

Valeo Limited

The Old School House

Inspection report

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Date of inspection visit:
19 July 2017

Date of publication:
18 August 2017

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

The Old School House is a registered care home providing personal care for up to four people with a learning disability or autistic spectrum disorder. It is in Sheffield, South Yorkshire near local shops and public transport.

There was a manager at the service who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with CQC 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 and associated Regulations about how the service is run.

Our last inspection at The Old School House took place 10 July 2015. The service was found to be meeting the requirements of the regulations we inspected at that time and overall we rated the service Good.

This inspection took place on 19 July 2017 and short notice was given. We told the registered manager two days before our visit that we would be coming. We did this because the manager is sometimes out of the office at the two other small care homes they manage, and people are often out. We needed to be sure the manager, people and staff would be available. On the day of our inspection there were four people living at The Old School House.

People who used the service communicated in various ways to tell us they felt safe living in the home. Family and friends spoke positively about the standard of care and support their family member received.

We found systems were in place to make sure people received their medicines safely.

Staff recruitment procedures ensured people's safety was promoted.

There were sufficient numbers of staff provided to meet people's needs.

Staff were provided with relevant training so they had the skills they needed to undertake their role.

The service followed the requirements of the Mental Capacity Act 2005 (MCA) Code of practice and Deprivation of Liberty Safeguards (DoLS). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The registered provider's policies and systems supported this practice.

Staff were provided with supervision on a regular basis. Some staff had not been provided with an annual appraisal for development and support.

People enjoyed the food provided, were given choices and were supported to receive adequate food and drink to remain healthy.

We found the home was well maintained. Bedrooms had been personalised and communal areas were comfortably furnished.

Staff knew the people they were supporting and provided a personalised service. Support plans were in place detailing how people wished to be supported. People were involved in making decisions about their care.

We saw people participated in a range of daily activities both in and outside of the home which were meaningful and promoted independence.

People said they could speak with staff if they had any worries or concerns and they would be listened to.

There were some systems in place to monitor and improve the quality of the service provided. Regular checks and audits were undertaken to make sure full and safe procedures were adhered to.

People who used the service and their friends and family had been asked their opinion of the quality of the service via regular contact with the registered manager and provider.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this 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.

Staff were aware of their responsibilities in keeping people safe.
People told us they felt safe.

Medicines were stored securely. Appropriate arrangements were in place for the safe administration and disposal of medicines.

Staffing levels were adequate to meet the needs of people who used the service.

The staff recruitment procedures in operation promoted people's safety.

Is the service effective?

Requires Improvement ●

The service was not effective.

Some staff had not been provided with an annual appraisal for development and support.

The service was meeting the requirements of the Deprivation of Liberty Safeguards. Staff had an understanding of, the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People's nutritional needs were met and people attended regular healthcare appointments to maintain their health.

Is the service caring?

Good ●

The service was caring.

The relationships we saw between people who used the service and staff were warm and friendly.

People's privacy, dignity and independence were maintained by staff who knew people's preferences well.

Is the service responsive?

Good ●

The service was responsive.

People's support plans contained a range of information and had been reviewed to keep them up to date.

People knew how to raise concerns and did not have any hesitation in voicing their opinion if they had concerns.

A range of activities were provided for people which were meaningful and promoted independence.

Is the service well-led?

Good ●

The service was well-led.

Staff told us they felt they had a very good team. Staff said the registered manager was approachable and communication was good within the service.

There were quality assurance and audit processes in place to make sure the home was running safely.

The service had a full range of policies and procedures available for staff so they had access to important information.

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 inspection took place on 19 July 2017 and was announced. The provider was given 48 hours' notice because the location is a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in. The inspection team consisted of two adult social care inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR). This 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.

Prior to our inspection visit we reviewed the information included in the PIR, together with information we held about the home. We also contacted commissioners of the service for any relevant information they held about The Old School House.

During our inspection we spoke with all four people living at the home and spoke via the telephone with two friends or family of people to obtain their views of the support provided. We spoke with five members of staff, which included the registered manager and four support workers.

We spent time observing daily life in the home including the care and support being offered to people. We looked round the home and through people's invitation saw bedrooms, bathrooms, the kitchen and communal areas. We spent time looking at records, which included two people's care records, five staff records and other records relating to the management of the home, such as training records, health and safety records and monitoring reports.

Is the service safe?

Our findings

People told us they felt safe living at The Old School House and commented, "I like living here" and "I feel safe here. If I had a problem I would tell staff."

When we asked some people what it was like to live at the home they smiled and their body language expressed their contentment.

Friends and families we spoke with all agreed the home was a safe place for their family member to live. Their comments included, "[Name] is safe and well looked after."

During our observations we saw people were comfortable in the presence of the staff and when people showed they needed assistance this was provided. We saw staff were aware of people's individual demeanour and behaviour and of the potential risks associated with this.

Records showed staff had received training in safeguarding vulnerable adults and whistleblowing. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust.

Safeguarding and whistleblowing policies and procedures were available for staff to refer to. Staff we spoke with were aware of their responsibilities in reporting any safeguarding concerns they had to a senior member of staff or the registered manager.

We looked at staffing levels to check enough staff were provided to meet people's needs. On the day of the inspection there were four support staff on duty.

Staff we spoke with said there were normally three staff rostered to work each day plus the registered manager supported them. We looked at the staffing rota for the two weeks prior to this inspection and found these identified staffing levels had been maintained.

Staff we spoke with told us there were enough staff on each shift and this enabled them to undertake their work. One staff member told us, "We are fine with staff numbers; this means people can also go out on trips and to the shops etc. when they want to."

We observed staff were visible around the home and responded to people's needs as required.

We looked at two people's support plans and saw each plan contained risk assessments that identified the risk and the actions required of staff to minimise the risk. The risk assessments seen covered all aspects of a person's activity and included road safety, community presence, travel, emergency evacuation and daily routines. We found risk assessments had been updated as needed to make sure they were relevant to the individual.

We observed people were supported to take their medicines as prescribed with appropriate drinks and encouragement. We found there was a medicines policy in place for the safe storage, administration and disposal of medicines. Training records showed staff that administered medicines had been provided with training to make sure they knew the safe procedures to follow. The registered manager also regularly checked staff competency in administering medicines and staff told us action was taken if they were found to be not administering medicines safely. Staff spoken with were knowledgeable on the correct procedures for managing and administering medicines. Staff could tell us the policies to follow for receipt and recording of medicines.

We saw staff administered prescribed analgesia quickly when one person said they had some pain.

We checked two people's Medicine Administration Records (MAR) and found they had been fully completed. The medicines kept corresponded with the details on the MAR. Medicines were securely stored in a locked metal cupboard.

The registered manager said the community pharmacist carried out checks of medicines and records. We saw a community pharmacist's report dated November 2016 which did not highlight any recommendations to improve medicines management.

We looked at the procedures for recruiting staff. We checked three staff recruitment records. Each contained references, proof of identity and a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the home. The staff spoken with confirmed they had provided references, attended an interview and had a DBS check completed prior to employment. This showed recruitment procedures in the home helped to keep people safe.

Regular checks of the building were carried out to keep people safe and the home well maintained. We found a fire risk assessment, dated 21 July 2016, had been undertaken to identify and mitigate any risks in relation to fire. The registered manager was aware, and confirmed they were planning to update the assessment as they said this was completed annually. Personal emergency evacuation plans (Peeps) for each person were kept together in a file for use in an emergency to support safe evacuation.

We found a policy and procedures were in place for infection control. Training records seen showed all staff were provided with training in infection control. We saw infection control audits were undertaken which showed any issues were identified were normally acted upon.

We did see some of the grouting around the wall tiles and the linoleum floor in the domestic type kitchen were stained/marked. The registered manager confirmed a 'deep clean' of the kitchen would take place within the next week.

Is the service effective?

Our findings

Records checked evidenced some staff had not been provided with an annual appraisal for development and support. Appraisal is a process involving the review of a staff member's performance and improvement over a period of time. The registered manager confirmed the provider policy was that support staff should receive an annual appraisal.

Three staff files we checked showed the staff had not received an appraisal in the last 12 months. The last recorded appraisal on one file was August 2015. Another staff file showed their last appraisal was in 2012 and the third staff file did not contain records of any appraisal. The member of staff told us they had worked within the organisation for over two years.

This demonstrated a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Staffing.

People who used the service and their friends and family spoke positively about the support provided and said they were happy with the care they received. They told us they saw their doctor when they needed and had access to other health professionals. On the day of inspection one person we observed seemed agitated and complaining of pain. A little later the person told us, "I am going to the doctors, staff are taking me. They take me when I need to go."

We saw staff helped people attend health appointments. Staff were accompanying another person to an appointment on the day of the inspection.

We saw meal times were flexible and individual to each person's preferences. People said they helped with the shopping, preparation and cooking of some meals. People we spoke with were complimentary about the quality and quantity of food offered. People said, "Staff cook the food, we have all sorts and we choose what we want."

We saw there was a menu for the meals but staff said this was flexible and if people wanted to change it then, "That's fine." We saw people going to the shops to buy food and staff said they shopped most days.

We saw the fridge, freezer and cupboards were well stocked with branded foods. There were good stocks of fresh fruit, salad and vegetables available for people. Staff said they encouraged people to eat healthily and said meal times were flexible. Staff and people using the service ate their meals together. The main meal was usually cooked in the evening when people had returned home from activities or day service.

Staff spoken with said when they had started work at the home they had completed a full induction programme. This covered all mandatory training, for example, health and safety, fire, first aid, food safety and safeguarding adults. Staff told us, "We have really good training."

The registered manager said all staff were supported and funded to undertake a diploma in care

qualification after they had worked with the registered provider for six months if they so wished.

We saw a training record was in place so training updates could be delivered to maintain staff skills. A matrix system was in place to identify when staff needed training updates so these could be planned. The registered manager told us some training was completed via e-learning on the homes computer. Each learning topic had tests of understanding to complete at the end of training to show staff had understood. In addition, face to face learning in some subjects such as positive behaviour, conflict management and moving and handling was provided to support staff's learning.

Staff spoken with and records checked showed staff were provided with supervision on a regular basis. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members.

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.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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.

Staff we spoke with had a very good understanding of the principles of the MCA and DoLS. Staff also confirmed they had been provided with training in MCA and DoLS. This meant staff had relevant knowledge of procedures to follow in line with legislation.

There were clear records kept of DoLS authorisations and the support plans seen showed evidence of decision making agreements, capacity assessments and decisions being made in the person's best interests.

We found the kitchen was locked as the appliances in the kitchen had been identified as high risk for one person; this was recorded in their support plan. One person confirmed they had a key for the kitchen, two people didn't but they said they didn't need one because staff were always around to let them in. We discussed this with the registered manager who said this decision by the two people not to have a key would be recorded and agreed in the individuals support plans immediately.

We regularly heard staff ask people what they would like to do during the day, offer them choices and respect these choices.

People's rooms were nicely decorated and people were pleased to show us their rooms and tell us they were involved in choosing the colour scheme, furniture and soft furnishings in the room. One person returned to the home during the afternoon of our inspection with a new quilt cover they had just bought for their bed.

Is the service caring?

Our findings

People who used the service and their friends and family all made positive comments about staff and the home. People said, "Staff are helpful they help me with everything" and "I like it here."

Friends and family said, "I think staff do a marvellous job," "Staff have done a great job [name of person] is so much better since living at the home," "Staff are approachable they are great with [name]" and "The Old School House has been a god send to us."

We saw some people used positive body language to express their satisfaction with the service. For example we saw frequent and friendly interactions between people who used the service and the staff supporting them, shared laughter and mutual respect for each other.

From our discussion with staff we found they had a good understanding of people's individual care and support needs.

All of the staff spoken with said they would be happy for their relative to live at The Old School House. Staff said, "I would certainly recommend it, I know this is how I would like my family to be supported."

During our inspection we spent time observing interactions between staff and people living at the home. We saw in all cases people were cared for by staff that were kind, patient and respectful. We saw staff acknowledge people when they passed them in areas of the home. We saw staff were patient with people when they had to repeat the same information to them on several occasions. Staff shared conversation with people and were attentive towards people. People were relaxed in the company of staff. One person became animated and excited when they saw a particular member of staff arrive on duty. The person rushed to greet them and touch them.

We saw staff discussed people's choices with them and obtained people's consent so they agreed to what was being asked. For example, staff asked people's permission for us to enter their rooms. We saw people were able to choose where they spent their time, for example, in their bedroom or the communal areas. People were given choices about whether they wanted to go out or attend an activity or day service. People had been involved in personalising their rooms according to their individual choice. People were very keen to show us their rooms and how they had been personalised with their favourite football team, film or interest.

We saw people's privacy and dignity was promoted so that people felt respected. We did not see or hear staff discussing any personal information openly or compromising privacy. Staff were able to describe how they treated people with dignity and told us about training sessions they had completed about ensuring people maintained their privacy and dignity at all times.

The manager told us information on advocacy services was available should a person need this support. An advocate is a person who would support and speak up for a person who doesn't have any family members

or friends that can act on their behalf and when they are unable to do so for themselves.

The support plans seen contained information about the person's preferences and identified how

they would like their care and support to be delivered. Examples of these wishes included choice of outings and interests. The plans showed that people who used the service and their friends and family had been involved in developing their support plans so that their wishes and opinions could be respected.

This showed important information was recorded in people's plans so staff were aware and could act on this.

Is the service responsive?

Our findings

People's friends and family told us they were always kept involved in people's care and support and had regular contact and discussions with staff. Friends and families said, "They [staff] always consult me about things" and "The staff are really good at spotting how [name] is. They know [name] so well."

On the day of inspection we saw evidence of how staff responded to a person's change in behaviour and needs. Staff felt the person 'wasn't themselves' and made a GP appointment for them. As a result of the visit medication was prescribed for the person.

We checked two people's support plans. The plans contained information about the person's preferences and identified how they would like their care and support to be delivered. There were sections in the plan titled 'My Plan,' 'What's important to me' and 'The best way to work with me' which provided lots of detail about the person.

The plans focussed on promoting independence. The plans showed that people and their friends and family had been involved in developing their support plans so their wishes and opinions could be respected.

We saw the support plans were written in a person centred way and reflected what the person's relative and staff had told us about what they did in their day-to-day lives and their likes and dislikes. Support plans were reviewed each month or sooner if changes to a person's care and support was made. Staff told us people's care records were discussed with the person's keyworker at their supervision session every month.

People using the service and their family and friends we spoke with felt very positive about the frequency and variety of social activities made available to people. On the day of the inspection people were busy going out on activities, returning home and then going out again to other social events or shopping in the local area.

Friends and family said, "[Name] is out and about all the time," and "[Name] is always busy doing something or other."

We saw people participated in such things as, cycling club, bowling, swimming and meals out at pubs and restaurants. The service had a vehicle which enabled staff to take people to activities, stay with them and then drive home. Other popular events like trips to the coast and going shopping into town were also planned regularly. People were also given the opportunity to go on holiday, supported by staff and/or their family.

People regularly visited, and stayed with family or friends for weekends or longer. Staff and people using the service told us how they decided to go to the coast 'on spec' the week before as it was such a nice day.

There was a complaints policy and procedure in place. We saw an 'easy read' version of the complaints

procedure was included in the 'Service User Guide' which had been provided to people living at the home and their family. The procedure included pictures and diagrams to help people's understanding. The complaints procedure gave details of who people could speak with if they had any concerns and what to do if they were unhappy with the response. This showed that people were provided with important information to promote their rights and choices. The service had received no complaints within the last 12 months. People using the service and their family told us they had no worries or concerns, but knew who to contact if they had. A family member said, "I can't fault them." We saw on the day of our inspection people freely approach the registered manager in the office and openly discuss any issues they felt they had.

Stakeholders we contacted prior to the inspection told us they had no current concerns about The Old School House.

Is the service well-led?

Our findings

We checked the service demonstrated good management and leadership, and delivered high quality care, by promoting a positive culture that was person-centred, open, inclusive and empowering.

The service had a manager who was registered with CQC. The registered manager was responsible for managing The Old School House and two other small homes run by the same provider in the Sheffield area. The registered manager told us that she spent part of each week at The Old School House and the other two homes. The registered manager had a mobile phone and all staff were aware of this and could contact her if needed. Staff confirmed this and said that the registered manager was available if needed. The home had a deputy manager who also deputised at one of the other small homes run by the same registered provider. Staff said both managers were approachable and supportive.

People using the service and their friends and family spoke positively about the registered manager. Comments included, "[Name of manager] is brilliant. She is also very respectful" and "She is very approachable, easy to get on with."

Staff we spoke with told us, "Staff teamwork is great here. I get such job satisfaction helping and supporting people who live here," "I love my job" and "There is really good communication, we all work together here. The manager is always around and approachable."

We found there was a positive welcoming culture in the home; this was confirmed by friends and family we spoke with.

We observed there was clear leadership present in the home, as the registered manager was available throughout the day to people using the service and the staff team. The registered manager operated an open door policy and spent as much time as possible in the home with the people who lived there. People frequently approached the registered manager throughout the day of our inspection. This interaction with people was welcomed by the registered manager.

People using the service and their friends and family had been asked their opinion of the quality of the service via regular contact with the registered manager and provider and by monthly meetings with their key worker. (A key worker is a member of support staff who, with the person's consent, takes the lead in coordinating their care and support. The key worker also acts as the main point of contact for the person, their friend or family member and all the professionals who are involved in their care)

Records showed that staff meetings were held regularly which gave staff the opportunity to share information and raise any concerns they may have about the service. This helped to ensure good communication within the service.

Records we saw throughout our inspection showed there was a system for checking and auditing health and

safety procedures throughout the home. These included; environmental checks, finances, medication and reviews of support plans.

Senior managers of the registered provider carried out regular monitoring visits to the service and identified areas for improvement with action plans that were signed off when completed.

We found the standard of records in the home were generally good. Daily care records were detailed and allowed the reader to have insight into how the person had spent their day, what they had eaten and how they had presented. This information is critical to health professionals to be able to see what has happened if a person becomes ill for example.

The home had policies and procedures in place which covered all aspects of the service. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training programme. Staff had signed policies to confirm they had read and understood them.

The registered manager was aware of their obligation for submitting notifications in line with the Health and Social Care Act 2008. We checked accident and incident records and found that any notifications required to be forwarded to CQC had been submitted.

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 18 HSCA RA Regulations 2014 Staffing Staff were not receiving appropriate appraisal as is necessary to enable them to carry out the duties they are employed to perform.