

Richard Wraighte

The Old School House

Inspection report

38 Merafield Road
Plympton
Plymouth
Devon
PL7 1TL

Date of inspection visit:
27 January 2023

Date of publication:
07 March 2023

Tel: 01752330470

Website: www.theoldschoolhousecarehome.co.uk

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service caring?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

About the service The Old School House is a residential care home providing accommodation in one adapted building for up to 36 older people who require personal care. The service specialises in supporting people living with dementia. At the time of the inspection 26 people were living at the home.

Since our last inspection improvements had been made in how risks to people were assessed, monitored and managed. There were sufficient staff deployed to meet people's needs and staff recruitment was on-going. Medicines were managed safely, and people received their medicines as prescribed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; although there were policies in place the systems in the service did not always support this practice because records relating to decision making were not always in place.

The provider, manager and staff were clear about their roles and responsibilities. Quality assurance checks were in place to monitor the quality of the service provided, however improvements were still being embedded.

People living at The Old School House told us they received safe care from staff who knew how to identify and report any concerns. People told us and we observed staff treated people with kindness, dignity and respect.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 13 September 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended that the provider consider, The National Institute for Health and Care Excellence's (NICE): Giving medicines covertly: A quick guide for care home managers and home care managers providing medicines support and take action to update their practice accordingly. At this inspection we found the provider had acted on this recommendation and the provider was able to explain how people would receive their medicines covertly and in line with NICE guidelines.

Why we inspected.

The inspection was prompted in part by notification of an incident following which a person using the

service died. This incident is subject to further investigation by CQC as to whether any regulatory action should be taken. As a result, this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of risk of falls. This inspection examined those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe section of this full report.

Further to this we carried out an inspection of this service on 11 July 2022 and breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve risk management, medicines management and governance arrangements.

We also undertook this focused inspection to check they had followed their action plan and to confirm they met legal requirements. This report only covers our findings in relation to the Key Questions safe, caring and Well-led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will meet with the provider following this report being published to discuss how they will fully embed and sustain changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service well-led?

Good ●

The service was not always well-led.

Details are in our well-led findings below.

The Old School House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection team was made up of two inspectors, a medicines inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

The Old School House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Old School House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is

information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

During the inspection

We spoke with 8 people who used the service and 4 relatives about their experience of the care provided and two visiting healthcare professionals. We spoke with 5 members of staff including the provider, compliance manager, two managers and care workers. We reviewed a range of records. This included 10 people's care records and multiple medication records. We looked at recruitment and a variety of records relating to the management of the service, including policies and procedures.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management, using medicines safely

At our last inspection in July 2022, the provider failed to ensure safe risk assessment processes and medicine systems were operating effectively. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- People living with long term health conditions such as diabetes and epilepsy had specific risk assessments and care plans in place to guide staff on how to keep people safe and when to seek medical advice.
- People who required support with mobility and the use of Catheters had specific care plans in place to guide staff to support people appropriately. Staff followed this guidance.
 - Care plans and risk assessments were in place for people who had been assessed as at risk of pressure sores. The system designed to ensure people were repositioned regularly and appropriately was being consistently used by staff.
- People received their medicines as prescribed. Staff had been trained in administering medicines and their competence regularly checked.
- People who received 'as required' medicines, where appropriate had protocols in place to guide staff to administer medicines effectively and in line with people's individual needs.
- The majority of people's medicine administration records were accurate and reflected their prescribed medicines. However, records relating to the application of creams for dry skin were not always fully completed. We raised this with the provider who took immediate action to address this.

Staffing and recruitment

At our last inspection in July 2022, the provider failed to ensure they had sufficient numbers of staff to meet people's needs. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 18.

- People and staff told us there was enough staff to meet their needs. One person told us "They always come and never moan that they are too busy to sit with me". A staff member said, "Always enough staff and

we are always able to respond to people now since things have changed".

- During the day we observed staff having time to chat with people. Throughout the inspection there was a calm atmosphere and staff responded promptly to people who needed support.
- We observed, and staffing rotas showed that planned staffing levels were being achieved. The manager and provider used a 'dependency tool' when carrying out ongoing assessments on people's care needs. We saw evidence of how this tool was being consistently completed and reviewed by the management team.

Preventing and controlling infection

At our last inspection in July 2022, the provider failed to promote safety through hygiene practices within the service. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- The provider promoted safety through hygiene practices within the service. The premises were clean and tidy. One person told us "Cleanliness is top class, they always Hoover and clean the toilet. There are no unpleasant smells".
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were satisfied the provider's approach for visitors to the service was in line with the current government guidance.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection in July 2022, we recommended the provider consider, The National Institute for Health and Care Excellence's (NICE): Giving medicines covertly: A quick guide for care home managers and home care managers providing medicines support and take action to update their practice accordingly.

At this inspection we found the provider had made improvements.

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 MCA 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 to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- At the time of our inspection no one had been assessed as requiring their medicine to be given covertly. This is when medicines are hidden in food or drink without the knowledge or consent of the person receiving them. However, the manager and staff were able to describe the action that they would take in order to ensure the appropriate level of consent was in place, should anyone require their medicines to be administered covertly.

- We saw how the service had worked with a person's legal representative and healthcare professionals to ensure one person had bedrails to keep them safe. However, the provider had failed to document how the best interest process had been followed. We raised this with the provider who took immediate action to address this.

This shortfall in relation to MCA did not infringe on the rights of people using the service and related to record keeping, therefore we recommend the provider re visits and embeds The Mental Capacity Act 2005: Code of practice within the day to day running of the service.

- Where appropriate legal authorisations were in place to deprive a person of their liberty.

Systems and processes to safeguard people from the risk of abuse

- I would tell manager or seniors if I thought something was wrong or I thought someone was at risk. If I felt it wasn't being dealt with then I would tell The Local Authority or CQC (The Care Quality Commission)".
- People told us they felt safe living at the service. One person told us, " I'm well looked after, I like it here". A relative told us "Mum is well looked after here".
- People were protected from the risk of abuse and avoidable harm because staff knew how to identify and respond to allegations of abuse. One staff member told us, " I would report (concerns to) the manager or the local authority safeguarding team".
- The provider had safeguarding policies in place and the manager and staff reported concerns accordingly.

Learning lessons when things go wrong

- There were systems and processes in place to learn lessons, including when incidents and accidents occurred.
- Staff knew how to report accidents and incidents and told us they received feedback about changes and learning as a result of incidents at team meetings and on an individual basis

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence. Ensuring people are well treated and supported; respecting equality and diversity

At our last inspection in July 2022, the provider failed to treat people with dignity and respect at all times. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 10

- People told us they were treated with dignity and respect from staff who were kind and caring. Comments included, "The staff are kind and compassionate. I've got (medical condition) and I'm helped with some personal care", "I need help with personal care, they are definitely respectful" and "The staff are nice and kind".
- Relatives of people who required support with their continence needs described how staff treated their relatives with dignity and respect.
- The service anticipated people's needs and recognised distress and discomfort at the earliest stage. We saw staff offered sensitive and respectful support and care.
- Records clearly showed that people's views and needs were considered, in particular what was important to people had been identified and staff demonstrated through talking with us that they knew people well.
- People's care plans highlighted the importance of respecting privacy and dignity. Staff knew how to support people to be independent.
- The provider ensured people's confidentiality was respected. Records containing people's personal information were kept in the main office which was locked and only accessible to authorised persons.

Supporting people to express their views and be involved in making decisions about their care

- People told us they were able to choose how and where they spent their day.
- We saw staff checked with people before providing support and encouraged them to express their views and wishes.
- Some people we spoke with were familiar with a care plan and all the family members we spoke with told us that they felt involved in the care of their relative and were kept informed. One relative told us "They keep me up to date with things and ask for my input".

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements, Continuous learning and improving care

At our last inspection in July 2022, we identified a lack of oversight and governance within the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17

- The provider's quality assurance systems had significantly improved. The management team and provider were working through an improvement plan which was aimed at improving outcomes for people.
- Where systems had been improved, we saw evidence of how these had supported the provider to calculate the correct staffing levels, reduce risks associated with people's care and the safe management of medicines.
- The service did not have 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. The service had a new manager in post and was in the process of completing their application to register with the CQC.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The leadership team was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We found an open and transparent culture, where constructive criticism was encouraged. The new manager and the provider were enthusiastic and committed to further improving the service.
- Through our observations and speaking with people and staff, it was clear that the culture within the service was positive and constructive. One person told us "My overall assessment is that it's very good."
- The provider and staff team promoted a person-centred culture to ensure people received personalised care and support. People told us they were happy living at The Old School House, and we saw they were relaxed and happy with staff.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong

- The CQC sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The provider understood their responsibilities and acted in accordance with the duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- People and their relatives had opportunities to provide feedback via an open door policy and the provider was strengthening their systems to capture feedback in other ways such as surveys and feedback forms. A relative we spoke with said "The new manager is proactive in getting things done. I had a chat with the manager as I was involved in dad's care plan".
- Staff morale was good, and they told us that they were involved in the development of the service, through discussions at staff meetings and handovers.
- From our observations and speaking with staff, the manager and staff demonstrated a commitment to providing consideration to people's protected characteristics.

Working in partnership with others

- The service worked collaboratively with all relevant external stakeholders and agencies. It worked in partnership with key organisations such as healthcare professionals to support care provision, service development and joined-up care.
- Records showed the provider also worked closely in partnership with multidisciplinary teams to support safe care provision. Advice was sought, and referrals were made in a timely manner which allowed continuity of care.
- People were supported to live healthier lives through regular access to health care professionals such as their GP's and opticians. One healthcare professional we spoke with told us "The service is really improving; they listen and act on anything I have to say".