered manager had commissioned a private physiotherapist to visit the home to promote healthy living and exercise.

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

- The care home is located in an adapted period property, which has been extended over the years. The bedrooms located in the main building have been adapted to include on-suite facilities.
- People and their relatives had chosen the Old School House as it was homely. Comments included, "I choose this particular home due to its small size and how homely it seems, "Residential Home" really meaning feeling like home."

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 has remained the same 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

- We observed people were treated by staff who demonstrated they were kind and compassionate.
- Comments from people included, "I could not be looked after better," "They [Staff] are all pleasant" and "I like it here anyhow, friendly place, food is good."

People's relatives told us "The staff are always welcoming and friendly and have a genuine care for the residents."

- The registered manager told us they would welcome people into the service regardless of their culture, sexual preference or lifestyle choices. If a person had a specific need they would provide training for staff to ensure their needs were met. We were told staff already received training in equality and diversity. This was to ensure people were treated fairly and in a non-discriminatory way.

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

- People or their representatives had been involved in the information in both the care plans and the risk assessments. This was to ensure they were accurate and in line with people's preferences and needs.
- We observed people were routinely asked about their wishes for day to day decisions. This included being asked what to wear, where to sit or what they would like to eat or drink.

Respecting and promoting people's privacy, dignity and independence

- People received personal care in private behind closed doors.
- People's relatives told us they felt welcome to visit at any time. Comments included, "Staff are all very friendly and welcoming to me, and it's great that I can visit at any time of day" and "I have often visited the home at very short notice and at various times, and the atmosphere is always calm and friendly."
- People and their relatives told us the staff are caring towards them whilst respecting their dignity. One relative told us "My mother's needs are dealt with dignity and care."

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 Good. At this inspection this key question has remained the same 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

- Each person had a care plan in place. People or their representatives had been involved in the information in both the care plans and the risk assessments. Care plans were reviewed regularly by the registered manager.
- We noted care plans were not routinely reflective of people's current needs. One person's level of mobility had deteriorated over the past four months. Their care plan stated, "I walk from my bedroom to the lounge twice a day and this helps me get a bit of exercise." The person was cared for in bed. We discussed this with the registered manager and they agreed the care plan required updating. However, when we spoke with staff they were aware how to support the person.
- We found other records within care plans also required updating to reflect the person's current needs. Dependency assessments which were reviewed monthly did not routinely reflect the person's level of dependency. For instance, one person was said to be independent with their foot care. However, they required full assistance. The same person had been assessed as having 'occasional difficulty with memory', however, they demonstrated daily difficulties with memory and had been assessed by the local authority as having no capacity to decide to live at the care home.

We recommend the provider seeks support from a reputable source on recording and updating people's level of need.

- The service had worked with healthcare professionals to develop specific care plans for medical conditions. For instance, diabetes, these care plan made reference, to eye and foot care required to support the person maintain their health.
- We observed staff offering choice to people regarding day to day decisions. People were supported to express their culture and religious belief. People who had a Christian or Roman Catholic faith were offered holy communion once a month by a visiting priest or vicar.

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.

- The service identified people's information and communication needs by assessing them. People's communication needs were identified, recorded and highlighted in care plans. We observed people were communicated with in a way they could understand.

- One person did not have any verbal communication. Staff had got to know how they person expressed their emotions. The staff told us the person liked to listen to music and they noticed a difference in their facial expression when music was playing.

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 encouraged and supported to maintain contact with family and friends. People were supported to celebrate important events in their life, like birthdays. Relatives told us they felt welcome. Comments included "We call in every week, always feel welcome and get offered a cup of tea."
- One person who lived at the home liked to take walks outside. This is something they enjoyed prior to moving into the home. Staff told us they tried to support the person as often as they could. Their relative told us, "I particularly appreciate the efforts made to involve my mother with activities and various things to stimulate her mind."
- Activities were scheduled within the home, and weekly sessions took place including an exercise class and music for health. One person told us they were "Good". People were supported to attend a local community 'tea at three' held at the village hall.
- On the day of the inspection a group of local school children visited the home. They [School children] appeared relaxed in the home. It was clear the visit had a positive impact on people's emotional well-being. We observed people change from neutral facial expressions to a clearly smiling. There was a heightened level of engagement and conversation. People told us "Oh how lovely," "That was lovely, it goes too soon though, it makes you feel young" and "look, look, lovely." The children also visited people in their own rooms with permission.

Improving care quality in response to complaints or concerns

- The service had a complaint policy in place. Systems were in place to respond to complaints or concerns.
- The service had not received any complaints. Relatives told us they knew how and who to raise any concerns to. One relative told us "I have never had cause for any concern."

End of life care and support

- At the time of the inspection the service was not supporting anyone with end of life care needs. Where people were willing, the service explored their end of life care wishes.
- One person had advised the home of their chosen funeral director and what type of service they wanted.

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 the same Requires Improvement. This meant 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.

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

At our last inspection the provider had failed to adequately assess environmental risks and keep records relating to health and safety. Records were not routinely available or present at the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made in record management in respect of health and safety. However, we found the service was not routinely informing us of events it was legally required to do so.

- There was a registered manager in post.
- Providers and registered managers are required to notify us of certain incidents or events which have occurred during, or as a result of, the provision of care and support to people. Events which we should be informed about include allegations of abuse, when a person has had a serious injury and when a decision has been made on an application to deprive a person of their liberty. We checked our record against records held at the service, we had not been notified of all events when required.

The provider and registered manager failed to notify us of all the events it was legally required to do so. This was a breach of Regulation 18 (Notification of other incidents) of The Care Quality Commission (Registration) Regulations 2009.

- The registered manager had systems in place to monitor the quality of the service provided. They carried out a number of audits, which included, care plans, accidents, catering and infection control as examples. However, the audits did not always drive improvement. For instance, they did not pick up the issues we found. We discussed this with the registered manager who agreed they needed to review records completed.

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

- Staff told they able to go to the registered manager.
- The registered manager was aware the requirements under the duty of candour regulation.
- Relatives told us they able to approach the registered manager, and on the day of the inspection we observed relatives talking to the registered manager. One relative told us "I find the staff and management very open and straightforward." Another relative commented "If I have a request [Registered manager] is more than willing to fulfil these requests."
- We observed the registered manager throughout the inspection engaging with people and walking around the home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and their relatives were asked for feedback on the quality of the service using an annual questionnaire. Their responses were mainly positive. Where minor issues had been identified, these had been addressed by the registered manager.
- The provider and registered manager worked with the local health and social care teams. A Clinical Commissioning Group (CCG) pharmacist had visited the service in February 2019.
- The home had developed good working relationship with the local GP and district nursing service
- The home had forged links with the local school, and children from there visited the home regularly. Representatives from the village fete visited the home yearly to show Easter bonnet competition entries.

Continuous learning and improving care

- The registered manager networked with other local care home providers to keep up to date with any changes in health and social care.
- The service had signed up to update from us and other social care organisations.
- Throughout the inspection we found the registered manager receptive to our feedback.

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	Regulation 18 Registration Regulations 2009 Notifications of other incidents How the regulation was not being met. The registered person failed to notify us of all events it was legally required to do so. Regulation 18 (1) (2) (a) (b) (e) (4)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent How the regulation was not being met. The registered person did not routinely follow the code of practice of the Mental Capacity Act 2005. Regulation 11 (1) (2) (3)