Mrs Nahida Arif

Old School House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Old School House is a care home that provides care and accommodation for up to 12 older people. The home is a period building that has been refurbished to maintain original features. At the time of the inspection there were 11 people living in the home. There was a registered manager who was also the service provider.

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.

The service was last inspected in December 2013 where it was found to be fully compliant with the regulations. This is the first inspection and rating of the location under the Health and social Care Act 200 (Regulated Activities) Regulations 2014.

People's feedback regarding the home was complimentary. One person told us, "I like the whole atmosphere, I would rather be here than anywhere else". We saw people were treated with compassion and respect. The registered manager provided effective leadership to the service and held regular residents' meetings to ensure people were involved in the running of the home. Staff we spoke with told us the manager was fair and supportive.

People were safeguarded from abuse and neglect. Staff had received training in safeguarding and told us they would not hesitate to report any concerns regarding people's care.

Risk assessments were in place, where risks were identified these were followed through in people's care plans. One person we spoke with could not remember being involved in their care plan reviews. Whereas another person said 'very occasionally I have seen it'. One family member said she had been consulted about their relative's care plan when they were first admitted to the home. However, they had not had any reviews since then.

Activities were planned and people were encouraged to participate either in groups or on a one to one basis. One person told us that they preferred reading and sometimes the activity coordinator read to them. We found care was person-centred; people were involved in activities or spending time on a task as they wished. We observed one person busy knitting in their room. One person commented in the residents' meeting how they had made many new friends and they enjoyed the activities especially playing cards and bingo.

The atmosphere in the home was homely and welcoming. One person we spoke with told us, "I looked at other homes but they were so big, this one is small which suits me."

There were systems in place for monitoring and auditing to enable improvements in the quality of care. For example audits were carried out for care planning, catering, medicines, infection control and accidents.

The service had not complied with the Mental Capacity Act 2005. This was evidenced by lack of completed mental capacity assessments and records of best interest decision making and deprivation of liberty. Where people lacked mental capacity to make informed decisions, or give consent, the service did not act in accordance with the requirements of the Mental Capacity Act 2005 and associated code of practice. Discussions about consent were not held in a way that met people's communication needs. We discussed this with the registered manager and they told us they would endeavour to address this.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we asked the provider to take at the back of the report.

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.

Medicines were managed safely.

Risks had been appropriately assessed as part of the care planning process and staff had been provided with clear guidance on the management of identified risks.

Is the service effective?

Requires Improvement

The service was not always effective.

The service did not comply with the requirements of the Mental Capacity Act 2005.

Staff were well trained and effectively supported.

Is the service caring?

Good

The service was caring.

People's privacy and dignity was respected.

Staff knew people well and provided support with kindness and compassion

Is the service responsive?

Good

The service was responsive.

People's care needs were met, care plans contained information that was detailed and personalised to enable staff to address identified care needs.

A wide range of activities were available within the home.

Is the service well-led?

Good

The service was well led.

There were effective quality assurance systems in place to monitor the quality of care provided and address improvements

that could be made.

The registered manager was open and transparent and worked collaboratively with other professionals to ensure high standards of care were maintained.

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.

The inspection took place on 19 and 20 October 2016 and was unannounced.
The inspection was carried out by one inspector. The service was last inspected on 31/12/2013 when it was found to be fully compliant with the regulations. Prior to the inspection we reviewed all the information we held about the service. This included notifications regarding safeguarding, accidents and incidents. Prior to the inspection a Provider Information Return had been submitted. This is a form that asks the provider some key information about the service what the service does well and any improvements they plan to make.

During the inspection and to gain further information about the service we spoke with three people who used the service, one visiting relative, one visiting health care professional, and another professional following our inspection. We also spoke with the registered manager, the activity coordinator, and four members of staff.

In addition we observed staff supporting people throughout the home and during the lunch time meal. We also inspected a range of records. These included Medication Administration Records (MAR), three staff recruitment files, training records, meeting minutes, five care plans, audits that had been carried out and policies and procedures. We also observed administration of medicines and a stock check of medicines.

Good

Is the service safe?

Our findings

People commented positively about living at Old School House. One person told us, "Very, very good, thumbs up". Another person told us, "I am as happy as I can be, I looked at other homes, but they were too big this one suits me". One relative we spoke with told us, "This is homely and everyone gets to know each other".

Staff knew the people they cared for well; they were able to explain people's care needs and individual personalities. We spoke with a health care professional during our inspection and they told us staff were aware of people's needs and would always contact them if they were concerned about someone.

Policies and procedures about the safeguarding of adults accurately reflected local procedures and included relevant contact information. Staff had the knowledge and confidence to identify safeguarding concerns. Staff had received training in safeguarding and were able to explain the service's procedures in relation to safeguarding of adults. Staff we spoke with all said they would not hesitate to report any concerns to the appropriate person.

People received their medicines safely, when they needed them. We saw medicines were dispensed to each person directly from the medicines trolley and people were provided with appropriate drinks to help them take medicines. The Medication Administration Record (MAR) had been correctly completed. All medicines that require stricter controls were stored securely and accurately documented. All staff who dispensed medicines had received appropriate training and there were robust procedures for the investigations of medicine errors within the home
People's care plans included detailed information and risk assessments. Care plans were individualised and provided staff with a clear description of any risks identified. Where accidents or incidents had occurred these had been appropriately documented and investigated.

The provider followed robust recruitment procedures to ensure only suitable staff were appointed. Interview records demonstrated prospective staff members histories had been reviewed as part of the recruitment process. Disclosure and barring service checks had been completed before staff were able to work within the home. Safe recruitment procedures ensured only staff with appropriate experience and character worked within the home. We observed staffing levels to be adequate for the home.

Maintenance of the home was well organised. We saw people had Personal Emergency Evacuation Plans (PEEPS) in place. Information relating to PEEPS were located in each person's bedroom. Fire drills take place regularly the last one carried out was in August 2016. In addition fire extinguishers had been inspected at the time of the fire drill. Environmental and appliance risk assessments' were carried out by independent companies and were all up to date within 2016. During our inspection we observed the stair lift was being checked by an outside contractor.

The home was clean and free from odour, when deep cleaning was required this was carried out by outside companies.

Requires Improvement

Is the service effective?

Our findings

People and their relatives spoke positively about staff and told us they had the skills needed to meet their needs. Comments from a visiting relative included, "Staff are attentive they are good if they think [Mother] is not well".

The staff we spoke with were positive about the quality of the training they had received. We spoke with one member of staff who told us, "I had one week shadowing an experienced member of staff then had four days training with a training provider. Other staff members have been friendly and helpful. I know the manager would tell me if I got it wrong, I like that. I am going on to do my level two [qualification]". Another member of staff said, "It was quite daunting at first as I had never worked in care before. It would be nice to have some end of life training". We were aware the registered manager was in the process of organising end of life training for staff.

Staff told us they felt supported to do their job and had regular supervisions from the registered manager. They said they could discuss their progress and raise any issues they felt had an impact on their role. Regular staff meetings were held to ensure staff could bring any issues to the attention of the manager.

The Mental Capacity Act (MCA) provides a legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When people lack mental capacity to take particular decisions any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when it is in their best interest and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

We spoke with the registered manager regarding standard DoLS authorisations. They told us that no applications to the local authority had been made.

People's consent to care was not sought in line with legislation. The service was not meeting the requirements of the (MCA). For example, the nature of some of the people's care needs and care interventions required, indicated that some people may have been deprived of their liberty. The service had not followed the legal requirements to make sure that any decisions made were taken in the person's best interest. The registered manager had not submitted any applications to the local authority for a range of restrictions such as the use of bed rails, and restriction of movement due to people living in an environment that supported their safety by the use of a locked entry/exit system.

During the inspection we spoke with people who were unable to decide whether or not they should be

accommodated in the care home due to lack of mental capacity. This meant the service should have completed a mental capacity assessment. When we reviewed people's care records we found mental capacity assessments had not been fully completed for this purpose. This had resulted in no applications to local authorities being made for the appropriate authorisation.

Where a person is properly assessed to lack mental capacity to make a particular decision on their own, a 'best interest decision' is made. We spoke with the registered manager and requested to see care plans for evidence of best interest decision making. They told us they had not completed any documentation for that purpose.

This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 20014.

People had access to health and social care professionals. During our inspection we were aware that two people were currently receiving end of life support from professionals. During our visit we spoke with a community nurse who was visiting and supporting a person with clinical needs.

We saw the home had a weekly planned menu. People were offered a choice of meals at the time the meal was served. We observed mealtimes on both days of our inspection; we saw people were able to choose where they sat. Some people had chosen to remain in their armchairs in the lounge whilst others enjoyed the company of others at the dining table. We saw people having their meal in a relaxed atmosphere chatting to each other at the table. Staff did not rush people and people were able to remain at the dining table long after the meal had finished. Staff told us people liked to sit at the table and discuss their day following their meal. People we spoke with told us the food was excellent.

Good

Is the service caring?

Our findings

People and staff appeared happy in the home. One member of staff told us, "I love coming to work". We observed numerous examples of staff providing support with compassion and kindness. People were consistently positive about the care they received and the caring nature of staff. Comments included, "I am as happy as I can be. I looked at other homes but they were too big, this one suits me". Another person said, "In some ways I feel a bit of a fraud, other people here are much worse than me. I'm fed and watered all the staff are nice. I would rather stay here than go elsewhere".

Families and professionals commented positively about the care and support people received. We observed many examples of compassionate care that focused on people as individuals. One example was a person who remained in their bed due to receiving end of life care and support. They [person] had family photographs around the foot of their bed so they could easily see them. The person had recently had their hair attended to by the hairdresser and looked groomed and well cared for. The person's family member was visiting at the time of our inspection and told us they were more than happy with the home and the support they provided.

People told us their privacy and dignity was respected, we observed staff knocking on people's doors before entering. Throughout the inspection it was notable that staff were not rushed in their interactions with people. We saw staff chatting with people and supporting them to engage in activities. People received care and support from staff who had got to know them well. The relationships between staff and people receiving care demonstrated that staff were knowledgeable about things people found difficult and how changes in daily routines affected them. For example, one person had recently come back to the home after they had 'gone out' with one of their family members. The person was clearly agitated following the visit and wanted to keep their coat on and walk around the home. Staff explained to us this was the usual pattern for the person following visits outside the home. We saw staff were kind and observed the person to ensure they did not tire them-self out with continuously walking around the home.

Another example of staff knowing people well was when a person became very 'vocal'. Staff played music to the person, this had an immediate effect, and we saw the person become much calmer.

All rooms were decorated to a high standard and were light and airy. People were able to personalise their bedrooms with photographs and ornaments that they had brought in from their home. One person who we spoke with took great pleasure in showing us family photographs they had displayed around their room.

People had made decisions regarding end of life care. Care plans documented how people wanted to be treated and we saw evidence of people's resuscitation status which had been completed by the person's GP and family members where possible.

Good

Is the service responsive?

Our findings

Pre admission assessments were carried out by the registered manager before people came into the home. This meant that appropriate information was captured before the person moved into the care home, and staff could identify the person's needs upon their admission.

People's needs were reviewed regularly and as required. Where necessary, health and social care professionals were involved. Handover between staff at the start of each shift ensured that important information was shared, acted upon where necessary and recorded to ensure people's progress was monitored. Care plans were personalised and each file contained information about the person's likes, dislikes and personal history.

Staff knew people's individual communication skills, abilities and preferences. There was a range of ways used to make sure people were able to say how they felt about the service. People's views were sought through care reviews and meetings. During one meeting one person said they would like to have more fresh fruit included with their meals. We could see evidence that this had been addressed and the outcome was the person 'was satisfied'. None of the people we spoke with had any complaints about the service. People told us they would raise any issues or complaints with staff. One person we spoke with told us, "If I was not happy I would soon tell them".

The home had an activity coordinator that provided activities for people to take part in. During our two day inspection we observed activities taking place in the main lounge. Where people were unable to attend due to their frail health, activities were provided on a one to one basis. We saw planned activities for the week ahead displayed on a board in the main lounge area. We spoke with the activity coordinator; they told us. "People are asked what they want to do; we have outside entertainment such as singers. There is a varied programme." One person commented, "We have a music for health woman who comes round once a fortnight".

In addition the home organised community activities such as visits to farms and afternoon tea. We saw evidence of recent activities which were documented in scrap books and displayed for people to see. The activity coordinator told us the registered manager was organising additional training for them [activity coordinator] to ensure they had up to date information and guidance about activities for older people.

Where people required support with their daily lives they were able to make choices and be as independent as possible. For example, one person told us they prefer reading to activities. We saw this was respected and the activity coordinator documented this in the person's social activity record. Another person we spoke with told us they 'just like to knit' we saw this was supported and the home ensured the person had

sufficient wool to enable them to achieve this.

People were able to attend church services on a regular basis. On the first day of our inspection we saw the local vicar informing a member of staff about the planned services they were conducting within the home. People told us they enjoyed the services however, they do not always want to attend. This demonstrated personal choice and preferences was an important aspect of the care and support provided.

Good

Is the service well-led?

Our findings

The service had a positive culture that was person centred, open, inclusive and empowering. It had a well-developed understanding of equality and diversity. People said the service was well managed and the registered manager was visible and accessible. We saw evidence of this during our two day inspection when we observed the registered manager spending time speaking with people and assisting them when required. One person told us, "I know I can speak with them if I need to". One visiting relative told us, "I could talk to the manager if I had any concerns".

People and those important to them had opportunities to feedback their views about the home and quality of the service they received. Residents' meetings were held monthly and people were encouraged to contribute. The activity coordinator led the meetings and ensured items discussed during the meetings were documented. We saw that one person commented in one of the meetings how they had made many new friends and how they enjoyed taking part in the activities. Minutes of meetings demonstrated that feedback provided was valued and acted upon so that the service could work to constantly improve.

The homes records were well organised and staff were able to easily access information from within people's care notes. Regular audits designed to monitor the quality of care and identify areas where improvements could be made had been completed. Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home. People and staff had confidence the registered manager would listen to their concerns and that they would be received openly and dealt with appropriately. One member of staff told us, "We get on as a team, the registered manager is very open and honest with everyone" This was demonstrated during our feedback at the end of the inspection. We discussed our findings regarding the lack of applications submitted to the local authority. The registered manager told us they had not realised any applications should have been made. They told us this would be addressed with immediate effect.

Staff described the management as very supportive and approachable, they said they felt listened to and valued. This was demonstrated when a member of staff expressed a wish to attend end of life training. We saw this was listened to and acted upon. The service was in the process of sourcing end of life training for staff. The service was run by an established manager who promoted an open culture which shared the same vision and demonstrated strong role models with a commitment to providing a good quality service.

The registered manager had notified us about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe.

The service worked in partnership with local health organisations. We saw evidence of this during our inspection when we saw the community nurse visiting. The service also had support from the local hospice for people receiving palliative care.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The service was not meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). The provider was not operating in line with processes for seeking consent and restraint of people.