Professional Care Systems Limited

The Old School

Inspection report

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Date of inspection visit: 27 and 28 August 2015
Date of publication: 12/10/2015

Ratings

Overall rating for this service	**Requires improvement**
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?	**Requires improvement**

Overall summary

This inspection took place on 27 and 28 August 2015 and was announced.

The Old School provides respite care for up to four people with a learning disability. There were four people using the service on the second day of our visit.

The service had a registered manager. 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.

Mandatory training was not always up to date for staff working at the service. There was little in the way of specialist training specific to the needs of people using the service.

Summary of findings

Staff were able to describe the different types of abuse and the reporting procedures. They knew how to recognise signs of abuse and how to use the whistleblowing procedure.

We saw that risk assessments were in place and staff told us how they used the risk assessments to reduce identified risks and protect people from harm.

We found there were sufficient numbers of staff working at the service to support people with their individual needs. Robust recruitment procedures were in place.

Systems were in place to make sure people's medicines were stored, administered and recorded safely and correctly.

People's consent to care and treatment was sought in line with current legislation. Staff and the registered manager were aware of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS)

We saw that people were supported to eat and drink sufficient amounts of food and drink. We observed during the evening meal that when extra support was required, staff provided it in a discreet and dignified manner.

Staff and relatives told us that the staff supported people to attend healthcare appointments if necessary and liaised with their GP and other healthcare professionals as required.

We observed staff communicating effectively with people, responding to their needs promptly and treating them with kindness and compassion.

We saw that people were able to spend private time in quiet areas when they chose to. We observed staff maintaining people's privacy and dignity.

Staff were caring, friendly and helpful. They were aware of the life histories of people they cared for and were knowledgeable about their likes, dislikes, hobbies and interests. This enabled staff to engage better with the people who used the service and provide support in a more personalised way.

People were supported to take part in meaningful activities and pursue hobbies and interests during their respite stay.

People were encouraged to voice their opinions about the service through the use of communication books, satisfaction surveys and regular communication. This enabled them to influence the running of the service and the care they received.

A variety of quality audits were completed by the registered manager on a monthly basis. This ensured that any shortcomings were identified and addressed quickly so that people received the care appropriate to them.

People, relatives and staff were positive about the leadership provided by the registered manager.

We identified that the provider was not meeting the regulatory requirements and was in breach of one 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 the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

This service was safe.

Staff had a good knowledge of safeguarding and knew how to identify and raise safeguarding concerns.

Risks had been assessed so that people received care safely.

Staffing arrangements meant there were sufficient staff to meet people's needs and the service followed robust procedures to recruit staff safely.

Safe systems were in place for the management and storage of medicines.

Is the service effective?

Requires improvement

This service was not always effective.

A lack of training for staff did not ensure they had the specialist knowledge and skills required to meet people's individual needs and to promote their health and wellbeing.

Staff demonstrated they had an awareness and knowledge of the Mental Capacity Act 2005, which meant they could support people to make choices and decisions where people did not have capacity.

People were supported to be able to eat and drink sufficient amounts to meet their needs.

People were supported to see health professionals both in the service and local community if it was needed.

Is the service caring?

Good

This service was caring.

Staff communicated effectively with people, responded to their needs promptly, and treated them with kindness and respect.

Staff promoted people's independence and encouraged them to do as much for themselves as they were able to.

People's privacy and dignity was respected by staff.

Is the service responsive?

Good

This service was responsive.

People's care was personalised to reflect their wishes and what was important to them.

People were able to take part in a wide range of activities of their choice.

Staff responded swiftly to people's concerns or anxieties.

Summary of findings

Is the service well-led?

Requires improvement

This service was not always well led.

Staff had not received up to date essential training to ensure they were competent to deliver care and treatment to an appropriate standard.

There was an open and positive culture which focussed on people's individual needs.

The registered manager and the provider operated an 'open door 'policy and welcomed suggestions made from people and staff on improvements to the service delivery.

People were encouraged to comment on the service provided to enable the service to continually develop and improve.

The Old School

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 27 and 28 August 2015 and was announced. We gave the provider 48 hours' notice to make sure staff and people who use the service would be available for us to talk with. The inspection was undertaken by one inspector.

Prior to this inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We contacted the local authority that commissioned the service to obtain their views.

Three people who used the service, that were present at the time we visited, had difficulty in communicating verbally. They used gestures and body language to express their views. One person chose not to talk with us about the service. We used a number of different methods to help us understand the experiences of people living in the service. We observed how the staff interacted with people and saw how people were supported during the evening meal.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with two relatives of people who use the service, in order to gain their views about the quality of the service provided. We also spoke with the provider, the registered manager and a support worker to determine whether the service had robust quality systems in place.

We reviewed care records relating to two people who used the service and two staff files that contained information about recruitment, induction, training, supervisions and appraisals. We also looked at further records relating to the management of the service including quality audits.

Good

Is the service safe?

Our findings

Staff understood the principles of safeguarding and the different types of abuse. Some people who were present at the time of our visit were unable to tell us if they felt safe; however, it was clear from their behaviour and manner that they were relaxed and comfortable within the service and in the company of staff and their peers. One relative told us, "I know my relative is in safe hands. They are happy and safe."

Staff were aware of their roles and responsibilities in relation to protecting people from harm. All of the staff we spoke with could clearly explain how they would recognise and report abuse. One staff member told us, "I would report any suspicions I had to either [the provider] or [the registered manager]." They told us they were confident that if they reported any concerns about abuse the provider and manager would listen and take action swiftly.

Records showed that the registered manager documented and investigated safeguarding incidents appropriately and had reported them to both the local authority and the Care Quality Commission (CQC).

There were effective procedures in place for ensuring that any concerns about a person or a person's safety were appropriately reported. Staff told us they reported incidents and accidents to the registered manager. The registered manager told us that each accident or incident was looked into and actions taken as a result. Records confirmed this.

The registered manager told us that the service had contingency plans in place for emergencies. They were able to describe the actions that should be taken in the event of an emergency, such as a fire.

Risks to people's safety had been appropriately assessed, managed and reviewed. Each of the care records we saw had a range of up-to-date risk assessments that had been incorporated into each plan of care. These assessments were different for each person and reflected their specific risks, with guidelines on how to keep people safe. Risk assessments helped staff to safely manage the support people needed if they had a sudden change of condition or an increased risk.

We saw that the service operated an effective system to make sure the staffing numbers were sufficient to keep people safe. One relative told us, "There are always enough staff on duty. They always have enough staff to take everyone out to different places." A second relative told us, "I have never known them to be short of staff."

One staff member told us, "Yes we always have enough staff. It's very well managed." The registered manager told us that the provider always completed the staffing rota's. They said it was an intricate system that took account of people's preference for same gender staff, and the necessity for staff that could drive. The registered manager explained that staffing levels were determined by the occupancy of the service. Additional staffing would also be provided where people had a specific identified need, for example, if a person using the service became ill during their respite stay.

Our observations confirmed that there were two staff on duty on the day of our inspection. A third staff member was also providing support with transport and shopping for the service.

Staff told us they had been through rigorous recruitment checks before they commenced their employment. One staff said, "Yes I had to wait for my checks to come through."

We saw evidence that safe recruitment practices were followed. For example, new staff did not commence employment until satisfactory employment checks such as, Disclosure and Barring Service [DBS] certificates and references had been obtained. In the staff records we looked at we saw completed application forms, a record of a formal interview, two valid references, personal identity checks and a DBS check. All staff were subject to a probationary period before they became permanent members of staff. Recruitment procedures were robust to ensure that staff employed were of good character and were physically and mentally fit to undertake their roles.

People were supported to take their medicines safely. A relative told us, "There has never been a problem with my [relatives] medication. It's very well organised."

The registered manager told us that when a person arrived for their respite stay, the staff counted all medicines received into the service. The staff then recorded them on a Medication Administration Record (MAR) and stored the medicines in a locked cupboard. We saw this taking place on the second day of our visit when people were arriving at the service.

Good

Is the service safe?

Staff told us they administered people's medicines and had received in-house training. They told us they had shadowed more experienced staff until they felt confident and the registered manager deemed them to be competent. One staff member told us, "I was never pushed into doing the medicines until I felt comfortable."

We found that medication was stored safely for the protection of people who used the service. There were appropriate arrangements in place to record when medicines were received into the service, when they were given to people and when they were disposed of.

Medication Administration Records (MAR) had been fully completed and we found no gaps or omissions in the records we saw. Where people were prescribed medicines on a 'when required' basis, for example for pain relief, we found there was sufficient guidance for staff on the circumstances these medicines were to be used. We saw that people's care plans had information recorded about the medication they took. This information was reviewed and updated for each respite care visit. We were therefore assured that people would be given their medicines to meet their needs.

Requires improvement

Is the service effective?

Our findings

The provider told us that mandatory training for staff was out of date. They said all staff training was completed on-line, and a date in July 2015 had been scheduled for staff to complete up to date mandatory training. However, this had had to be cancelled and rearranged for a date in September 2015 because not all staff were available to participate on the planned date.

We looked at information in relation to staff training, provided by the registered manager after the visit. We found that for the three staff, whose training records we were provided with, two members of staff had not completed Safeguarding training or moving and handling training. We did not observe any moving and handling techniques taking place on the day of our visit. Two staff members required refresher training in both areas because their training had expired. The records demonstrated that no staff members had completed first aid or infection control training. In addition, we found the medication training for staff was not accredited, but carried out in-house by the registered manager. The registered manager was unable to provide us with their training details so we could not be assured that they were qualified to provide appropriate and safe medication training for staff. Following the inspection the registered manager informed us that all staff would be completing on line mandatory training on 01 October 2015.

This was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who were using the service at the time of our visit, chose not to, or were unable to tell us, whether they felt that staff had the appropriate knowledge and skills to provide them with what they wanted and needed. Through our observations we saw that people received care from staff that had the experience to carry out their roles and to effectively meet people's needs. Staff were observed to have a knowledge of people's needs and wishes which enabled them to engage with people in a way that people responded to. One relative told us, "They have my [relative] doing all sorts. They know what they're doing."

Staff told us they had completed an induction training programme when they commenced work at the service. They told us they had worked alongside, and shadowed more experienced members of staff which had allowed them to get to know people before working independently. Staff told us the induction training was thorough and one staff member commented, "It was very helpful. I didn't have much confidence when I started and the induction training helped me build my confidence."

The registered manager told us that new staff were required to complete an induction and work alongside an experienced member of staff until they felt competent and confident to work on their own. The three staff training records provided after the visit confirmed that two members of staff had completed an induction to the service. The third staff member was working through the induction programme at the time of our visit and had completed 50% of the induction programme.

Staff told us they received regular supervision where they were able to discuss any areas of their work as well as the care of the people who used the service. One staff member told us, "I get supervision monthly."

Staff said they were supported in their role and felt able to raise issues or ideas with the registered manager or the provider and at the regular staff meetings. Records confirmed that staff received regular supervision every 4-6 weeks.

The registered manager told us that they provided staff with one to one tuition when they were working together. An example of this was the Mental Capacity Act (MCA) and Deprivation of Liberties Safeguards (DoLS). A staff member confirmed this and said, "We are currently working our way through the Mental Capacity Act."

We saw that staff understood the importance of gaining people's consent before providing any care or support. A staff member told us, "We always ask or explain things before we do anything."

The registered manager showed us a pictorial schedule that was used by some people, and this kept the individual informed of what they were doing throughout the day, whether it was going out to an activity or when their meals were planned.

Throughout our inspection we observed staff asking people for consent before carrying out any task. We also saw in people's care records that consent had been sought and documented from each person or their representative.

Requires improvement

Is the service effective?

The registered manager had a good understanding of the MCA and DoLS. However, this had not been used at the service yet. The registered manager explained that this was because all the people who received respite care at the service usually resided with their families and had yet been necessary. A staff member told us they had covered MCA and DoLS during their induction. They demonstrated a good knowledge about the requirements of the legislation and were able to describe the principles of the law and how people should be protected.

We saw that people were happy with the food they received. The menu's demonstrated that people had a healthy and balanced diet during their respite stay. A relative said, "I know my [relative] enjoys the food. They talk to me about it when they come home."

A member of staff commented, "We try to cater for everyone's needs, and the foods they like."

The registered manager said, "On a Friday, we look at who is arriving and we chose a meal that we know everyone likes. Then the customers chose the menu for the rest of their stay."

We observed an evening meal and saw that people were given choices about what they wanted to eat and drink and, where people required support, staff were patient and supportive, creating a relaxed and positive atmosphere. We saw that records were in place to record people's dietary intake during their stay and this was used to provide their relatives with feedback about the stay and identify if there were any concerns.

We were told by relatives of people using the service that they co-ordinated and managed their family members health care appointments and health care needs. However, if a health appointment fell during a person's respite stay then staff would be available to support that person.

A relative told us how their family member had needed to have a particular health test carried out but they had shown great reluctance to do so. They said, "The home organised for a district nurse to visit my [relative] and they were able to do the test. I was very grateful for their help. It was marvellous."

Good

Is the service caring?

Our findings

Staff treated people with kindness and compassion. People were happy with the care and support they received during their respite care visits. A relative said, "They treat my [relative] like they were family]." A second relative told us, "They go the extra mile for [relative]. I can't fault them and I'm so grateful to have found this service for my [relative]. No other service has come close to this."

People received care and support from staff that knew and understood their history, likes, preferences, needs, hopes and goals. One relative said, "It's a home from home. My [relative] has settled in well and loves going for their respite stay."

A staff member told us, "It takes a while to get to know each individual because they are only here for a short stay. What's good is that it's such a small service. We are able to work closely with everyone."

We observed that people were happy with the care and support they received. We saw that people were laughing and smiling with staff. There was a homely atmosphere at the service and it was apparent that people felt at ease. They had the freedom to go where they liked and were relaxed, in the presence of staff.

People's personal preferences were assessed and recorded in care plans. These included information about people's interests, leisure needs and their past history. This meant that staff could strike up meaningful conversations with people because care records contained information about their experiences and interests. For example, we heard one staff talking with a person about an upcoming holiday that involved a form of transport they had a great interest in. The person responded positively to the conversation and it was obvious that the staff member knew about their interests and hobbies.

We found that people were supported to make their own choices about what they wanted to do during their respite stay at the service. For example, we saw that one person was going bowling, and the registered manager told us they would be taking people shopping which they said everyone enjoyed.

We looked at people's care plans and saw that they had been individualised to meet people's specific needs. There was evidence of people's involvement in their care plans and signatures to state they agreed with the content of them.

The registered manager told us that families advocated for their relatives and confirmed that no one had accessed any advocacy services. However, the service could provide information to families about advocacy services if they required it. Staff told us that they provided families with the information that they needed. They explained that they contacted people and their families in the build up to the visit to ensure they were well prepared and, following the visit, they would produce a report to summarise what had taken place whilst at the service. Communication books were used to provide effective communication between families and the service.

We found that people were treated with respect. A relative told us, "They [staff} are very respectful, both to me and my [relative]."

Staff told us how they made sure people's privacy and dignity was promoted and maintained. One staff member said, "We always knock on the bedroom and toilet doors before we enter. We also talk to people like adults and not children."

We observed that staff treated people with dignity by talking to them in a polite way, listening and then responding appropriately so that people understood them. People had access to private and quiet places and we saw that each person had their own bedroom during their respite stay, which also promoted people's privacy.

The service kept any private and confidential information relating to the care and treatment of people stored securely.

Good

Is the service responsive?

Our findings

People received care which was tailored to meet their individual needs during their respite stay. Care was person-centred and we saw that each person, or their representative, had been involved in developing their care to ensure it was representative of their views and opinions. One relative told us, “I have had total input into my [relatives] care. It’s important that my [relative] enjoys their respite stay so I need to make sure the home is keeping [relative] happy."

We saw that people were comfortable and relaxed within the service. They knew the environment well and treated it as their own home for the duration of their stay. People were able to bring whatever they wanted with them for their stay, to help them to feel comfortable in the service. For example, we saw that one person brought in their own DVD collection. One staff member spoke to us about the booking system. They explained that, wherever possible they arranged bookings to take into account people’s specific needs and requirements as well as their personal preferences. For example, which room they would stay in, and their compatibility with the other people that would be using the service at the same time. The provider told us, “If it was known that two people did not get along with one another, we would make sure we booked their visits apart, so that each person could enjoy their stay as much as possible.”

Staff members provided people with care and support, whilst encouraging them to maintain their independence. One staff member said, “We encourage people to do as much for themselves as possible. Some families have told us their relative does more here than at home.”

Records demonstrated that before people moved to the service they and their families participated in an assessment to ensure their needs would be met. We saw that involving people and their relatives in the assessment process ensured care was planned around people’s individual care preferences. For example, family members were able to provide detailed information about their relatives likes, dislikes and preferences. We saw that this information was used to develop people’s care plans.

People’s care had been planned and we saw that each care plan was person centred and reflected people’s wishes. The plan of care for each person had been reviewed every time they had a respite care stay at the service. Care plans had been updated to reflect these changes to ensure continuity of their care and support. Staff knew about the changes straight away because the management verbally informed them as well as updating the records The staff then adapted how they supported people to make sure they provided the most appropriate care. We saw that when people could not communicate their care and support needs, information about their preferences was gained from relatives and friends so that best interest decisions relating to care delivery could be made.

We found that each person was able to choose the activities they wanted to do. Staff organised trips and activities that were based around people’s preferences. Examples of activities undertaken by people who used the service included bowling, swimming, cinema, walks, shopping and trips out to places of interest.

Relatives told us that they were able to complain if they needed to. They expressed that they had not had to raise any complaints with the staff or management of the service, however they believed they would be listened to if they did. Staff told us that they encouraged people and relatives to give them feedback about the care they received and would take it seriously if people were not happy. The registered manager told us that people were provided with information about how to complain and regularly spoke with people and their families to see how they were feeling about the service. We found that the service had appropriate systems in place to record and investigate any complaints that the service may receive. However, the service had not received any complaints over the previous 12 months.

The registered manager told us that a satisfaction survey was carried out on an annual basis for the families of people. They used the answers from the survey to help identify areas of good performance and areas for development. For example, we saw that some relatives had commented that there was not enough communication about their relatives respite stay. The service had implemented a communication book to improve communication with family members and day care services. The registered manager told us they were still collating information from the most recent satisfaction survey. They also kept in touch with people and their families with regular communication including emails, text messages, telephone calls and communication books.

Requires improvement

Is the service well-led?

Our findings

We found the arrangements to provide staff with essential training was lacking in some areas. For example, the training records provided after the inspection for three staff, did not demonstrate that staff were up to date with safeguarding training, moving and handling, first aid or infection control. In addition, we found the medication training for staff was not accredited, but carried out in-house by the registered manager. We were unable to verify if the registered manager was qualified to provide medication training. Following the inspection the registered manager informed us that all staff would be completing their mandatory training on 01 October 2015.

The service had a positive and open culture and there was a warm, welcoming atmosphere on arrival. People were treated as individuals and there were mutually beneficial relationships between people and staff members. Staff were committed to their role and enjoyed helping people to get the most from their respite stay.

There were established links with the local community, particularly with the day-centres which a number of people attended. This meant that flexible arrangements could be developed with the day-centre, to ensure that people received personalised care which was sensitive to their specific needs and wishes.

People and their families felt well supported by the management of the service and felt that the registered manager and the provider were approachable and flexible. Staff members also felt well supported by the service management. One staff member said, "I would have no hesitation in raising a concern. I know I could speak to registered manager or provider at any time."

Staff told us that the registered manager constantly emphasised the importance of promoting people's rights, choices and independence. They also said the manager demonstrated visible and supportive leadership which gave them the confidence to use initiative and do their jobs well. One member of staff said, "I get really good support from the manager, they are knowledgeable and very supportive."

The registered manager and the provider had worked to implement positive values and behaviours within the staff team, which had a positive effect on people using the service. For example, staff told us they always treated people as an adult and an individual. They also told us they encouraged people to be as independent as possible and relatives confirmed this. Staff were aware of the need to report incidents and concerns and to be open about their performance. Staff also told us that they were aware of the whistleblowing procedure and were prepared to report any concerns regarding the way people were treated. Where necessary, the registered manager reported incidents to regulatory bodies, such as the Care Quality Commission (CQC), in line with their statutory requirements.

The management and running of the service was 'person centred' with people being consulted and involved in decision making. People were empowered by being actively involved in decisions about their care and support, so the service was run to reflect their needs and preferences. People and their relatives were encouraged to comment and make suggestions about the service, through satisfaction surveys, reviews and on a one to one basis with staff.

There was effective communication between people who used the service, relatives, staff and the management of the service. Staff were able to contribute to decision making and were kept informed of people's changing needs. Staff had opportunities to raise any issues about the service which was encouraged at supervision and staff meetings. One staff member said, "I have had really good support from both [registered manager] and [provider]." They told us that they were able to approach the registered manager and the provider whenever they had a question or a problem and that they felt listened to. Staff told us that the registered manager was always available to them and the staff team for advice and support.

We saw that systems were in place to monitor the quality of the care provided. Quality audits were completed and these included checks of; medicines management, care records and the environment.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. 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 The registered person has failed to ensure that person's employed by the service receive up to date training and professional development to enable them to carry out their duties safely and competently