East Riding of Yorkshire Council

The Old School House

Inspection report

13 New Walkergate
New Walkergate
Beverley
HU17 9EH
Tel: 01482 868118
Website: www.eastriding.gov.uk

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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Good**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Outstanding**

Overall summary

The inspection took place over two days; 7 and 14 January 2015. The inspection was unannounced.

The last inspection of this service was on 12 November 2013 when the service was found to be meeting all of the regulations inspected.

The Old School House is a care home without nursing. It provides services for up to 40 older people living with dementia. The bedrooms and living areas are on two floors. There were 39 people living in the home at the time of our inspection.

There was a registered manager in post at the time of the visit. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which apply to care homes. DoLS are

Summary of findings

part of the Mental Capacity Act (MCA) 2005 legislation which is in place for people who are unable to make decisions for them. The legislation is designed to make sure any decisions are made in the person's best interest.

The manager had a good knowledge and awareness of MCA. People in the home had received good support to have their rights in relation to the MCA upheld. Best interest meetings were regularly organised to ensure people's choices were respected. When necessary the home advocated for people to reduce agreed restrictions on people's lives, ensuring people had the correct support for their rights to be upheld.

People were supported to be protected from harm. The service readily responded and reported any concerns.

People were supported with any risks in their lives, these were identified and plans were put in place to reduce these and help people remain safe.

People were supported by good staffing levels which were adjusted dependent upon the needs of the people living there. When necessary people were provided with one to one staffing levels. This helped to make sure their individual needs were met.

People received personalised support with their medication. Systems were in place for the ordering, storage, administration and disposal of medication, with some minor amendments required.

People were supported by a well trained staff team. The manger organised customised training help make sure staff remained up to date and were following the latest best practice guidance.

People were supported to have their choices upheld and this included with their dietary needs.

People were supported to have their general health needs met. A customised service was in place to ensure that people received quick access to professional support with the dementia care needs. This helped make sure people's changing needs were responded to quickly and effectively.

People were supported by staff who were knowledgeable about the needs of people who lived in the home, this included their history, likes and preferences. Staff were patient and with people and spent time with them , their interactions reflected consideration for people who lived in the home and respected people's privacy.

People were supported by a comprehensive care planning system. People's care plans included a large amount of information which included how the person communicated with people. These care plans were up to date and regularly reviewed. This information was available to staff to help make sure staff were aware of people's current needs.

People were supported to maintain important relationships. Friends and relatives freely visited people and took part in activities with people, for example, taking their relatives out in the community.

Different activities were available to people. These included craft and music work as well as trips out into the local community.

The manager had ensured a positive culture in the home; they provided good leadership and knowledge about the needs of the service. The manager was aware of latest best practice and shared this with staff to help practice.

Summary of findings

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.

People were protected from harm; concerns were readily responded to and reported.

Staff were recruited following appropriate checks and staffing levels were responsive to the needs of people who lived in the home.

Medication systems were in place, which were personal to each individual. Minor improvements to record keeping were required.

Good

Is the service effective?
The service was effective.

People received good support with maintaining their rights through good use of best interest meetings.

People were supported by staff who received specialised training to make sure they were up to date and followed best practice guidance.

People were supported to make choices with their diet and nutrition.

People received good support with their health needs. They received a specialist service in relation to their dementia needs. This meant their needs were quickly responded to.

Good

Is the service caring?
The service was caring.

People were supported by staff who treated them with patience and respect. Staff took their time with people and understood their needs.

Peoples care plans included detailed information to help staff get to know and support them.

Good

Is the service responsive?
The service was responsive.

People were supported to maintain important relationships. Friends and relatives could freely visit the home and participate in activities with people living in the home.

Care plans recorded people's preferences, helping staff to be aware of and support people with these.

Systems were in place for people to be able to raise complaints.

Good

Is the service well-led?
The service was well led.

The manager provided strong leadership and had developed a good culture in the home.

Outstanding

Summary of findings

The manager shared best practice and people were listened to.

The Old School House

Detailed findings

Background to this 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 was planned to check 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.

This inspection took place on 7 and 14 January 2015 and was unannounced. We last visited the service in November 2013 and found all of the regulations reviewed were met.

Prior to the inspection we received a Provider information return (PIR). A PIR provides us with information about the service including how the service feels it is meeting the regulations.

We also reviewed information we held about the service which included notifications of incidents received from the service,

On the first day of the visit the inspection consisted of an inspector and an inspection manager who had specialist knowledge in relation to dementia care. On the second day one inspector was present.

During the inspection we spent time observing practice, interviewing staff, pathway tracking, and undertook a review of records. This included a review of three peoples care files, four staff files and other documents in relation to the management of the home.

We also spoke with two professionals visiting the service and contacted two professionals after the visit to gain their feedback. We spoke with three staff and three visitors to the service and the registered manager.

Good

Is the service safe?

Our findings

Due to people's individual needs we were not able to speak directly with people. However, we spoke with one relative who said the home was "Fantastic" and the care was "Excellent". They added the home was an ideal place and their relative was happy and settled.

We observed the atmosphere in the home was calm and relaxing and interactions between staff and people who lived in the home were positive with staff responding to people's needs.

The home followed the local authority's guidance for the safeguarding of vulnerable people and we saw concerns were readily referred. When we spoke with staff the majority had a good understanding of protecting people from harm and how to handle any concerns received. This meant people could be assured they would receive good support should they raise a concern. However, one staff member was unsure of the actions they would take except to report this to the manager and were unsure of the actions to take if this was not possible.

One professional told us about the support provided for one person in handling a concern. They told us how the manager of the service had raised a concern and ensured the person received good support with this. This had supported the person with a difficult situation and helped to make sure they received the correct support and were protected.

People were supported though a system of assessment to help reduce any risks in their lives. This included an assessment of their communication methods, the risks of falling, the risks associated with nutrition and hydration and any risks to associated with ensuring people's dignity was maintained. People were also supported to help maintain their safety in the event of an emergency in the home, for example if there was a fire. People had been assessed as to how they would be supported including if they would need to be evacuated from the home. These assessments provided information to help keep people safe from harm.

There was a recruitment process in place which included undertaking checks to ensure potential staff were suitable to work with vulnerable people. Evidence of checks were recorded in people's files. This included Disclosure and Barring (DBS) checks which recorded if the person held a criminal conviction that would prevent them from working with vulnerable people. The manager told us they asked questions and looked for specific skills in potential staff. This was due to the specialist nature of the service and the needs of the people in the home. These checks helped to make sure the right people were employed to support people living in the home. The manager also informed us that new staff undertook a probationary period when they started to work in the home.

There were a number of staff on duty throughout our visit. This included for example, care staff, mealtime assistants, reception, catering, domestic, caretaking, administration staff and a volunteer. The manager told us how the staffing levels fluctuated dependent upon the needs of the people living in the home. They told us about the support they received from senior managers who agreed additional staff when required as they recognised the individual needs of the people in the home. One relative told us "There are lots of staff". A professional told us how the higher staffing presence helped support people with complex dementia needs. Staff told us of the differing staffing levels and how one to one support was also provided to help make sure people's needs were met.

There were systems in place in the home to support people with their medication needs. These included a system for the ordering, administration, storing and disposing of unwanted medication.

A member of staff told us people were supported with their medication on an individual and personal basis. For example, if the person was asleep when their medication was due staff would change their plans and return at a later point. They told us that if one medication was administered at a different time then they would review all remaining medication for the day to make sure they were administered at safe intervals. This reflected a person centred approach.

Medication policies were on display in the medication room. These offered guidance to staff on the safe handling of medication. They included for example a 'Self-medication' policy, an 'In house' medication policy and a policy for 'Double checking' medication. We noted these were dated 2007, 2013 and 2010, with no evidence of review. The manager told us in feedback there was another medication policy in use in the home which had been reviewed in September 2014.

Good

Is the service safe?

People had individual storage cupboards for their medication and individual medication administration (MAR) records were kept. This helped to make sure that medication was specific to each person. We saw that people's MAR records were up to date but that in one instance there were inconsistencies between the administration record and the number of tablets left in the pack. We were given differing answers as to the reasons for this discrepancy and it was unclear why this was the case. This was fed back to the manager at the time of the visit.

People were also supported with any medication which was described as Controlled' or 'CD''s this included painkillers. We saw records were kept of these medications. One person required medication to be administered as a slow release 'patch' to their skin and some of the records for identifying the area this had been administered to were not up to date. This had the potential for the incorrect administration of the patch.

We saw systems were in place to help make sure medicines were kept at the required temperature. Additionally there was a system for the safe disposal of unwanted medication. Records for this were completed monthly.

Best interest meetings had also been held to decide when a person was to receive covert medication. This meant their medication would be disguised or hidden so they were not aware they were taking the medication. This practice would only be used when the person would refuse essential medication, needed to maintain their overall health. We discussed this with the registered manager who told us how these were reviewed regularly with the staff in the home and the person's GP. Additionally following this visit the manager formalised these meetings and told us how they had further developed the recording of this practice to ensure clear records.

We noted the home was purpose built to help support people living with dementia. There was a good use of light colours and textures within the home and a range of memory prompts available to assist people. These helped people to be comfortable in their environment. The home smelt pleasant and we noted there were domestic and laundry staff employed within the home. A professional confirmed to us they always found the home to be fresh and clean. The manager told us about the security systems in the home which helped to reduce risk and promote safety for the people living there.

Good

Is the service effective?

Our findings

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the Mental Capacity Act 2005 (MCA) legislation which is designed to ensure that the human rights of people who may lack capacity to make decisions are protected. The manager told us about different systems within the home to help support people with this. This included formal processes which had been used to record any restrictions to people's liberty for example, to help ensure their safety when leaving the home. When we spoke with staff not everyone was clear on the purpose of MCA and DoLs yet practice within the home clearly reflected a good understanding of this.

People were also supported by the use of best interest meetings. Best interest meetings are held when a decision about someone's life choice is required but the individual is assessed as not having the capacity to make this decision. The meeting includes people involved in the person's life and can include professionals and the person's relatives.

We saw people's needs and rights were regularly supported through the use of these best interests meetings of which minutes were kept in people's care files. One person's rights regarding their independence had been upheld as previous decisions had been reviewed and amended. This meant they had more independence in their life. A professional told us they felt staff's knowledge in relation to DoLS was "Way above" and that people were supported with a large amount of best interest meetings.

The manager had developed an in-house system for additional support for people with the meeting of their personal care needs. Care plans clearly identified the only times this support could be used. For example, if the person declined this support but this would mean the persons' physical health needs would not be met. Forms were in place to clearly record each time this support was used including details of the incidents and times. This meant there was a clear plan in place and monitoring took place to help make sure least restrictive practice was whenever possible used and people's rights were protected.

People were supported by a manager who had completed comprehensive training in supporting people with dementia. It was clear the manager was knowledgeable and shared this knowledge with the staff team. They were aware of current best practice for people living with dementia and were able to tell us how this worked in practice in the home.

Staff completed a variety of training to enable them to effectively support people. This included for example, understanding dementia and end of life care. This helped to make sure people received the right support from trained staff. The manager organised additional training seminars to help make sure staff remained up to date and aware of current best practice. These were individual to this service and helped staff to have a more comprehensive knowledge when supporting people. In addition staff received support and supervision with their roles. This meant staff were trained and supported to meet people's needs.

People's files included information on their personal choices regarding food and any support they required to maintain an adequate diet. If necessary people's weight and dietary intake were monitored to help make sure peoples nutritional needs were met. Care plans included instructions to staff to ask the person their preference before providing each meal, when necessary cutting up food and guiding the person with the eating of their meal. We observed people had a choice of where they ate their meal either in their own room or the dining room. We saw people were offered a range of food at lunchtime, which appeared appetising. Staff sat with people and supported them with their meal. However, we observed one staff member was distracted by another staff member; this meant they had to turn away from the person they were supporting. This was fed back to the manager, during the visit, for her to address. People were also supported with the eating of their meal by their relative. This helped support this relationship.

People received support with their health needs. Their files recorded the details of this support including the reason for, and any follow up actions required. This included their medical history and monitoring and promoting people's health and well being, for example with pressure area care.

Health professionals told us how staff were responsive to people's needs, they asked for support appropriately and followed any instructions given. They confirmed staff were aware of people's needs. This helped to make sure people received timely support and their health needs were met.

Good

Is the service effective?

People received additional support to help meet their dementia needs from a consultant who regularly visited the home. The manager told us how this was the only service in this geographical area which offered this support to people; this meant people were given responsive support to their changing needs and did not need to undertake long journeys for their dementia care needs to be reviewed. We were also told how staff were skilled in supporting people with their mental health and any confusion associated with their dementia needs.

Good

Is the service caring?

Our findings

One relative said “The care here is wonderful” and “Staff are excellent” and other visitors told us “Staff are friendly”. A professional told us “The staff have been very good at caring and listening” and “My client seems well looked after.”

Staff had a good knowledge of each individual living in the home and their needs. They were not always aware of people’s diagnosis but were clear on people’s individual needs, choices and wishes. A professional told us how staff always knew about a person’s needs and any changes to this. We observed staff to have caring and positive attitudes to people when supporting them within the home. Staff were relaxed and took their time with people, they understood people’s communication methods and did not ask people lots of questions. This followed best practice guidelines.

People had individual care plan files which contained a variety of information to help staff support them and meet their needs. There were individual documents entitled “Who am I”. These documents included information about the person, how best to support them, some of their personal history, for example, their career and personal details such as if they were married, had children and/or grandchildren.

We also saw people were encouraged to maintain their independence and their community presence. Staff supported people to go out and about in their community and also to visit relatives. This helped people maintain links and relationships developed before they moved to live in the home. One professional told us they felt the home being located close to the town centre was a positive benefit.

We saw that there was information about forthcoming activities or events on display for visitors to the home. This included a valentines lunch and dance. This helped people be supported with visits from friends and relatives.

The manager had organised meetings about activities in the home. The meetings would look at possible future events and also fundraising. People’s relatives were able to attend these meetings. This helped people’s relatives to maintain an active role in the person’s life.

One professional told us how staff were always polite and made them feel comfortable when they visited. They told us staff were approachable and friendly. Additionally people’s treatment always took place in the privacy of their own room. Another professional confirmed to us that staff were always polite and helpful.

We observed staff treated people respectfully and upheld their privacy. For example, staff knocked on people’s bedroom doors before entering. A professional confirmed to us that all treatment took place in a private and quiet area they said “Somewhere the person is happy with.”

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Good

Is the service responsive?

Our findings

Staff demonstrated a good knowledge of the individual needs of people living in the home. This included their choices, wishes and support they required.

People's care plans supported this as they contained a large amount of information about the person. They included assessments for different areas of their life. For example, how a person may respond if they were in pain, and unable to tell staff. The care plans also recorded how people's dementia diagnosis affected their ability to communicate verbally. This helped staff to understand people's communication methods and in turn the individual person.

Peoples care files also included information about what was important to them including their preferences in relation to their diet or social activity, for example to go to church. Peoples likes and dislikes were clearly recorded, for example "I like a bath with bubbles in" and "I enjoy food."

Additionally people had personal care 'scripts' and personal care plans which recorded information about them as an individual and some of their personal history. The manager told us how they were developing people's life story work and this included liaising with peoples families and creating memory boxes. Memory boxes included items which were meaningful to each person and reminded them of something or one

Care information was comprehensive and recorded details of the person before they lived in the home. For example, their career, if they were married, if they were parents or grandparents and any interest or hobbies. This helped to make sure staff focused on a person as a whole.

One professional confirmed to us that staff knew people's needs, they said "Definitely and absolutely. There is not an incident that is not understood at all. Staff know about people and any changes."

People were supported by an activity co-coordinator to undertake a variety of activities. This included completing crafts, reading books and watching television. People were supported to go out in their local community, for example to Beverley Minster. There was also a minibus available for people if they wished to go further. One professional confirmed to us they had observed activities regularly taking place in the home.

We observed people were visited by relatives throughout the day. Additionally the manager told us how they had supported one person to visit their relatives and this had helped them maintain relationships, which were important to them. When we spoke with relatives they were complimentary about the home.

One professional told us of the support people received to maintain important relationships and described one persons' support with their spouse. The professional said that in relation to social engagement "Staff are brilliant". Another professional told us there was "A steady flow of friends and family who all seemed content."

The manager told us how they had not received any complaints about the home. We saw visitors readily approach staff to discuss any issues or concerns they had at the time.

Outstanding ☆

Is the service well-led?

Our findings

The registered manager of the service has developed a positive culture in the service where her strong leadership is evident in all aspects of care practices, philosophy of care and continual drive to improve the quality of care for people living with dementia. The service is effectively monitored and evaluated on a daily basis. This is enhanced by the registered manager's knowledge of underpinning research and best practice in dementia care. For example, an understanding of how environmental design impacts on people, when the service is monitored. This included the lighting, décor, colour scheme, and flooring is reviewed not only for safety but in terms of the effects this has on individual's behaviour. The managers' ethos was reflected throughout the service with staff being observed reassuring people using the contented dementia learning and having conversations with people without asking questions which helped people be calm.

The manager continually seeks innovative practice, for example reviewing research in dementia care and deciding which guidance fits with the individuals at the service. For example NICE guidance, or focusing on emotional well-being. The manager has completed various academic courses in dementia care and is absolutely passionate about sharing this learning and developing the service. In discussions with staff they had a shared vision of the service with a clear view of the philosophy and goals.

People using the services are able to raise concerns and complaints are promptly dealt with.

Analysis of complaints take place and the culture allows open learning for staff. During the day interactions were observed with staff communicating with people in a kind and compassionate way. Staff were aware of how to use a technique where a conversation takes place without asking direct questions, this reduces anxiety for people and allows for a more positive response.

The manager has an inclusive approach where decisions are made based on views and opinions of people using the service and their relatives. The model of care is based on using a person centred approach where an audit of care plans, medication charts, risk assessments and health and safety are based on the needs of the individual and what this means for them.

The manager had strong links with the community and health and social care professionals, and the outcome is that decisions are made in the best interest of the individual.