

The Old School House Limited

The Old School House and Courtyard Nursing Home

Inspection report

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Website: n/a

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Ratings

Is the service safe?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

We carried out an announced comprehensive inspection of this service on 9 October 2014. Breaches of legal requirements were found. We took enforcement action in the form of compliance actions regarding the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and we made compliance actions for regulations 22: staffing and 10: assessing and monitoring the quality of service provision. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to regulations 22 and 10.

Since 1 April 2015 the 2010 Regulations have been replaced by The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Therefore regulation 22 is now regulation 18: staffing and regulation 10 is now regulation 17: good governance.

We undertook this focussed inspection to check that the provider had followed their plan and to confirm that they now met legal requirements. This report only covers our

findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Old School House & Courtyard on our website at www.cqc.org.uk

The service was registered to provider support and accommodation for 42 older people, some of whom may have a dementia related condition. On the day of the inspection there were 20 people using the service.

The provider is required to have a registered manager in post and on the day of the inspection there was a newly appointed, but unregistered, manager managing the service. 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

Summary of findings

Act 2008 and associated Regulations about how the service is run. The newly appointed manager told us they would be submitting an application to become the 'registered manager' within the next two weeks.

At our focussed inspection on the 16 April 2015 we found that the provider had followed their plan, which they had told us would be completed by March 2015, and that legal requirements had been met.

During our inspection on 16 April 2015 we found that there had been some staff changes. The service had a new manager in post. Some care staff had left and new ones had been recruited. We saw that there were sufficient care staff deployed to ensure that they had time in their day to provide the care people required and to coordinate some activities. We spoke with the staff about the staffing levels that the service was operating with and

staff told us they thought there were sufficient at the moment to meet people's needs. They said that they had been covering each other's absences and the staff team had settled down following some changes in employees.

We found that there had been some changes to quality assurance and monitoring systems (audits and satisfaction surveys) so that people and stakeholders had been consulted about the service. We saw evidence in the form of audits and satisfaction surveys that people, their relatives and other stakeholders had been consulted about the service of care provided.

We were told by staff that the atmosphere/culture of the service was changing for the better. They said, "Staff are more settled now and while there are still some issues to resolve morale has got much better. We work together more, have more time, and people are doing more activities."

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?

We found that action had been taken to improve the deployment of the staffing team, staff had been covering each other's absences and the overall organisation of workforce meant that there were sufficient staff on duty to meet people's needs. This meant that people received the care they required and had opportunities to engage in pastimes and activities.

This meant that the provider was meeting legal requirements.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice. We will review our rating for safe at the next comprehensive inspection.

Requires improvement



Is the service well-led?

We found that action had been taken to improve the quality assessing and monitoring systems within the service, people and other stakeholders had been consulted about service delivery and shortfalls that had been identified were being amended or corrected to ensure people received the care they required to the standard they expected.

This meant that the provider was meeting legal requirements

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice. We will review our rating for safe at the next comprehensive inspection.

Requires improvement



The Old School House and Courtyard Nursing Home

Detailed findings

Background to this inspection

We undertook an unannounced focused inspection of The Old School House and Courtyard on 16 April 2015. This inspection was done to check that improvements to meet legal requirements planned by the provider after our 29 October 2014 inspection had been made. The team inspected the service against two of the five questions we ask about services: is the service safe and is the service well-led? This is because the service was not meeting some legal requirements.

The inspection was undertaken by one inspector. During our inspection we spoke with three people that used the service, two staff and the manager (as yet unregistered). We

observed some interactions between people and staff and we looked at three people's care files, documents relating to audits and satisfaction surveys and staff supervision records.

We also spoke with two officers from East Riding of Yorkshire Council visiting for the purpose of checking the management of medicines and related systems. They carried out a full audit of medication systems and practices on the same day we visited and told us they had found only minor issues for improvement. We saw from documentation held by the service that prior to this on 31 March 2015 a check had been made on the medication systems by a supplying pharmacy. At that time only minor recommendations had been made.

Is the service safe?

Our findings

On 9 October 2014 we carried out a comprehensive inspection at the service and we found that there were insufficient numbers of care workers employed to ensure that the needs of the people who lived at the home could be fully met. This was a breach of regulation 22 of The Health and Social Care Act (Regulated Activities) Regulations 2010, now regulation 18: staffing, of The Health and Social Care Act (Regulated Activities) Regulations 2014.

At that time there were four care workers deployed across the two units: one staff in one unit and three staff in the other. There were some people that used the service who required two staff to assist them with mobility and so when this happened and when one staff took a break it meant two staff worked together leaving other people unsupervised. Therefore other people had to wait too long for the support they needed. The activities coordinator had resigned and was not replaced which meant people were unable to engage in the activities they had previously taken part in.

A compliance action was made for this breach. The provider wrote to us after our inspection with an action plan saying how and when they would be meeting the regulation.

When we visited on 16 April 2015 we found that there had been some staff changes. The service had a new manager in post. Some care staff had left and new ones had been recruited. We saw that there were sufficient care staff deployed to ensure that they had time in their day to provide the care people required and to coordinate some activities.

People that used the service consisted of 17 permanent and 2 respite 'residents'. People using the service had been encouraged to spend their time in one section of the premises and while the manager had not stopped people from living in their chosen bedrooms the manager had implemented a move of all people during the day time into one unit so that everyone was being supported together in the one area. This was because the service was not fully occupied, the manager had decided that staffing numbers were best deployed together in one area and the other unit was in the process of being upgraded in respect of decoration and refurbishment. The result was that people had increased company from each other sharing one unit

in the service, had greater access to the staff on duty and were better placed to engage in the activities that staff facilitated, or at least to observe them if they did not wish to take part in them.

On the day we visited we saw that there was a cage in the lounge containing two-week old hatched chicks, which we were told by staff, had been observed hatching out by people that used the service. The eggs had been donated by a local farmer who supplied the incubator and heat lamp. People had watched them for several days until they hatched out to become the lively and entertaining chicks that they were. People told us they enjoyed the chicks 'antics' and from the looks on their faces, took delight in having the chicks around.

We also observed people taking part in some organised activities: a game of floor skittles and a group session of multiple balls balancing on a brightly coloured parachute. People laughed a lot while taking part in the activity and were amused whenever one of the soft plastic balls launched from the parachute and hit someone on the head.

We spoke with the staff about the staffing levels that the service was operating with and staff told us they thought there were sufficient at the moment, because of the day time arrangements of using just one unit of the service. Staff told us they thought the morale of the staff had improved since the new manager took over. They said they had received formal supervision, the sickness levels had dropped and there were new training opportunities available to them.

One staff said, "We've not had an increase in our staff hours but we've been able to facilitate more activities than before, because we are all located in the one unit. We've been able to take walks out with people around the village or to the pub for a drink or to have lunch and are looking at outings in the minibus." Another staff said, "There is one or two odd staff still inclined to 'chunter' a bit but mostly staff are feeling more positive about the job and we are getting more done each day." All staff felt they had improved the levels of care people received.

We saw that people that used the service were relaxed and comfortable. They were dressed in the clothes of their choice, some smartly with jewellery, and others more casually. We observed that when people requested support they were attended to almost straight away with mobility

Is the service safe?

or a visit to the bathroom, as staff were 'on hand' more readily than at our previous visits. We were told by staff that there had been a period of time where staff were trialling the use of non-uniform to offer a more normalised approach for people living with dementia. This had been strange for people at first but they had become accustomed to it. Staff were still following the approach to supporting people in this way.

When we spoke with a senior staff member they told us the manager had not long been in post, but had already made changes to the environment, the staffing rosters and working hours and to the training opportunities available to staff. They said, "The three shifts in each 24 hours are 7am to 2 pm, 2pm to 9pm and 9pm to 7 am. Night staff now come on at 9pm, so that they can assist people with going to bed at the beginning of their shift when staff are energised. The manager has made the tea time meal more flexible though it is usually served around 5pm. Staff have been given moving and handling training (March and April 2015) and there is a new hoist on order for one person following an occupational therapy assessment."

Other staff we spoke with told us that they had been covering each other's absences and the staff team had settled down following some changes in employees. They

said they no longer visited isolated people in the community to provide them with support and had not done so for several months. This was an area of service provision that the provider was not registered for.

When we spoke with the new manager they told us they had taken on the role with great enthusiasm. They said they liked the challenge ahead of them. They also told us about their plans for improvements in all areas of the service. They said, "I have seen staff morale increase, family members are telling me the care has improved and I am increasing the auditing to keep a close check on what still needs doing. I have held 'resident'/relative's meetings, 'resident' meetings about menus and I have carried out audit checks on people being weighed. I have given each staff member supervision since I started in post and I am providing them with a one hour workshop on the Mental Capacity Act 2005 (MCA). I already have an MCA champion." Champions are staff members appointed to have specific responsibility for an area of work in which they provide information on best practice, lead by example, encourage other staff to follow best practice and monitor staff performance.

We looked at the rosters for the service and saw that the staff listed to work that day were those actually on duty. They numbered one senior care worker and three care workers. There was also a cook and a cleaner on duty.

Is the service well-led?

Our findings

On 9 October 2014 we carried out a comprehensive inspection at the service and we found that there were ineffective systems in place to assess and monitor the quality of service provision. This was a breach of regulation 10 of The Health and Social Care Act (Regulated Activities) Regulations 2010, now regulation 17: good governance, of The Health and Social Care Act (Regulated Activities) Regulations 2014.

At that time there were two acting managers in post but a new manager was being recruited. We identified that there were issues with communication and the atmosphere in the service. There were more moderate concerns regarding seeking people, relative, visitor and healthcare professional's opinions of the service and with the auditing systems in place to identify the shortfalls in service provision. This meant people did not always have the opportunity to give their opinion of the service as they experienced it and so it was not always changed in order to ensure it met their needs.

A compliance action was made for this breach. The provider wrote to us after our inspection with an action plan saying how and when they would meet the regulation.

When we visited on 16 April 2015 we found that there had been some changes to quality assurance and monitoring systems (audits and satisfaction surveys) so that people and stakeholders had been consulted about the service. We were told by staff that the atmosphere/culture of the service was changing for the better. They said, "Staff are more settled now and while there are still some issues to resolve morale has got much better. We work together more, have more time, and people are doing more activities."

When we spoke with the new manager they told us about the quality assurance system improvements. They said, "I have an audit plan in place for the year." We saw this along with evidence of audits that had been completed in the form of checklists with dates they were carried out. The manager said, "I've already held menu audits and meetings and implemented food requests that people have made. Other audits completed include those on accidents/incidents, medication systems, dependency levels, maintenance of the premises, cleaning and care plans." We

saw these had been carried out across January and February 2015 and we saw that they also included infection control, records, falls, kitchen hygiene and cleaning of bathrooms. They had been analysed and an action plan for completion along with timescales had been devised.

We saw that 'resident' and relatives' satisfaction surveys had been issued in January 2015 and while only 5 relative ones had been returned they had already been analysed and summarised to highlight the shortfalls in the service. Comments on surveys were both positive and constructive. They included, "I use a care book now (that staff complete) to read about my relative's day", "Though this is better there is sometimes still an unpleasant odour in the home", "We now have good communication and a good manager, all to make for a wonderful home", "There could do to be a visitor's toilet, but otherwise I have no complaints" and "More communication needed although this is improving. I am pleased with the new owner and manager meeting up with me."

The manager had produced a monthly newsletter to respond to the comments and to inform people of a coffee and cake meeting to be held one morning. There was also a general feedback letter to relatives outlining the action the manager had taken. We saw there was a pattern of feedback to people that was 'little' and often. Whenever people were asked for their opinion, action was taken swiftly and feedback was provided to them. There was also good communication in the form of leaflets, notices and displays in the entrance hall just by the signing in book, so that visitors were able to see what was going on in the service and be a part of the developments.

Staff we spoke with told us there had been staff and 'resident'/relative meetings held to seek everyone's views and the manager confirmed this. We saw evidence of these in the form of meeting minutes recording the attendees and topics that had been discussed.

All of this meant that people and other stakeholders were being consulted about the service and being informed about what went on in the service, using different forms of consultation and communication. The service was able to assess and identify shortfalls and people then had improved opportunities to experience changes for the better in service delivery.