

Abbeyfield Ferring Society Limited (The) The Old School House

Inspection report

27 Ferring Street
Ferring
Worthing
BN12 5HL

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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

The Old School House is an extra care service for older people. People lived in 11 studio style flats, with their own tenancy, in one building. There are staff available between 7.30 am to 7pm daily. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection 11 people were living at Old School House, two people were receiving care regulated by CQC.

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

Systems and processes to assess, monitor and improve the quality and safety of the service provided were in place. However, the providers quality monitoring practice did not always identify shortfalls in recording guidance for staff in care plans. We recommend that the provider review their auditing systems and practice in line with current guidance.

We found that the provider was not always following their own policy when recruiting staff. We recommended the provider review their policy and practice in line with current guidance.

People received safe care and support by enough numbers of staff who had been trained to recognise signs of abuse or risk and understood what to do to safely support people. People were supported to take positive risks, to ensure they had as much choice and control of their lives as possible. We saw that people were supported to be as independent as possible with their personal care and mobility.

Medicines were given safely to people by trained and knowledgeable staff, who had been assessed as competent. All new staff completed an induction programme where they got to know people and their needs well. Referrals and advice were sought from relevant health care professionals to ensure people remained as healthy as possible. Everyone we spoke to was consistent in their views that staff were kind, caring and supportive.

People were relaxed, comfortable and happy in the company of staff. People's independence was considered important by all staff and their privacy and dignity was promoted. Staff were committed to delivering care in a person-centred way based on people's preferences and wishes.

There was a stable staff team who were knowledgeable about the people they supported and had built trusting and meaningful relationships with them. People were encouraged to go out and form relationships with family and members of the community.

People, their relatives and health care professionals had the opportunity to share their views about the service. People, their relatives and members of staff were actively engaged in developing the service. The

registered manager and the staff team worked in partnership with other agencies to support the development of joined-up care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 4 July 2019 and this is the first inspection.

Why we inspected

This was a planned first inspection following registration with the Care Quality Commission (CQC).

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?

Good ●

The service was safe
Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective
Details are in our effective findings below

Is the service caring?

Good ●

The service was caring
Details are in our caring findings below

Is the service responsive?

Good ●

The service was responsive
Details are in our responsive findings below

Is the service well-led?

Requires Improvement ●

The service was not always well-led
Details are in our well-led findings below

The Old School House

Detailed findings

Background to this inspection

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

Two inspectors carried out the inspection.

Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

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

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. We also wanted to ensure people were aware of our inspection and had the opportunity to speak with us.

What we did before the inspection

We reviewed information we had received about the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke with two people who used the service and two relatives about their experience of the care provided. We spoke with 5 members of staff including the provider, registered manager, home manager, care workers and the chef.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We received feedback from one health professional. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Recruitment practice was not always consistent. All staff had disclosure and barring service checks, however not all the records sampled demonstrated that staff had two business references as stated in the providers policy. We found no impact or current risk to people. The provider agreed to review for future recruitment.

We recommend the provider review their policy and practice in line with current guidance.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes protected people from the risk of abuse. Systems were in place to record and report safeguarding concerns.
- Staff were clear about their responsibilities in relation to reporting safeguarding concerns and were confident that they would be listened to if they raised a concern. Safeguarding training was completed by new staff during induction and all staff undertook refresher training. Staff knowledge was robust, one staff member told us, "I would report to the manager if I saw or heard anything. I have just had the training."
- People told us they felt safe and knew who to tell if they didn't. One person said, "I do feel safe here and I have a buzzer if I need anything."

Assessing risk, safety monitoring and management

- Systems and processes to assess, monitor and improve the quality and safety of the service provided were in place.
- Risks were identified using a rating system. Staff knew what risks people had; for example, one person had a risk of falls and staff knew to ensure that they advised them to keep their floor clear of obstructions.
- People, relatives and staff told us staffing levels were enough to meet people's needs. The atmosphere was calm and staff were unhurried as they moved around the building.
- We observed support was provided by a consistent team of staff who were familiar with people's needs.

Using medicines safely

Medicines were received, stored, administered and disposed of safely. Policies and procedures were reviewed and updated.

- Staff demonstrated knowledge of people's medicine's including as required medicine (PRN), however PRN protocols were not available in writing. This was raised with the registered manager who took immediate action during the inspection and recorded the protocols
- Only staff who had been trained to administer medicines were permitted to do so; the rota confirmed there

were always trained staff available to carry out this task.

- Medicines were audited and issues identified were rectified. Records were clear and up to date.

Preventing and controlling infection

- Suitable measures were in place to prevent and control infection. Staff had received training and used Personal protective equipment in line with government Covid-19 guidance.
- People were informed about the risks of Covid-19 and were able to make decisions about going out and having visitors, social distancing, testing and vaccination.
- The service smelled fresh throughout. Domestic staff are employed.

Learning lessons when things go wrong

- There was a clear procedure in place for reporting and recording accidents and incidents with a section for lessons learnt.
- There was evidence of actions that were taken following incidents. For example, an error occurred when administering medicines. The incident was reported to safeguarding and then to CQC. The staff member was interviewed and did not administer medication again until refresher training could be arranged. No harm came to the person whose medicines were administered in error.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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 prior to them receiving the service and regularly afterwards. This meant their preferences were known by staff. This involved meeting with the person and if appropriate, their relatives. People were provided with a detailed handbook which laid out what to expect when they moved in. One relative told us, "We had a lot of information, but they have exceeded our expectations."
- The service had policies and procedures to support the principles of equality and human rights. Records showed that assessments had suitably considered any additional provision that might need to be made to ensure people did not experience discrimination.

Staff support: induction, training, skills and experience

- Staff undertook training that the provider considered essential. The registered manager monitored this to ensure staff's knowledge and skills were up to date, enabling them to provide effective care.
- There was a process for the induction of new staff that included three shadow shifts with experienced staff to learn how they deliver support. There was an induction checklist to ensure staff know all the topic they need to become familiar with and regular probation meetings. New staff also undertook the Care Certificate. The Care Certificate is a set of standards that social care and health workers should adhere to in their daily working life.
- Staff confirmed that they had regular one to one supervision meetings and an annual appraisal either the house manager or registered manager.
- Staff spoke knowledgeably about the needs of the people they supported and confirmed the training and learning they had undertaken to gain the knowledge. Staff were proactive in gaining new skills and knowledge to improve the support they gave. One staff member told us, "I have booked for seminars and training which had previously been postponed due to the pandemic."

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

- People received a healthy and nutritious diet. Feedback from people was positive. One person told us, "We have an excellent cook, we are given a choice and the chef will cook upon request, their cakes and scones are lovely, they do well."
- People ate and drank independently and staff were aware of signs to look for to ensure any changes to people's eating were picked up and acted on appropriately.
- We observed a relaxed social experience during a mealtime. One relative told us, "Mum is eating well since she moved in and enjoys the company especially at mealtimes."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- Staff work with other agencies effectively. The Registered manager told us they signpost people to services who could meet increased needs. Staff described the detailed handover they give to a new service when person's needs increased, this would promote a continuity of care.
- People had access to health care and were supported as they wished to attend appointments.
- People were independent and staff understood the importance of this but knew when to step in. For example, when a person became unwell, staff contacted the GP on their behalf.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA

- Staff had completed training about MCA and the registered manager and chief operations officer told us that the people receiving regulated care had capacity to make decisions in relation to their consent to personal care and medicines. The Registered manager spoke to people and this was recorded during the inspection.
- The registered manager knew what to do in the event a person may display fluctuating capacity, for example in the event of illness.
- People told us staff are respectful and ask for permission before helping them.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People described staff as kind and caring. Comments included, "This is the best place on earth, cannot find better, it's just like home, they think of everything."
- Staff treated people with respect and spoke kindly to them, staff showed a good understanding of people's individual needs and preferences. A staff member confirmed "I know [person] very well, they feel very safe, they might forget where something is, but they know I will find it for them."
- The service had an equality and diversity policy in place to protect people and staff against discrimination.

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

- People confirmed they were involved in day to day decisions about their care and support. One person confirmed they could talk to anyone if needed, they felt their views would be listened to.
- The Registered manager held regular tenants' meetings. The topics covered include ideas about improvements to the building and updates on staffing arrangements.
- Staff gathered feedback in an informal manner, for example, a staff member knocked on a person's door, asked if they enjoyed lunch and offered a drink. The person later commented, "Nothing was too much trouble for the staff."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. People lived in their own rented flats and we observed staff knocking on doors and awaiting an answer before entering. A staff member described promoting privacy and dignity to include always gaining consent before assisting a person and to not assume choices and always offer options.
- Staff advised handovers were conducted away from people either in the lounge/dining room (if it was vacant) or in the office. If staff needed to speak to people, this would be done in their flats to maintain confidentiality and protect their dignity.
- Confidential information was held securely in a lockable office; the electronic care planning system was password protected in line with data protection legislation.
- People told us they requested help when required, they were offered assistance and were encouraged to maintain their independence. People were able to freely leave the service for walks or to go to the shops and were observed to do so. Staff were seen to support these decisions and ensured they were carried out safely. We observed kind interactions for example a staff member helping a person to put their mask on securely before going out. A person told us: "You can come and go as you please."
- People's cultural and religious needs were met, for example when people were unable to visit their place of

worship due to Covid-19 restrictions, staff organised a lay service in the building which included another tenant playing the piano so people could hear there favoured hymns.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- People received personalised care from staff that knew them well. Staff were knowledgeable in people's preferred routines and the way support was delivered.
- One staff member described personalised care as: "Never make a decision for someone, ask what they would like, making sure everything is about the person, not cutting corners i.e. offer a bath and not push a shower for quickness."
- People told us they were supported upon request as the level of support required would fluctuate. A person advised staff would help them bathe or shower if requested, but they were enabled to be independent to get ready for the day without help.
- People with sight impairments had equipment to help them remain independent and promote personal safety.

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.

- Staff understood people and their communication needs well. Written information was available in large print and Staff spend time with people to discuss information at a pace that is best suited to the person.
- People's communication needs are covered in pre admission assessments and care planning.
- People had telephones in their flats and during the pandemic staff had used tablets and smart phones to support people to have video calls with their families.

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

- Staff were aware that people's confidence had reduced due to the Covid- 19 lockdowns, they actively encouraged people to attend trips out, including rides in the minibus for ice-cream. Staff put an activity schedule together to avoid social isolation and to promote mobility including yoga, keep fit classes, meditation, drumming, garden parties and themed day events with themed meals.
- People commented, "There is always something going on," and: "Usually there are many things going on, I tend to miss them, they organise lovely things such as Easter and on birthdays downstairs is all decorated."

Improving care quality in response to complaints or concerns

- People knew who to complain to and how to complain. People we spoke with confirmed they had not had the need to complain.
- People told us they could talk to anyone if needed, they felt their views would be listened to and would feel comfortable if they needed to speak out. One person advised, "I would go to [house manager] to complain, I would feel comfortable to complain but I have not needed to."
- The service had a clear complaints policy in place.
- Relatives told us they had information about the complaints process when people moved in. One relative told us, "We have not had to use this as we always get fast responses to queries or questions,"

End of life care and support

- The service does not provide care for people at the end of their lives; however, staff were able to identify a deterioration in a person's needs.
- Staff knew how to access the appropriate health services to ensure people were supported appropriately.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Quality assurance processes were in place to consistently drive improvement. These included audits of care plans, complaints, safeguarding concerns, incidents and accidents, however these audits had not always picked up shortfalls. For example, lack of detail around falls, diabetes and medicines care plans. There were areas of people's documentation that needed to be improved to ensure staff had the necessary up to date information to provide consistent, safe care. Some care plans lacked the guidance that would support new staff and changes to care needs were not clearly defined. For example, details about diet-controlled diabetes and how anticoagulant medicine (blood thinner) could pose additional risks if people had falls. The care plans were immediately updated with the necessary changes to needs with guidance for staff to follow. This had not impacted on the care delivered to people, due to the level of staff knowledge.

We recommend that the provider review their auditing systems and practice in line with current guidance.

- The management team worked well together and were open and transparent with people, their relatives and staff about any challenges they faced. Everyone was encouraged to work together to find solutions. The team worked very well together and this showed in the caring attitude of staff to people, visitors and each other.
- Staff said that they felt valued and supported to be involved in decisions in the home. One staff member said, "we can have discussions as a team."

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

- The provider's ethos was to provide each person with safe care and the means to live life to the full extent, with privacy and dignity, whilst promoting independence. We observed people leading independent lives with opportunities to come together if they wished
- The management structure encouraged an open-door policy, Staff confirmed they felt supported to bring in ideas, discuss what worked and what didn't work. One staff member told us, "Staff morale is really lovely, everybody is lovely. It's a unique place, I think. Being a small team helps as everyone is very kind."
- There was an inclusive culture at the service and everyone was offered the same opportunities in ways that reflected their needs and preferences.
- People and their relatives had regular contact with the management team and staff regularly spoke to people to obtain their views about the service and ensure they were happy and satisfied with how they were

supported. The Chief operations officer visited people weekly. Staff were also asked to complete regular satisfaction surveys.

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 duty of Candour and people and relatives confirmed they are kept informed. One relative told us, "We have very good communication and are all involved together in mums care."
- We found the management and staff were open and honest throughout the inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics and continuous learning and improving care and working in partnership with others.

- People were asked their views formally bi-monthly with a short survey and have tenants' meetings.
- The management and staff team made sure they continually updated their skills and knowledge by attending training
- People were involved in decisions about the service. For example, people were supported to choose new furniture and carpets in the communal areas of the building.
- People and their relatives told us they could talk to managers and staff easily, and knew senior managers employed by the provider.
- The management team actively looked for and took up opportunities to work in partnership with local health care and community services to improve people's health and wellbeing. One health professional told us "They have come to me asking for information on how to support a person with their diet. They took the information and spent time with the person going over the guidance in bite sized pieces, it really helped them understand and feel more comfortable about what he should eat." "I find the management and staff positive and helpful; they follow things through."
- Staff had a good relationship with the community nurses and other health care professionals and contacted them for advice when needed.
- The management team also worked with other health and social care professionals in order to increase their learning and provide coordinated care. This included liaising with social workers and professionals at the local hospital who were working on ensuring people received timely coordinated discharge from hospital.