Canterbury Oast Trust

Old School House

Inspection report

Church Lane
New Romney
Kent
TN28 8ES

Tel: 01797366477
Website: www.c-o-t.org.uk

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The Old School House is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The Old School House accommodates up to eight people with a learning disability who have expressed a wish to move towards independent living. On the day of our inspection there were eight people living at the service.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated Good

People were kept safe from abuse and harm. Staff had received safeguarding training and understood how to raise safeguarding concerns. Individual risk assessments gave staff with the information to reduce and manage risks to people wherever possible. Care plans were personalised with the details and information that staff needed to provide person centred support.

Staff were recruited safely, they were supervised and appraised by the registered manager. Staff felt supported to carry out their roles and there were sufficient numbers of staff to meet people's needs.

Staff were trained and competent to ensure that medicines were stored and administered safely. The provider carried out regular audits to ensure that medicines were monitored correctly. The service worked proactively with local GPs and a range of professionals, to make sure people received the support they needed.

Staff knew people well and supported them with kindness and compassion. People were comfortable and relaxed, and there was a mutual sense of respect, dignity and equality.

Consent was obtained from people before any care or support was provided and this was recorded and kept under review. The provider and registered manager worked in line with the principles of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS).

People understood how to complain. There was a complaints policy and forms in an accessible format. Staff

understood the need to learn from complaints and respond to them as part of good care practice.

The service was well-led with a positive, empowering, person-centred culture that supported people to be independent. Quality was monitored and improvements made as required.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

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

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 comprehensive inspection took place on the 9 April 2018. We gave the service 48 hours' notice of the inspection visit because it is small and we needed to be sure people and staff would be in. Two inspectors carried out the inspection.

Before the inspection, we reviewed information from two care managers, a speech and language therapist, and the local safeguarding co-ordinator. The Registered Manager had completed a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed the last inspection report and other information including any notifications. Notifications are information we receive when a significant event happens, like a death or serious injury.

We spoke to the registered manager, a senior carer, two support staff, three people and four families. We also looked at a range of support documents including two care plans, activity plans, medical histories, medicine administration records, training records, staff files, supervision and appraisal records, policies and procedures, staff rotas, health and safety records and team meeting minutes.

We asked the provider to send us their business continuity plan and development plan after the inspection, which they did.

Good

Is the service safe?

Our findings

Staff continued to protect people from abuse. One person told us, "I am safe here, I like the staff they help me to be safe." Staff demonstrated an awareness of safeguarding procedures and understood how to report any concerns. One staff member said, "If there was a [safeguarding] problem I would tell my team leader or the registered manager ...you just don't ignore it." Safeguarding training records were up to date and staff confirmed that safeguarding information and updates were communicated. Staff discussed a range of safety issues relating to people's care at the morning handover. Staff understood behaviours that may challenge others, and supported people in line with best practice.

Staffing levels were sufficient to meet people's needs and keep them safe. The staffing rota was planned using the house diary and individual's daily activity plans, to ensure that people's activities, social lives, and appointments were supported safely. One person told us, "There are enough staff here I can always find staff when I need to." We also spoke to a flexi-bank staff worker who said, "There is always enough staff, always. We work to meet people's needs and individualisation."

People had individual risk assessments with written guidelines for staff. One person had a behavioural risk assessment that clearly described how their behaviour might change, why that might happen and how the person might act. The plan gave clear steps to support staff to resolve any tensions safely using a range of techniques such as withdrawing for a short time or distracting the person using humour.

Safe recruitment processes were in place using criminal records checks made through the disclosure and barring service (DBS), which helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. References had been taken up before staff members were appointed and were obtained from the most recent employer where possible.

People received their medicines safely and when they needed them. Most medicines were pre-dispensed into a monitored dosage system; this helped to reduce the risk of errors. Medicines administration record were in place to record that people received their medicines. Medicines were stored in a lockable cabinet, in line with best practice guidance. The registered manager completed regular audits to monitor medicines and ensure that staff remained competent to administer it.

Procedures were in place to protect people from the spread of infection by taking preventative steps to reduce infection hazards. Personal preventative equipment, such as shoe protectors and disposable gloves, were available for staff to use. Risk assessments to reduce hazards were completed and environmental risks were managed through regular monitoring and checks conducted by the registered manager and the staff team.

People had personal emergency evacuation plans (PEEP) and staff understood them. A PEEP sets out the specific physical and communication needs of each person to ensure they could be safely evacuated in an emergency. We reviewed the provider's business continuity plan that set out actions that would keep people safe in the event of an emergency, such as a fire, gas leak or flood. There were up-to-date safety certificates

for gas appliances, electrical installations, and portable appliances and an external contractor had regularly serviced the fire protection equipment.

The registered manager recorded all accidents, incidents and near misses and ensured the people remained safe by responding to and reviewing risks appropriately. We checked that staff had reported incidents and that the registered manager had investigated them thoroughly and communicated follow up actions to staff.

Good

Is the service effective?

Our findings

People's needs were assessed and their care planned effectively. Pre -admission assessments clearly identified people's health and social needs. Care plans relating to the assessments demonstrated people's needs and wishes were understood and planned for.

Care plans contained life histories, and detailed plans to support people to maintain daily routines, personal interests and independent living skills. Staff told us they had recently supported a new person to move to the service. Before moving in, the person had visited for lunch, and stayed overnight. This had been followed by a trial weekend where the person had cooked a meal, and joined in a day out. This preparation had ensured that the registered manager could reflect the person's individual needs in their care planning.

Staff demonstrated the skills and knowledge to deliver effective care. During our discussions with staff, there remained a strong emphasis on the importance of learning by spending time getting to know people, reading care plans and sharing knowledge. Staff told us that when they started working at the service they completed a three-month induction programme where they shadowed more experienced staff who provided mentoring and feedback.

Induction training covering a range of subjects including; safeguarding, equality and diversity and the safe administration of medicines. Records confirmed that training followed a three-yearly cycle with additional eLearning courses tailored to maintain up-to-date knowledge of subjects that related to people's needs. These included; conflict resolution; safe management of behaviour; dignity and privacy and non-abusive psychological physical intervention (NAPPI).

Staff received regular supervisions, annual appraisals and regular feedback. The registered manager told us, "The team are responsive and enjoy their jobs. I give them praise and I am straight with them if things are wrong." The registered manager ensured regular two-way communication with the team so that all actions raised by staff were documented and acted upon, to support people most effectively.

The service continued to support people to eat and drink sufficient amounts to maintain a balanced diet. People made tea coffee and cold drinks for themselves and each person was supported to cook and shop as independently as possible using local produce. Two people attended cookery classes and one person was being supported to plan a meal that evening.

People were involved in planning their menus so that they were balanced and reflected any specialised diets for medical, cultural or religious reasons. In line with their support plan, one person had been encouraged to write a note to remind staff that they chose not to eat meat on a Friday due to their faith.

People continued to be supported to access healthcare services and attend appointments and assessments with input from a wide range of professionals including the G.P. dentist, optician, neurologist, psychologist, speech and language therapist and specialist community matron for learning disabilities. Appointments had been documented with clear follow up of long-term medical conditions.

People received annual medical check-ups at their local G.P. surgery. Care plans were updated as required and information provided in an appropriate format so that staff could support the person to understand their condition when it was discussed with them at their annual review.

The building was purpose built and had wide corridors and doorways making it accessible for wheel chair users. Each room was personalised with the individual's choice of furniture, colour scheme and personal items such as photographs. The service was divided over two floors with a separate lounge and a training kitchen on the first floor.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). One person recently needed an anaesthetic, a mental capacity assessment had been completed and a decision made in their best interests.

Good

Is the service caring?

Our findings

People were treated with kindness and compassion by the staff at the service and were given emotional support when needed. During the inspection, staff chatted with people, allowing them to lead the discussion and engaging in gentle 'banter'. One staff member greeted a person saying, "Oh hello; you're looking very well. I love your hair" in a very warm voice. The person enjoyed the compliment and smiled back at the staff. Soon after this interaction, the person made a point of sitting with the same member of staff and showing them a family photograph. People told us they liked the staff and one relative added, "All the staff contribute to making (people) feel that it is their home."

People were included in day-to-day activity within the service and involved in expressing their views and making meaningful decisions about how they spent their time. One person told us, "I try to do a lot for myself but if I need help I get it." Care plans were detailed and staff discussed any changes made to them. Where people could not sign their plans, staff wrote 'my plan has been read to me' to capture the discussion. Some people had been involved in setting up their own care reviews and were supported to use pictorial formats when needed.

Some people struggled to articulate their wishes verbally and we looked at how the service had continued to make information available in an accessible format in line with The Accessible Information Standard. The Accessible Information Standard sets out a specific approach to recording and meeting the information and communication needs of people with a disability, impairment or sensory loss. Care plans had varying levels of accessible information, and key policies were available in accessible picture format including the complaints policy, a 'keeping safe' guide, an 'abuse: what to do' leaflet, the service users guide for the service and a copy of 'The Care Act 2014' in easy read format.

The service continued to encourage people to be as independent as possible. Staff supported people with daily living tasks such as laundry and cooking. One person told us that when they had expressed a wish to carry out travel independently: staff had accompanied them, helping them to plan a local route and navigate safely. A relative described the impact that this training has had on the person's life. "Our son has recently been encouraged to participate in travel training which involves catching a bus to a neighbouring town, having lunch and the travelling back home. Before [person] did this solo, he was supported by staff to ensure that he was comfortable and confident to do this on his own; he now looks forward to doing this once per week and the independence that that this gives him."

Staff showed respect for people's dignity and privacy. We asked whether people felt respected by staff and one person told us, "yes they do, they respect me." We observed staff knock on bedroom doors before entering and they encouraged people to speak to us in private if they wished to. Confidential information was stored in lockable filing cabinets in the staff office and staff held meetings [or handovers] that mentioned people in private. Family and friends were always welcome and we met relatives that had come to visit during our inspection.

Good

Is the service responsive?

Our findings

The service continued to meet people's needs and responded to their individual wishes. Care plans were written in a person-centred way. There was an 'about me' section that contained personalised background information such as where the person went to school and where they grew up. Staff told us: "Each person is an individual with their own aspirations it's our job to facilitate them".
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Care plans were regularly reviewed and updated when necessary. People had annual meetings where they reflected on the past year and what they would like to do in the coming year. People were fully involved in all their reviews, and for their annual review people had been supported to invite the key people who were important to them – including a range of professionals.
People's activity plans and daily communication books showed that people continued to be involved in activities they had chosen, ranging from watching videos on the internet and listening to music, to trips out locally for coffee and cake, attending a life skills group and visiting local attractions. One person was employed at a local restaurant run by the provider and was keen to tell us about their job.

Staff had a lot of contact with families and the community learning disability team. One staff said, "If we notice a change then the learning disability team do an assessment and we update the care plan. If we need to re-do the care plan, it follows on from multidisciplinary team assessments."

The service had a complaints policy and procedure in an accessible format. There had been no formal complaints recorded in the 12 months preceding our inspection but people told us that they felt safe and 'taken seriously' and were able to identify that they could speak to staff if they had a problem. People held resident's meetings on a regular basis where they discussed any concerns they had about the house. Key workers supported people to resolve any tensions and find solutions to problems. One relative told us, "We are aware and encouraged to approach the management team should we have any concerns and if [the matter] wasn't dealt with we could contact the senior management team at the trust, we have every confidence that should we have a concern it would be dealt with fairly, sympathetically and efficiently."

Where people could not verbalise their concerns, the service had detailed communication plans to assist staff to support the person with their complaint. We reviewed one person's communication plan and it stated that they were able to communicate verbally but needed questions or requests to be short and simple. Staff told us "If a person cannot communicate verbally then we will slow down if necessary to understand [what the person means] and persevere so that the person can get their message across…We will use pictorial format or physically show people choices."

Some staff had completed end of life care training with a local hospice and the registered provider was looking to develop a pictorial plan using photos to develop this model of support. Staff told us, "We are researching prepaid funeral plans and have involved people and parents. We will have the final support plan approved by best interest's decision." One person had recently been supported to purchase a funeral plan and staff told us that they were working on a new format end of life support plan. Nobody at the service was receiving end of life care during our inspection or in a two-year period preceding it.

Good

Is the service well-led?

Our findings

The service was managed by 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 maintained a positive, empowering culture that supported people to be independent. The Registered Manager had worked alongside the staff team to offer hands on leadership to empower each team member to work proactively to develop good outcomes for people. The Registered Manager had developed a 'service strategy document' that outlined the actions that the service was taking to maintain its commitment to person centred care.

One person told us, "The manager is good; they help me and everything gets done around here." Another person's relative told us, "All you need to do is walk into the service and talk to the service users and the team and you get the sense of the excellent job that the management team do. From our experience both the staff and the service users were happy and relaxed; this, in our opinion, is as a result of excellent leadership."

People were involved in monitoring quality. They felt that getting the right staff was important to the quality of the service and so they helped to interview new staff. The Manager kept a log of all communication with families and actively sought the opinion of the people and their relatives using six monthly surveys. One relative told us, "We are actively encouraged by the team at the service to get in touch if we have any concerns and have every confidence that should that situation occur, feel that it would be dealt with effectively. We have had no reason to date to raise any concerns."

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. This means we can check that appropriate action had been taken. The registered manager had informed CQC of important events such as incidents that had been reported to the police, events that may stop the service, serious injuries and allegations of abuse in a timely manner as required.

To ensure continuity, the service used flexible bank staff that people knew well. We observed that staff worked well together and communicated effectively. People continued to be involved in their local community and were supported to attend local concerts, fetes and community functions. People told us that they shopped and used leisure facilities locally. One person worked at a local restaurant, another went to their local butcher daily to buy meat for their meals and had become well known in the local community.

The registered provider welcomed improvement and had developed robust systems to ensure learning and improvement following incidents. Supervision and staff meetings supported staff to debrief following incidents and staff considered what to do differently and added any learning to the incident form. The staff also included parents and family members in the feedback where appropriate.

One care manager told us, "It is a really good service, the person is being supported appropriately and has grown in confidence since they have been there, all communication is clear and prompt, the manager has a good knowledge of the clients, and is actively involved. The persons' family is thrilled with his care and opportunities. I would recommend the service."

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The rating of 'Good' was displayed at the service and on the provider's website.