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The 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?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The Old School House is a residential care home which provides care for up tp 36 people who are elderly, may suffer with mild mental health conditions, dementia and/or have restricted mobility. On the day of the inspection 33 people were living in the home.

At the last inspection in August 2015, the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated good:

People and a relative commented, "I like it here. They are all nice" and "I can't fault them. All the carers are lovely and approachable. I help them do the gardening with people. They are really good to mum."

People remained safe at the service. There were sufficient staff available to meet people's needs. Risk assessments had been completed and actions taken to minimise harm. This was particularly important for people who may challenge others due to living with dementia, for example. People received their medicines safely.

The service had 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 continued to receive care from staff who had the skills and knowledge required to effectively support them. Staff were competent and well trained. People's healthcare needs were monitored by the staff and people had access to a variety of healthcare professionals according to their individual needs.

Staff were caring and people had built good relationships with the staff. We observed staff being patient and kind, understanding how people liked to be cared for. People's privacy was respected. People where possible, or their representatives, were involved in decisions about the care and support people received.

The service remained responsive to people's individual needs and provided personalised care and support. People were able to make choices as much as possible in their day to day lives. There had been no formal complaints since the last inspection and the complaint process ensured any complaints would be fully investigated and responded to. Complaints were also discussed in regular staff meetings to ensure all staff knew where care could improve.

People were supported to take part in a range of activities. However, there was no dedicated activity co-ordinator employed during our inspection but there was an advertisement publicised. Therefore, organised

activities were mainly through external entertainers at present. The registered manager was pro-actively looking at ways to improve the opportunities for more meaningful stimulation, especially for people living with dementia. We saw staff engaging with people throughout the day including those people who spent more time in their rooms. The registered manager had introduced 'dementia friendly' sensory stimulation to further engage people. The registered manager was introducing more individualised activity records to ensure people received engagement and stimulation, especially whilst the home sought a new activity co-ordinator.

The service continued to be well led. People and staff told us the registered manager and current deputy manager were approachable and there was always a manager available for support. The provider lived close by and the managers also felt well supported. The registered manager/provider sought people's views to make sure people were at the heart of any changes within the home and regularly enabled them to have time to discuss any issues.
The registered manager/provider had monitoring systems which enabled them to identify good practices and areas of improvement.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

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 checked 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 was an unannounced, comprehensive inspection and took place on the 18 September 2017 with one adult social care inspector. Prior to the inspection we looked at information we held about the service such as notifications and previous inspection reports and Provider information return (PIR). A notification is information about specific events, which the service is required to send us by law. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. At our last inspection of the service, in August 2015 we did not identify any concerns with the care provided to people.

During the inspection we spent time with all the people who lived at the service. The majority of people were unable to fully express themselves verbally about their experiences due to living with dementia, so we observed how staff interacted with people. The deputy manager was also available throughout the inspection. We looked around the premises and took lunch with 14 people. We also spoke with a visiting relative and five members of staff.

We looked at a number of records relating to individuals' care and the running of the home. These included three care and support plans, three staff personnel files and records relating to medication administration and the quality monitoring of the service.

Good

Is the service safe?

Our findings

The service continues to provide safe care. Most people who lived in The Old School House were unable to fully express themselves about their experiences living there but appeared to be very relaxed and comfortable with the staff who supported them. People and the relative told us they believed their relatives were safe living at the service.

To help minimise the risk of abuse to people, staff all undertook training in how to recognise and report abuse. Staff confirmed they would have no hesitation in reporting any concerns to the registered manager/provider and deputy manager and were confident that action would be taken to protect people. Electronic tablets were situated around the premises so staff could easily document any care concerns or take a record of an unexplained bruise, for example. Risks to staff from people whose behaviours could be challenging had been assessed and procedures put in place to minimise the risks and to support staff. For example, one person received care from two care workers together to protect staff from behaviours which could be challenging.

People's risk of abuse was further reduced because there was a suitable recruitment process in place for all new staff. This included carrying out checks to make sure new staff were safe to work with vulnerable adults. Staff were not allowed to start work until satisfactory checks and employment references had been obtained.

There were sufficient numbers of staff to keep people safe and make sure their needs were met. Throughout the inspection we saw staff meet people's needs in a timely way, support them and spend time socialising with them. Staff confirmed additional staff were available when needed to help people with specific activities, end of life care or appointments. The registered manager and deputy were supported by an administrator, a senior care worker and four care workers on the day shift. There was a cook and laundry person and two domestics and a maintenance man. The service also had a care apprentice from a local college studying health and social care on placement.

People had risk assessments completed to make sure people received safe care and to promote their independence. Risk assessments were comprehensive and completed to ensure people were able to receive care and support with minimum risk to themselves and others. For example, one person had a risk assessment to enable them to use a kettle in their room safely, which was reviewed regularly. Where people had been assessed as being at high risk of falls, assessments documented the equipment provided and actions to promote people's independence when moving around the home. Systems were in place to monitor incidents, accidents and safeguarding concerns. This helped ensure any themes or patterns could be identified and necessary action taken.

People received their medicines safely from staff who had completed training. There were systems in place to audit medicines practices and clear records were kept to show when medicines had been administered. Some people were prescribed medicines on an 'as required' basis. There were instructions to show when these medicines should be offered to people. Records showed that these medicines were not routinely given

to people but were only administered in accordance with the instructions in place.

People were protected from the spread of infections. Staff understood what action to take in order to minimise the risk of cross infection, such as the use of gloves and aprons and good hand hygiene to protect people. The premises were clean and tidy with no offensive odours. There was an on-going maintenance plan in place to maintain a safe, clean and fresh décor so that The Old School House was a pleasant place to live.

Good

Is the service effective?

Our findings

The service continued to provide people with effective care and support. Staff were competent in their roles and had a good knowledge of the individuals they supported which meant they could effectively meet their needs.

People were supported by well trained staff. Staff said they were provided with regular updated training and in subjects relevant to the people who lived at the home, for example behaviour which could be challenging and manual handling. The registered manager had resourced additional workbooks. Staff said the training provided was relevant to their role and regularly updated. There was a comprehensive induction for new staff and opportunity to complete the Care Certificate, a nationally recognised qualification for care workers. Some staff held specialist roles such as 'falls lead'. They undertook additional training and shared this with the team. For example, a falls flow chart had been developed to show what actions staff should take following a fall. Staff were supported through regular supervision sessions and staff meetings. We saw records with examples of how the registered manager ensured staff were competent and happy at work.

People's health was monitored to help ensure they were seen by appropriate healthcare professionals to meet their specific needs and prompt action was taken to address any concerns or changes. A 'red flag' notice board further highlighted people who required GP input. For example, staff had noted that one person may have shingles and had called the GP that day. GPs visited regularly and when needed and provided support and advice to people and staff when required. Some people were currently receiving care from the district nurse team for change of dressings and diabetic support. No-one had any pressure damage to their skin. One person was not feeling well during the inspection so staff were assisting the person to have a quiet day in their room and ensuring they took plenty of fluids. If people needed to go to hospital, the service used 'hospital passports' for each individual which detailed important information that external health professionals could access easily.

People were encouraged to make choices about the food they ate. Each person was able to take their meals in a way which promoted sufficient nutrition and hydration and mealtimes were a positive experience. For example, some people preferred to eat in their rooms, at a television table or in the dining room. Staff were also attentive to where people liked to sit and with whom, this ensured where people were living with dementia staff minimised the risk of behaviours which could be challenging.

There was a flexible core menu with two options each meal. People were also able to request food they particularly liked or fancied. For example, staff knew what people liked to eat and one person living with dementia was having scrambled egg as a brunch as staff had recognised they may be hungry. Staff knew in detail what people liked and what kind of appetite they had. For example, one person had identified risks associated with swallowing. This was managed well with staff ensuring they received appropriate, safe meals. People said they were happy with the food offered. Where there were concerns about a person's weight staff monitored and sought advice from relevant professionals and followed any recommendations made.

Staff had completed training about the Mental Capacity Act 2005 (MCA) and knew how to support people who lacked the capacity to make decisions for themselves. People were encouraged to make day to day decisions such as what they would like to eat or drink and wear or where they would like to sit. Where decisions had been made in a person's best interests these were fully recorded in care plans. This showed the provider was following the legislation to make sure people's legal rights were protected.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider had a policy and procedure to support staff in this area. The registered manager had liaised with appropriate professionals and made applications for people who required this level of support to keep them safe. A DoLS agreement for one person had stipulated that the person should be supported to go out regularly, and we saw that this had happened. These were regularly reviewed and people were involved in any changes.

The environment was very homely and personalised with clean, fresh modern décor. People had been able to decorate their rooms and have input into communal areas if they were able. The premises were well maintained and there was an on-going maintenance plan. There was a large, pretty garden at the rear with a patio and seating, lawn and flowers.

Good

Is the service caring?

Our findings

The home continued to provide a caring service to people. People appeared comfortable with the staff working with them and there was a friendly, relaxed atmosphere in the service. The registered manager said, "We try to be really individual and give people a nice life here." There had just been a party for a staff member celebrating long service. People, their families and staff had all been included.

Staff understood people's individual needs and how to meet those needs. People said they were well cared for. We observed the staff taking time to assist people with their personal care. Staff were attentive and prompt to respond to people and call bells did not ring for long. The registered manager had reminded staff that if people were enjoying a lie-in, staff needed to manage people's continence before leaving the person to lie-in to avoid incontinence later. When people became confused or upset staff provided additional support. People became calm and seemed to enjoy the one to one company of the staff in all roles. We observed the maintenance man chatting to people and we saw people enjoyed their company, friendly banter and hearing about their work. They had framed some inspirational poems about dementia for the home.

People told us staff were kind, caring and respectful. Some people who could talk to us said they felt well cared for. A visiting relative said; "I can't fault them. All the carers are lovely and approachable. I help them do the gardening with people. The provider's son listens to my gardening suggestions! They are really good to my mum." The provider also popped in to see people and said to one person, "I'm better now I've seen you" promising them some of their favourite sweets."

People and a relative told us people's privacy and dignity were respected. Staff knocked on people's doors and respected people's need for privacy and quiet time. Notices on doors were used saying, "Do not interrupt, we are busy delivering care." Staff told us how they maintained people's privacy and dignity in particular when assisting people with personal care. There were four male care workers and records showed people had been asked for their consent for them to provide personal care. Staff said they felt it was important people were supported to retain their dignity and independence.

People were supported to express their views whenever possible and involved in decisions about their care and support. Staff were able to communicate effectively with everyone and we observed them interacting well with people. This ensured they were involved in any discussions and decisions. The registered manager said it was important to have a good relationship with health professionals such as the hospital discharge team. This ensured they were able to find out as much as possible about people's needs before they moved in. For example, personality was also important as the registered manager thought about the people already living at The Old School House when assessing potential admissions. People or their representatives were involved in decisions about their care. People had their needs reviewed on an annual basis or more often if their care needs changed. The relative said they were involved with reviewing / planning their relative's care.

Staff showed concern for people's wellbeing. The care people received was clearly documented and

detailed. For example, people had information in place on how to care for people's skin to prevent their skin becoming sore. Staff undertook training to ensure they had the skills required to provide appropriate and dignified end of life care. Two staff were also trained in verifying death which they hoped made the process easier for relatives.

Good

Is the service responsive?

Our findings

The service continued to be responsive. People were supported by staff who were responsive to their needs. One person was known to like getting washed and dressed later in the afternoon. Staff ensured they helped them do this.

People had a pre-admission assessment completed before they were admitted to the service. This helped people, their relatives and the provider make an informed decision about the appropriateness of the placement and ensure their needs could be met.

People's care records were held electronically and covered a range of information relating to people's health and social care needs. For example, they contained information to assist staff to provide care in a manner that respected people wishes. Staff used individual electronic monitors to add any information at any time to people's personal care records. This helped to ensure care records were always updated and staff were able to respond appropriately. All the staff we spoke to were familiar with people's needs and said information and guidelines were clear and easy to access. Care plans were personalised and included information about how people chose and preferred to be supported. For example, the registered manager ensured people's medication was regularly reviewed. One person had been able to reduce their sedative medication since their admission by being supported with managing their behaviours through good care planning and one to one staff support.

People were able to make choices about how they spent their time and were able to spend time in their rooms if they wished. We observed staff responding to people, ensuring they had their call bells and supporting them according to their needs, throughout our visit. Staff told us how they encouraged people to make everyday choices as much as possible. This helped ensure everyone's voice was heard. People told us their individual needs were met. One care worker said to one person, "You normally have coffee don't you but I'll offer you our wares just in case you fancy tea today."

People were supported to take part in a range of activities. However, there was no dedicated activity co-ordinator employed during our inspection but there was an advertisement publicised. Therefore, organised activities were mainly through external entertainers at present six days a week. There had been a firework evening, food tasting, feeding the ducks, carol singing, dancing and reminiscence. The registered manager was pro-actively looking at ways to improve the opportunities for more meaningful stimulation, especially for people living with dementia. We saw staff engaging with people throughout the day including those people who spent more time in their rooms. The registered manager had introduced 'dementia friendly' sensory stimulation to further engage people day to day. The registered manager was introducing more individualised activity records to ensure people received engagement and stimulation with care workers, especially whilst the home sought a new activity co-ordinator.

The provider had a complaints procedure displayed in the service for people and visitors to access. Some people said they would talk with a member of staff if they were not happy with their care or support. Where complaints had been made these had been investigated and responded to. The registered manager had

taken action to make sure changes were made if the investigations highlighted shortfalls in the service and issues were raised in staff meetings.

Good

Is the service well-led?

Our findings

The service continued to be well led.

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.

The registered manager said, "We have an amazing team of staff, I love our residents and I think about them even when I'm not at work." Staff we spoke with were very positive and enthusiastic about their roles. They said, "It's great here. We all like working to make people's lives good. Everyone is nice and we do what we can for people."

The quality of the service continued to be monitored. The registered manager was visible in the service. They were recruiting an additional manager role to enable the management team to have time to be more visible for families, for example, as it was a large building over three floors with the office upstairs. There were effective quality assurance systems in place. There were regular audits of the property and care practices which enabled the provider to plan improvements. The management team had access remotely to the electronic care plans so there was a high level of monitoring. For example, the registered manager said they liked to check up promptly about the outcomes of GP visits. The registered manager and provider sought people's views to make sure people were at the heart of any changes within the home. The registered manager and provider continued to complete audits on aspects of the service and ensure lessons were learnt. Staff knew the outcome of these and practice changed accordingly. For example, the registered manager had started to enable relatives who wished to, to have secure access to care plan records so they could see how their loved one was doing, for example to minimise anxiety if they lived some distance away.

Staff were clear about wanting to provide a good quality service that met people's needs and enhanced their well-being and independence. Staff understood their roles and responsibilities, and said they were listened to and felt supported as valued members of a team. Tasks were delegated amongst the staff team and some individual staff members had additional duties and further specialised training in particular areas. There was good communication and the registered manager could email staff through the home's system and see when information had been read. For example, staff kept up to date with external health and social care resources such as patient safety alerts. Following an national alert staff now ensured hydration thickeners were kept more securely.

The registered manager and provider were present in the home during the inspection. People and staff clearly knew the management team well, and were happy to chat with them as they worked and walked around the home. When the registered manager was not available there was an on-call system available between the management team. This meant someone was always available to staff to offer advice or guidance if required. Staff told us they felt well supported by the registered manager and the management team.

There were regular newsletters and family support meetings. The registered manager said they encouraged families to chat together and a family member fed back any issues that arose. For example, discussions about nutrition resulted in a family also being involved in discussions with the dietician. The home shared information with families about dementia and nutrition to promote understanding of the condition and signposted further helpful advice and resources.

The service has obtained the Plymouth City Council Dementia Quality Mark in 2014 and has held this award subsequently each year since. This was awarded after an annual robust inspection from Plymouth City Council in regard of all aspects of care provided to people with a diagnosis of dementia. An on-going action plan of further improvement included developing themed activities, more topical activities in the evening and encouraging people to participate in meaningful household chores for example.

The provider had systems in place to make sure the building and equipment were maintained to a safe standard. These included regular testing of the fire detecting equipment and hot water and servicing of equipment.