

The Old School House (Madeley) Ltd

The Old School House

Inspection report

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20 July 2016

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Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

Our inspection took place on 20 July 2016 and was unannounced. When we last inspected the service on 9 June 2016 we rated the service as requires improvement. We found the provider was meeting all requirements of the law. We did however, identify improvements were required.

The Old School House provides accommodation and personal care for up to 10 adults with a learning disability. At the time of our inspection 9 people were living at the service.

At the last inspection we found further improvements were required to increase staff understanding of how to keep people safe and quality assurance processes required further development. During this inspection we found improvements had been made. At the last inspection we found staff lacked understanding of the Mental Capacity Act (MCA) and the Deprivation of Liberty Safeguards (DoLS). During this inspection we found the provider had made improvements.

There was a registered manager in post. 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.

People felt safe. There were sufficient numbers of staff to respond to people's needs and support people safely. People were supported by staff who had been recruited safely and had the skills and knowledge to meet people's care and support needs. People were supported by staff who knew how to recognise and report potential abuse. Risks to the health, safety and well-being of people were identified and managed. Staff had a good understanding of how care and support should be provided in order to keep people safe. People's medicines were stored and managed safely and people received their medicines as prescribed.

People's nutritional and hydration needs were met and people were involved in the planning and preparation of meals. People were given choices of food and drink and specialist diets were catered for. People had good access to a range of healthcare professionals when required.

People and their relatives felt they were supported by staff who were friendly and caring. People's individual needs were understood and met by staff and people and their relatives were involved in making decisions about how their care and support was provided. Staff supported people in a way that maintained their privacy and dignity and promoted their independence. People were supported to maintain relationships that were important to them.

People felt involved in the assessment, planning and review of their care. Staff had a good understanding of people's, personal needs and preferences. People were encouraged and supported to follow their individual interests and take part in activities they enjoyed. People and their relatives knew how to complain and expressed confidence that concerns would be dealt with efficiently by the registered manager.

People, relatives and staff were encouraged to give feedback and felt involved in the development of the service. The registered manager had effective systems in place to monitor the quality and consistency of the care provided and was committed to driving continuous improvement.

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.

People received support from staff that understood how to keep people safe.

The registered manager used safe recruitment practices and there were sufficient staff to meet people's needs and ensure their safety.

Risks to people were assessed and there were clear plans to manage risks.

People received their medicines safely and as prescribed, from trained staff.

Is the service effective?

Good ●

The service was effective.

People received support from a trained staff team who were supported to carry out their duties.

People's consent to care and support was always sought and the principles of the Mental Capacity Act were being applied.

People had enough to eat and drink and specialist diets were catered for.

People received support to maintain good health and had access to a range of healthcare professionals when required.

Is the service caring?

Good ●

The service was caring.

People received support from staff who treated them with kindness.

People were involved in making decisions about their care and support.

Staff had a good understanding of the needs of people.

People were treated with dignity and respect and their privacy was promoted.

Is the service responsive?

Good ●

The service was responsive.

People and their relatives were encouraged and supported to contribute to the planning and review of their care.

People were encouraged and supported to take part in activities which they enjoyed and met their personal preferences.

People and their relatives knew how to raise a concern or complaint.

Is the service well-led?

Good ●

The service was well led.
People and relatives knew who the registered manager was and were provided with opportunities to give feedback on the development of the service.
Staff understood the expectations of their role and felt supported.
The registered manager had systems in place to monitor the quality of the service and was committed to continuing to drive improvements

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 20 July 2016 and was unannounced. The inspection team consisted of one inspector.

As part of the inspection, we reviewed the information we held about the location and looked at the notifications we had received. A notification is information about important events, such as serious injuries, which the provider is required to send us by law. We contacted a commissioner of the service and the local authority safeguarding team to obtain their views about the quality of the service provided. We considered this information when we planned our inspection.

During the inspection we spoke with five people who used the service, five members of staff and one relative. We also spoke with the registered manager who was supported by a facilities manager. The facilities manager supported the registered manager with administrative tasks and in the day to day running of the service.

We reviewed a range of records about how people received their care and how the service was managed. We looked at three people's care records and four staff records including recruitment checks. We also looked at records relating to the management of the service which included policies and procedures, medicines administration records, quality checks and incident and accident monitoring.

Is the service safe?

Our findings

People told us they felt safe. One person told us, "I feel safe, the staff make me feel safe". Relatives also told us they felt their family members were safe. One relative told us, "We have no concerns about [person's] safety there is always someone there to support [person]". People received support from staff who had a good understanding of how to protect people from the risk of harm and abuse. Staff were able to tell us how to recognise signs of abuse and had received training in keeping people safe. People were able to tell us who they would talk to if they were worried or concerned. We saw that staff were following the provider's policies on keeping people safe, for example recording and reporting incidents or accidents that compromised people's safety. Staff told us how they communicated information relating to accidents or incidents to other staff. They told us this was to ensure people were appropriately monitored and ensure risks managed and reduced. We saw that where people's safety was compromised staff had updated people's individual care records and risk management plans. We saw the registered manager had a system to manage people's individual finances and protect them from financial abuse. One staff we spoke with told us, "The system we have ensures people are protected from financial abuse, it's to keep them safe". This showed the registered manager had systems and processes in place to reduce the risk of injury and harm and to keep people safe.

People had individual risk assessments and management plans which contained details of how to keep people safe. We also saw these risk assessments were regularly updated to reflect any changes in risk and that staff had been encouraged to read and sign these to show they understood their contents. We saw staff were using the information in the risk assessments when delivering care. For example we saw where people required one to one support to access the community this was being provided. We also saw that people who required catheter care were being cared for in a way that reflected the risk management plans. The facilities manager told us they involved people in reviews of risk. They told us this was so people were supported to understand identified risks and the measures in place to reduce these risks.

People were supported by staff who had been recruited safely. References and checks with the Disclosure and Barring Service (DBS) were completed. The (DBS) helps employers make safer recruitment decisions and prevent unsuitable staff from working with vulnerable people. Staff also confirmed that reference and DBS checks were completed prior to starting work at the location. We looked at staff records and saw that suitable checks had been completed. The provider had safe recruitment practices.

We saw there were enough staff to meet the needs of people and people's requests for help and support were responded to promptly by staff. One person told us, "The staff are here and help me when I need it". One relative told us, "There seems to be enough staff they cope well, [person] likes to sit and talk to staff and they have time to sit and talk to [person]". We observed one person requesting to have their hair cut, we saw that staff responded to this request and arranged to take the person to the barbers later that day. The person told us, "I told them [staff] I wanted my haircut, I'm going this afternoon". Where people required one to one support to access services in the community this was provided. Staff were available to support people to carry out daily routines such as personal care and support people to make meals when they wanted to. Staff told us they felt there were enough staff to ensure people were kept safe. One staff member

said, "There are enough staff to keep people safe and to be able to take them out when they want to". We spoke with the registered manager and facilities manager and we found there were sufficient contingency plans in place to manage staff absence. They also told us that additional staff were allocated to support day trips. People were supported by adequate numbers of staff to ensure their safety and meet their needs.

People received their medicines safely and as prescribed. One person told us, "I have tablets I get them ok". Relatives told us they had no concerns about their family member's receiving their medicines. We looked at Medication Administration Records (MARS) and found people received their medicines as prescribed. Where medicine was prescribed on an 'as required' basis people received these as appropriate and according to people's individual requirements. Medicines were stored safely, for example, in a lockable cabinet. People received their medicines from staff who had been appropriately trained and assessed as competent to administer medicines. Staff told us that senior staff completed spot checks to ensure they were giving people medicines safely. We saw the registered manager had systems in place to check the administration of medicines on a daily basis. The registered manager told us these checks were carried out to reduce the risk of people not receiving their medicines safely. They also told us that any errors were investigated promptly. There were sufficient systems in place to ensure that medicines were stored and administered safely.

Is the service effective?

Our findings

People were supported by a staff team that received appropriate training to support people with their care and support needs. One person told us, "The staff are well trained". A relative told us, "The staff are trained well, you have to change your training to address changing needs, I feel this is being done". Staff told us they received regular training and annual refresher training. One staff member told us, "We get loads of training". Staff told us how they had made changes to their practices as a result of the training they received. One staff member told us, "Most of the courses we do are real eye openers". They told us how they had completed Mental Capacity Act (MCA) and Deprivation of Liberty safeguards (DoLS) training and how this had helped them to communicate more effectively with people to enable them to make choices for themselves. We looked at staff records and saw staff were supported to access ongoing training opportunities and core training was updated regularly. Staff had the opportunity to complete the Care Certificate. The Care Certificate is a set of minimum standards that social care and health workers should apply in their practice and should be covered as part of the induction training of new care workers. We saw that staff had individual training action plans and staff told us they were able to discuss training needs in their one to one sessions with their manager.

Staff told us they were well supported by the management team and they had regular one to one meetings with their manager. One staff member told us "The managers door is always open if you need support with anything". Staff we spoke with told us they were able to discuss a range of issues in their one to one meetings to include training needs, their own practice and performance, any concerns or issues they had or any ideas they had to develop the service. We looked at staff records and saw they were receiving regular support and supervision from their line manager. This showed the registered manager provided support to the care staff to enable them to effectively carry out their duties.

People were supported by staff who sought their consent to care and support. One staff member told us, "We always ask before we provide support, we ask if it's ok to support people". We observed a member of staff asking a person's permission to look at their injuries following a minor accident before assisting the person.

Staff had received training in understanding the requirements of the Mental Capacity Act and the Deprivation of Liberty Safeguards (DoLS). 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. We saw the provider was following the principles of the MCA. For example, people were encouraged to make decisions for themselves where possible, and assessments of people's capacity were completed where people lacked capacity.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The DoLS require providers to submit applications to a

'Supervisory Body' for authority to deprive people of their liberty. The registered manager had made appropriate applications where it was deemed that a person was being deprived of their liberty and we saw staff were complying with the conditions of the authorisation.

People received sufficient quantities to eat and drink. We saw people had a choice of food or drink. One person told us, "I can choose what I eat and drink". Another person told us, "I can get food when I want and drink when I want". The registered manager told us, "People can help themselves to food and drink when they want to". During the inspection we observed people helping themselves to food and drinks from the kitchen. Mealtimes were flexible, people could choose to eat when they wanted and where they wanted. We observed staff asking people what they wanted to eat and drink at lunchtime and we saw people being involved in preparing meals. People enjoyed the food, one person told us, "The food is very nice, my dinner was lovely". People's specific dietary requirements were catered for. For example, we saw people who required a soft diet were provided with this. People were actively engaged in the planning and preparation of meals. Staff told us resident's meetings were held on a monthly basis and people were invited to discuss what meals they would like. People were supported to have enough to eat and drink, they were provided with choices and specific dietary requirements were being catered for.

People were supported to maintain their health. One person told us, "I can go to see a doctor, dentist, optician when I need to". One staff member told us, "We have very good access to healthcare when people need it". One person told us how they had been to the optician that morning to get some new glasses. We looked at records relating to people's health and saw that people had access to a range of health care professionals. We saw health care appointments were recorded and any actions to be taken as a result of the appointment were documented and actioned. The facilities manager told us, "We try to make sure we are doing what health professionals have recommended". We also saw people had individual patient passports which contained clear and concise information about each person's health needs, how they liked to be communicated with and their preferences. This was in case of admittance to hospital. Staff could tell us how to recognise a change in a person's health or well-being and were able to say what actions they would take in response. One staff member told us how the management team would contact the GP promptly if a person's health had deteriorated in any way. We spoke with the registered manager and they told us, "If we have concerns about someone's health or well-being we contact the GP, we act on it straight away". People had good access to healthcare when they needed it and any changes in health or well-being were acted on promptly.

Is the service caring?

Our findings

People told us staff were caring and supportive and they were happy living at the home. One person told us, "Staff are nice, they are kind and caring". Another person told us, "I am happy here". Relatives told us they felt the staff were kind and caring. One relative said, "The staff are very very helpful, [person] loves it there, we've never found a home as good as this one". Staff we spoke with told us that the home had a friendly atmosphere. One staff member told us, "The best thing about working here is supporting the residents, I enjoy giving good quality care to people and like to see them enjoying themselves and having fun". Another staff member told us, "I am very fond of the residents; that's why I have been here so long". During the inspection we observed staff interacting in a positive and kind way. We saw staff talking to people throughout the day, initiating conversations and checking on people's well-being. For example we saw people being asked if they were well and asked if they wanted anything. We saw people being reminded to drink plenty of fluids as it was a hot day and the registered manager had ordered fans for people's rooms to help keep them cool. We also observed staff talking to people about day trips they had been on, laughing and joking about some of the funny experiences they had had. People were supported by staff who treated them with kindness and compassion.

We saw throughout the inspection visit people were offered a range of choices. One person told us, "I sometimes have a lie in in the mornings. Staff told us that people were offered choice and control over their lives. They told us that where people needed support to make choices this was offered. One staff member shared with us how some people were unable to communicate verbally so they would offer choices. For example, a range of clothes for them to choose from or show people the packets of food for them to point to. Another staff member told us they used flash cards or basic signs to help people to communicate what they wanted and support decision making. A third staff member said, "We ask them what they want to do and where they want to go, they will tell you". People were provided with choice and control and were supported to make choices where required.

People were supported and cared for by a staff team that treated each person with dignity and respect. One person told us, "They [staff] knock on my bedroom door before they come in and they ask if it is ok to help me". Staff told us they knocked on people's bedroom doors before entering and closed curtains before delivering personal care.

People were encouraged to maintain their independence. One person told us, "I help to cook sometimes". Another person told us, "I do the hoovering and help with the cleaning". A relative told us, "[Person] is encouraged and supported to do what [person] can for themselves, [person] helps out in the kitchen". One staff member told us, "We try to encourage people to do as much for themselves as possible". During this inspection we observed people preparing meals and supporting staff to tidy up after lunch. This showed people were involved in looking after their home and their independence was promoted.

People were supported to maintain relationships which were important to them. One person told us, "I go and see my mum regularly". A relative told us they could visit anytime and their family member was supported by staff to visit them. Staff told us how they supported people to visit their families and how

relatives were able to visit the home at any time. During the inspection we observed a person requesting to call a relative, they were supported promptly to make the telephone call. We saw another person being taken out to buy a birthday gift and card for a relative to take with them to a visit the following day. People were actively supported to maintain relationships that were important to them.

Is the service responsive?

Our findings

People and their relatives were involved in the assessment and planning of their care. One person told us, "I get involved in meetings about my care". A relative we spoke with said, "Staff involve me with everything, reviews, Christmas parties and day trips". Staff told us they encouraged people to be involved in the planning of their care. We spoke with the facilities manager who said, "We invite relatives to attend reviews and they do where they can, if they are not able to attend we can discuss over the telephone". They also told us that relatives received a quarterly report which included information about people's progress, healthcare appointments, and details of activities people had taken part in. We looked at people's care records and found they were reviewed regularly and contained information on people's changing needs.

People were supported by staff who had a good knowledge about their likes and dislikes and how they preferred their care to be delivered. One relative told us, "Staff know [person] very well, they know [persons] quirks, likes and dislikes". Staff were able to tell us about people's life histories and personal preferences. Staff were able to tell us about non-verbal cues that might signify when a person needed something. We saw that staff were able to understand non-verbal cues that a person may want something. For example, staff were able to understand when people needed personal care by listening for an increase in verbal sounds.

People were able to make their own choices about what they wanted to do with their time. One person told us, "I like living here, I go shopping, walks, days out, I love to swim and I can go every week". Another person told us they liked to spend time at a local activities club which they attended weekly. One relative told us, "[Person] goes on regular day trips which [person] enjoys". Staff told us about people's hobbies and interests and we saw that people were supported to follow their personal interests. For example, some people enjoyed watching films and were supported to go to the cinema regularly. The registered manager told us, "If someone wants to do something, they can". One staff member we spoke with had found out that some people supported a particular football club. They were in the process of arranging a trip to watch a football match. People were encouraged to discuss what activities they wanted to take part in during the resident's meetings. One person told us about a holiday they had in Wales which they had enjoyed. The registered manager was actively encouraging people to be involved in planning activities and people were supported to participate in activities they preferred and enjoyed.

People and their relatives knew how they would raise a concern and were confident that their concerns would be listened to and dealt with quickly and efficiently. One relative told us, "We are aware of the complaints procedure, we have never had to raise a complaint but we are very confident the registered manager or the facilities manager would deal with it". We looked at complaints records and saw there had not been any recent complaints. We spoke with the registered manager about this who confirmed that they had not received any complaints. The registered manager told us, "We look out for concerns through our quality assurance processes and we act quickly on any concerns raised to ensure that they are dealt with promptly". The registered manager had systems in place to manage complaints or concerns.

Is the service well-led?

Our findings

People and their relatives knew who the registered manager was. People and staff told us the registered manager was a visible presence at the location. One staff member said, "The manager is not just in the office, they come and provide practical hands on care too". A relative we spoke with felt the service was well managed. They told us, "It's managed excellently from the top down". Staff also told us the service was well managed. One staff member said, "The management team are really good they are supportive to both staff and the residents".

Staff understood what was expected of them and the registered manager understood their responsibilities and were supported by the provider and the staff team. For example, the registered manager was appropriately notifying us of significant events such as injuries and we saw they were appropriately displaying the ratings certificate following the last inspection. The registered manager and the facilities manager told us they regularly kept up to date with current guidance, best practice and legislation by accessing information on the internet and attending regular training. Staff felt well supported by the registered manager. One staff member told us, "I am well supported by the registered manager, we have a good working relationship". People were supported by a staff team that were clear about their roles and responsibilities and were supported to perform their role.

People, relatives and staff were involved in the development of the service. One person said, "We have meetings they [staff] ask us what we want, what we want to do and what we want to eat". One relative told us, "They hold residents meetings which we can get involved in, we are always kept informed of what is happening with [persons] care and the service and we can make suggestions about how things are done or how we feel the service could improve". We spoke with staff and one staff member told us, "If we have ideas about how to improve the service, managers will take it on board and will make improvements". They told us how they had made suggestions about how to ensure people were able to follow interests by suggesting day trips and holidays which the management team had gone on to arrange. The facilities manager said, "We always encourage staff to come forward with ideas about how to improve the service". We looked at records relating to the management of the service and saw minutes from staff meetings and residents meetings. We saw people and staff were encouraged to give feedback on the service and suggest ideas on how to improve the service.

At our last inspection we found the registered manager was completing annual resident and relative's surveys to collate feedback, however these were not being analysed and feedback was not provided. During this inspection we found improvements had been made. The registered manager was now analysing survey responses and relatives told us they were receiving feedback on the outcomes. We spoke with a relative who told us, "We complete questionnaires and the manager gives us feedback on the findings".

At our last inspection we found improvements were required in staff training and quality assurance processes. The registered manager had produced a clear action plan following our last inspection. During this inspection we found the actions had been completed and improvements made. The registered manager had systems in place to monitor the quality of the service. Regular internal checks were carried out,

information was analysed and used to drive improvement. The registered manager was also making improvements following external checks that were completed. For example we saw that the registered manager had made improvements based on the recommendations from a recent pharmacy audit that had taken place. Staff told us they were aware of the checks that were completed and told us that they received updates on the findings and any actions that needed to be taken. One staff member told us, "We have monthly team meetings, the manager tells us about audits and what actions need to be taken to improve". The registered manager had sufficient systems in place to monitor the quality of the service. Information from audits was used to drive improvements.

The registered manager was committed to continue to improve the care and support people received. They said, "We are striving to improve all the time". Staff we spoke with were open and honest about where improvements needed to be made. This showed the registered manager and staff were committed to continuous improvement.