

The Old School House Limited

# The Old School House and Courtyard Nursing Home

## Inspection report

Main Road  
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19 July 2022

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

The Old School House and Courtyard Nursing Home is a residential care home providing personal care and support for up to 36 people. The service provides support to people with dementia, older people and people with a physical disability. At the time of our inspection there were 33 people using the service.

The Old School House and Courtyard Nursing Home accommodates 36 people in one adapted building split into two areas, each of which has separate adapted facilities.

### People's experience of using this service and what we found

The service did not have a registered manager in place. A manager had been recruited, however, had not yet submitted their application to the Care Quality Commission to register.

The service requires some minor repairs and decorating; however, the provider was very responsive to this and produced action plans and time frames when the work would commence. The service and staff were clear about their responsibilities when incidents occur and understood how to raise concerns.

Some recording issues regarding medication were identified during the inspection. The manager immediately rectified this by implementing further daily audits.

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; the policies and systems in the service supported this practice.

The service has a positive culture that is person centred, open and empowering and delivers compassionate care. Managers and staff were clear about their roles and responsibilities and had an understanding of the risks and issues facing the service.

The service has an effective governance system in place. Information from governance meetings and action plans support to drive improvement and improve outcomes for people.

The service involves people, their families in a meaningful way. It engages and involves staff and ensures their views are acted on to shape the culture of the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 16 April 2021) 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.

#### Why we inspected

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.

We carried out an unannounced inspection of this service on 19 July 2022. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and well led.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe 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. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last inspection, by selecting the 'all reports' link for The Old School House and Courtyard Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

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?

The service was safe.

Details are in our safe findings below.

**Good** ●

### Is the service well-led?

The service was well-led

Details are in our well-led findings below

**Requires Improvement** ●

# The Old School House and Courtyard Nursing Home

## **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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by one inspector and an Expert by Experience made calls to people and their families. 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 and Courtyard Nursing Home 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 and Courtyard Nursing Home 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

#### Notice of inspection

This inspection was unannounced. Inspection activity started on 15 July 2022 and ended on 21 July 2022. We visited the service on 19 July 2022.

#### What we did before the inspection

We reviewed the 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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with three people who use the service and six relatives about their experience of the care provided. We spoke with eight staff including the current manager, the deputy manager, a registered manager from another service and five care workers.

We reviewed a range of records. This included four care records and multiple medication records. We looked at three staff files in relation to recruitment and supervision. We reviewed a variety of records relating to management of the service. We also received information from three health professionals who visited the service.

# 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 improved to good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to assess the safety of the service and appropriately assess and manage risks placing people at risk of harm. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks to people's safety and welfare were assessed appropriately. The provider had addressed safety issues within the service and produced action plans to ensure they were addressed in a timely manner.
- Risks associated with people's care had been identified and plans were in place to minimise risk occurring. Staff told us they contained enough information to care for someone safely.
- Personal Emergency Evacuation Plans (PEEPS) were in place, they gave staff appropriate guidance to evacuate someone from the service. Staff told us they had completed time simulated evacuations.
- The manager had processes in place to review all accidents and incidents, these were responded to appropriately and lessons were learnt to improve the service.

### Using medicines safely

- People received their medication as required. During the inspection we identified some recording issues, the manager acted immediately and implemented a daily audit system.
- People who received 'as and when' medication had a protocol in place and staff had written why it was required and how much was administered.
- Staff were trained and supported in their role to administer medicines. Records showed staff had their competencies reviewed. Staff told us they received annual up dates.

### Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place that helped reduce the risk of abuse to people.
- People we spoke with told us they felt safe. One person told us "They [staff] are very good, they look after us very well."
- Staff received safeguarding training and were clear about their responsibilities in responding to and reporting any safeguarding concerns. One relative told us "Staff have the patience of a saint, they are wonderful, caring and very hard working."

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)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

#### Staffing and recruitment

- There were enough staff to ensure people received safe care. We observed staff providing support and engaging in a meaningful and positive way. Relatives told us "There is always enough staff around when I go" and "You always see them [staff] walking around speaking to the residents."
- The manager used a dependency risk assessment in place which was completed monthly or when they had new admissions to determine the number of staff required across the service to meet people's needs.
- Staff recruitment procedures were followed and staff were recruited safely.

#### Preventing and controlling infection

- 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 somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. The environment was in need of minor repairs and decorating work. The manager had an action plan in place for this.
- 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.

#### Visiting in care homes

The provider had systems in place to support people to have visits from family and friends. This included providing PPE and a booking system.

# 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. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection the provider had failed to ensure systems were established and effectively operated to seek feedback and improve the safety and quality of the service, which placed people at risk of receiving a poor quality service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service has been without a registered manager since June 2022. A newly appointed manager has come into post who will be submitting their application to the Care Quality Commission imminently.
- The provider had systems and processes in place to ensure regular audits were taking place to improve the quality and safety within the service.
- The manager was clear about their role and responsibilities. Staff spoke very positively about the manager, comments included "I [staff] base myself on a good judge of character and they [manager] have already proved this by the way they approach you" and "Even though they are new you always get a reply from them when you contact them."
- The provider understood their legal responsibility to notify CQC about incidents that affected people's safety and welfare. We had received notifications relating to significant events that occurred within the service.

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

- People and relatives spoke positively about the service. Comments included, "It is very homely, the staff are very nice and friendly" and "They [staff] look after us very well and everyone is really happy."
- The provider had an open and honest culture. Staff described morale as 'good' and they felt positive about the new manager. Comments included "Things are improving", "We feel supported" and "They are very approachable."

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: Continuous learning and improving care

- The provider demonstrated an open and transparent approach and understood their responsibilities under the duty of candour.
- Throughout the inspection we saw evidence the managers were committed to improving the service and drive improvement. They discussed their plans for improving on audits, recruitment and further analysis of accidents and incidents to improve learning and outcomes for people.
- The provider completed an analysis of all accidents and incidents within the service along with lessons learnt in team meetings. Staff told us team meetings were useful, they could participate and they were a good way of managers communicating with them.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Working in partnership with others

- The provider sought feedback from people and relatives through questionnaires and surveys to improve the service. A relative told us "I had a questionnaire not long ago, they also post pictures on their facebook site so we can see all the activities they [People] are doing."
- Staff told us they attended regular team meetings where they were able to express their views and discuss any issues. One staff member told us "they can be very useful, a lot has changed recently for the better."
- The provider worked in partnership with GP's, district nurses and other healthcare professionals. Comments from professionals about the service were very positive. One professional told us "Any recommendations I have asked to be followed up have always been acted on and I have found the provider to be very responsive."