

Rushcliffe Care Limited

The Old School House

Inspection report

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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

About the service

The Old School House is a residential care home providing personal and nursing care to younger adults with autism, learning disability and sensory impairment.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence.

People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 18 people. 18 people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. Staff were discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

People benefitted from a well-led service, which placed people at the heart of everything they did. The registered manager was passionate and inspired staff to provide quality person-centred care delivering good outcomes for people. People were valued and loved for who they were.

The service continuously strived to ensure people were part of the community they lived in. 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 applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. Feedback from health professionals and family was consistent, praising the service for its individualised care and enabling support to people. People looked well cared for and relaxed.

People were treated as individuals and were valued and respected. Staff ensured people's privacy and dignity was protected and knew people very well, they were intuitive to people's methods of communication.

People were cared for safely and could be assured that staff had been checked for their suitability to work with them. People's medicines were administered safely, and people could rely on them being given at the times they needed them.

There were effective systems in place to manage the quality of the service and drive improvements. People's feedback was sought and acted upon. Staff were valued and proud they worked at The Old School House.

Staff were well motivated and managed. People could be assured they were cared for by staff who had the training, skills and knowledge to provide effective and safe care.

People, families and staff were confident if they had a complaint they would be listened to and action taken to address the issue. The registered manager was open and honest, encouraging and welcoming ideas to develop and improve the service.

People's support focused on them having as many opportunities as possible for them to gain new skills and experiences and be as independent as possible.

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

Rating at last inspection

The last rating for this service was good (published 5 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

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 Care Act 2014.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used some restrictive intervention practices as a last resort, in a person-centred way, in line with positive behaviour support principles.

Inspection team

This inspection was carried out by one 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 or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the CQC. 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection

During the inspection

We spent time observing people in communal areas who were unable to communicate with us. We spoke with one person and nine staff including five support staff, the deputy manager, the registered manager and a compliance officer. We also telephoned two relatives, who had agreed for us to contact them and three health professionals.

We reviewed the care records of three people and medication records. We looked at one staff file in relation to recruitment and records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People continued to be cared for safely and were protected from the risk of harm. Staff knew what signs to look for to keep people safe from harm or abuse and there was up to date procedures and information available to support them.
- People looked calm and relaxed around staff.
- The registered manager understood their responsibilities to keep people safe and we saw that they had raised concerns appropriately with the local authority and notified the Care Quality Commission as required.

Assessing risk, safety monitoring and management

- People's care needs were risk assessed and care plans provided staff with the information they needed to manage the identified risk. We saw when one person's behaviour potentially put themselves at risk, staff provided the support required as detailed in the care plan.
- People had personal emergency evacuation plans in place which meant staff and emergency services knew what support people needed in the event of an emergency. There were also health and communication passports which ensured people's abilities and communications needs were known to other professionals.
- Fire and health and safety checks were in place which ensured that people and staff were safe in the home environment and equipment to support them was regularly maintained.

Staffing and recruitment

- People were safeguarded against the risk of being cared for by unsuitable staff because there were appropriate recruitment practices in place. Staff had been checked for any criminal convictions and satisfactory employment references were obtained before they started to work at the home.
- Staff were visible and responded to people in a timely way.
- There was enough staff to provide the care and support people required. Staff had time to spend with people, staff sat chatting with people and supporting them with activities.

Using medicines safely

- Medicines were safely managed. Safe protocols for the receipt, storage, administration and disposal of medicines were followed.
- Staff received training in the administration of medicines and their competencies were tested before they could administer any medicines.
- The local pharmacist confirmed the service were very responsive and proactive in seeking advice and guidance around people's medicines.

Preventing and controlling infection

- People were protected by the prevention and control of infection.
- Staff were trained in infection control and had the appropriate personal protective equipment to prevent the spread of infection. Equipment was well maintained and people had their own slings for use when being hoisted.
- We saw that all areas of the home were clean and tidy, and that regular cleaning took place.

Learning lessons when things go wrong

- Incidents and accidents were monitored and reviewed to identify any learning which may help to prevent a reoccurrence. For example, incidents involving people falling were analysed to look for trends; referrals to the GP were made to seek guidance on any other action that may need to be taken to mitigate any reoccurrence.
- The provider shared lessons learnt from incidents which had taken place in other parts of the service which ensured similar incidents did not occur. These were discussed with staff at regular staff meetings.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care and support needs had been assessed before they moved into The Old School House. This was to make sure those needs could be met effectively, and staff had a prior understanding of people's needs and preferences.
- Most people had lived together for several years so attention was paid to the compatibility of people when any new people came to live at the home. New people would be gradually introduced in to the home to ensure people could develop positive relationships.
- People's preferences, like and dislikes were recorded and there was information about people's cultural and religious background and communication needs.

Staff support: induction, training, skills and experience

- People received support from staff that were competent and had the skills and knowledge to care for their individual needs.
- Staff training was relevant to their role and the training programmes were based around current legislation and best practice guidance. Staff told us they received training regularly and had recently undertaken specialist MAPA (Management of Actual or Potential Aggression) training to equip them with the skills and knowledge to support people appropriately and safely if needed.
- Staff told us they had regular opportunities to discuss their performance and training needs. One member of staff said, "[Registered manager] is very supportive, you only have to ask for training and they will sort it."

Supporting people to eat and drink enough to maintain a balanced diet

- People who were at risk of poor nutrition and dehydration had plans in place to monitor their needs closely and professionals were involved where required, to support people and staff.
- Staff supported and encouraged people to eat, and food was prepared for people on specialist diets such as pureed or mashed food for people with swallowing difficulties. Pictorial menus were available to support people with communication or language difficulties.
- Staff knew people well and planned meals around the knowledge of people's likes and dislikes. One person responded to the question what was the food like, "It's good, I don't like some of it, like Pizza or mashed potato, I have yoghurt and coffee every morning."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had communication folders which provided information for health professionals about how best to communicate with the person. Staff supported people to attend appointments which ensured people

were understood and listened to.

- Staff told us, and records confirmed, health and social care professionals regularly visited the service and liaised with staff. This included GPs, dentists, chiropodists, district nurses and social workers. One health professional said, "The staff are very good, they will liaise with me about how best to support a person and we discuss whether the person is better to be seen at home, so they are at ease."

Adapting service, design, decoration to meet people's needs

- The home did not meet the best practice principles of Registering the Right Support, which suggests that learning disability services should usually accommodate six people or less. However, the home was divided into three separate units, each accommodating a maximum of six people.
- Each unit had its own communal area and kitchen facilities. Neutral colour tones were used and there were pictures and displays which reminded people of activities and events they had been involved with. The registered manager had sought advice on appropriate colour schemes for autistic people.
- People's bedrooms were individualised and where possible people had been involved in choosing the decorations in their rooms. One relative said, "The home is beautiful." Another relative had requested certain colours to be used which respected the person's cultural background.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's mental capacity had been assessed and where people had been assessed at lacking capacity to make certain decisions we saw that best interest decisions had been made and recorded. Professional, family and other interested parties had been consulted.
- The registered manager had sought the appropriate authorisation and where conditions had been made these were being met. Paid representatives visited the home regularly to check any conditions in place were being followed.
- Staff sought people's consent and understood the principles of the MCA. They promoted people's independence and for them to have as much freedom as possible.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated well by staff who were kind, caring and knew them. Staff treated people as individuals and understood their particular needs. For example, staff knew not to dress a person in a certain colour as this had a specific meaning in the person's culture.
- People looked calm and appeared happy around staff. One person said, "Staff are good, they are all nice."
- People's care plans contained information about their equality characteristics and preferences which ensured staff provided consistent support.

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

- Where possible people and/or their relatives were involved in making decisions about their care. Various aids to communicate such as pictures and sign language were used to support people to express their views and preferences.
- Staff were intuitive and recognised people's different facial and body movements when people were expressing themselves.
- There was information available about a local advocacy service and we were told people had access to an Independent Mental Capacity Advocate when specific decisions needed to be made. An advocate is an independent person who can help someone express their views and wishes and help ensure their voice is heard.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. We saw that staff knocked on doors before they entered a person's bedroom and we heard staff say, "Knock, knock, knock" as they knocked on a toilet door and checked it was not occupied before they supported a person to use the toilet.
- People were encouraged to do things for themselves and were supported to go out in the community when they expressed a wish to do so.
- Families were encouraged to visit at any time and we saw that one person used an application on their mobile phone to remain in contact with their friends and family.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had individualised care plans which detailed the care and support people wanted and needed; this ensured that staff had the information they needed to provide consistent support for people.
- Staff knew people well which was demonstrated in the way they responded to people. They knew instinctively what people wanted and how they liked to spend their time. For example, a person spent time in one specific area of the home, staff told us they liked to be there because the area of the floor they sat on was warmer.
- People's care was personalised to meet their preferences, including the time they got up and went to bed, whether they had a bath or preferred a shower. Staff knew how to respond to people's individual behaviour.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had individualised health passports and emergency grab sheets which provided detailed information about people's communication needs so health and other professionals knew how to communicate with people.
- There was information in pictorial forms, such as menus and activities and tasks to support people to communicate their wishes. Staff were encouraged to use Makaton signs and had developed individualised ways to communicate with people.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged and supported to take part in activities both in the home and in the local community. One person enjoyed cutting paper, staff ensured there was always paper for the person to cut and a bin to place it in. Another person told us, "I like reading, my books are in my bedroom. I'm not bored, I've got loads of DVDs to watch."
- There was a sensory room and an activity area within the grounds of the home and we saw photographs of activities and events people had taken part in, such as a trip to the theatre and completing a sponsored walk for charity.
- People's culture was celebrated, and people joined in a weekly group at a local church.
- People were supported to maintain relationships with people that were important to them. Family and friends were able to visit people at their home and spend time together as they wished.

Improving care quality in response to complaints or concerns

- People knew who to speak to if they had a complaint. One person said, "I'd tell anybody around." A relative said, "I have had no complaints but if I did I would speak to [registered manager], they would sort things."
- There was a complaints procedure in place which was made accessible to meet people's different communication needs. Staff were vigilant and understood people's behaviour which may indicate a person was not happy.

End of life care and support

- At the time of the inspection there was no one who required end of life care. The registered manager liaised closely with health and social care learning disability specialists to develop care plans sensitively to ensure people's wishes and preferences were fully understood.
- The registered manager and staff were committed to providing the care and support people needed at the end of their life enabling them to remain at the Old School House for as long as possible; systems were in place in the event of a sudden death.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager worked tirelessly to empower individuals to be involved as much as possible in how they were supported. For example, one person was involved in the recruitment of new staff. They planned the questions they wanted to ask at interviews and were enabled to take part in the interview. The service valued the person's involvement and ensured only staff which shared their ethos and commitment to providing person-centred care were appointed.
- Innovative ways were used to inspire people and staff. Throughout the home there was 'positive affirmation' artwork and collages which included phrases such as, 'be your own kind of beautiful', 'you are so loved', 'the best is yet to come.' This provided a very positive place to live and work, which maintained good staff morale and ensured people were surrounded by staff happy in their work and focussed on supporting people to live as full and active a life as possible.
- People were at the heart of the service. The registered manager was passionate and continuously strived to achieve good positive outcomes for people, inspiring both people and staff to be the best they could.
- People were supported to experience different cultural events and share their own diverse needs. Staff went the 'extra mile' welcoming people to share events such as Christmas in their own homes. This meant people, particularly those without families of their own, experienced family life outside the home.

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

- Feedback from people was innovatively sought. Methods to gain feedback were developed to meet people's individual communication needs. For example, pictures and images were used to obtain people's views when they were unable to communicate verbally. Staff had an excellent understanding of people so were able to identify from people's behaviour how they felt. For example, staff described the different ways people expressed pain and discomfort and had developed unique signs/gestures with people to enable them to express their wishes.
- People were encouraged to take part and be involved in local community events. We saw photographs of people taking part in various village events across the year. For example, being involved in a village remembrance festival, people had made a poppy display which was displayed outside the house for everyone to appreciate.
- Feedback from the local community was positive and the registered manager was praised and thanked for the contribution people and staff made to village life. One comment from a member of the public was, 'The care home works well within the local community. It helps with fundraising in the local community. At the

community music festival, the team provided all the catering help needed in their spare time. They regularly help with other charity events and work well with the local village and its inhabitants.'

- The registered manager kept in regular contact with families and was continuously seeking ways to involve families more. Facebook was available to families to access to keep them up to date with the life people were leading. One relative commented how nice it was to see the registered manager cooking Sunday dinner for everyone, which they did regularly.
- Staff pro-actively gave their feedback and suggestions as to how to develop and improve the service. There was a real can-do and positive atmosphere, people and staff achievements were recognised and praised.

Working in partnership with others; Continuous learning and improving care

- The registered manager had developed and continuously maintained links with local health and social care professionals. The feedback was extremely positive, and the service was praised for its effort and determination to ensure people received the best possible care and support when needed from outside of the home. Multi-disciplinary team meetings were called to find solutions.
- Staff were empowered and encouraged continuously by the registered manager and provider to develop their skills and knowledge to deliver the best individualised care and support. For example, specialist training such as the management of percutaneous endoscopic gastrostomy (PEG) feeding was undertaken which meant people could be safely supported in their own home.
- The registered manager and some of the staff had worked at the home for many years, they had embraced the changes in care delivery and continuously looked at ways to develop the service. An electronic care record system had recently been implemented which ensured that staff had instant access to the information they needed, and the registered manager and provider could easily and effectively monitor the service.

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 registered manager led by example and was open and honest. We received and read positive comments about them such as, "[Registered manager] is brilliant." 'They are so supportive and accommodating.'
- The registered manager worked in a transparent and open way and informed the relevant people and families and external agencies such as the Care Quality Commission (CQC), in line with the duty of candour. They had notified the CQC of certain incidents, and the previous inspection report and rating was displayed within the service and on the provider's website.
- Clear and accurate records were kept about people's care. The management system for complaints, incidents and accidents provided an oversight which ensured if things had gone wrong appropriate action was taken.

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

- Staff were proud to work at the Old School House, many saying they would not wish to work anywhere else. They felt valued and appreciated. One said, "We all try to be provide people with the best life possible." There was an award scheme within the company which recognised individual staff contributions. Several staff at the Old School House had been nominated for and received awards.
- The registered manager played an active role in recruiting the right staff who shared the same approach and commitment to deliver high quality person-centred care. A relative said, "[Registered manager] does not take just any staff on, they have to be the right one. They [registered manager] know people well."
- The management structure was clear which ensured everyone understood their roles and responsibilities.

Providing good quality person-centred care was the aim of everyone working within the service.

- The systems in place to monitor the quality and effectiveness of the service were thorough and ensured risks were identified and mitigated to enable and empower people to live fulfilled lives.