Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Old School House

Church Lane, New Romney, TN28 8ES

Tel: 01797366477

Date of Inspection: 02 July 2014

Date of Publication: August 2014

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Meeting nutritional needs	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Canterbury Oast Trust
Registered Manager	Mrs Ann Combes
Overview of the service	Old School House provides a service for up to eight people who have a learning disability.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We carried out a visit on 2 July 2014, observed how people were being cared for, talked with people who use the service and talked with staff.

What people told us and what we found

We undertook an inspection of The Old School House residential care home on 2nd July 2014. During the inspection we spoke with three staff. The registered manager was not present on the day of the inspection as she had attended a training course. We also spoke with three of the people who used the service and encouraged each individual to communicate using their preferred method of communication.

We considered all the evidence we had gathered under the outcomes we inspected. We used the information to answer the five questions we always ask;

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

Below is a summary of what we found. The summary is based on our observations during the inspection, speaking with people using the service, their relatives, the staff supporting them and from looking at records. If you would like to see the evidence supporting our summary please read the full report.

Is the service safe?
CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLs) which applies to care homes. While no applications have needed to be submitted, proper policies and procedures were in place. Relevant staff had been trained to understand when an application should be made, and how to submit one. Policies and procedures had been developed by the registered provider to provide guidance for staff on how to safeguard the care and welfare of the people using the service. This included guidance on the Mental Capacity Act 2005 and (DoLs).

We looked at the safety of the premises and found that it was suitable to meet the needs of the people living at the service. We found that special adaptations had been put in place to support people to remain independent.

Systems were in place to make sure that managers and staff learn from events such as accidents and incidents, complaints, concerns, whistleblowing and investigations.

Is the service effective?
Feedback received from people using the service was positive and confirmed people were happy with the standard of care provided. Comments included: "I like it here; I get to go into the community". Likewise, in relation to meals, one person reported: "The food is great I get to choose and help cook and sometimes we have takeaway".

All of the people living in the home had an individual support plan which set out their support needs. People told us they had been fully involved in the assessment of their health and care needs and had contributed to developing their care plan.

Is the service caring?
On the day of our visit the general atmosphere in the home was calm and relaxed. The people living at the service were observed to be comfortable and relaxed in their home environment and were able to follow their own plans and preferred routines. Staff were attentive to the diverse needs of the people living in the property and were noted to communicate and engage with the people they supported in a respectful, dignified and caring manner.

Staff were aware of people's preferences, interests, aspirations and diverse needs. Our observations of the care provided, discussions with people, and records we looked at told us that individual wishes for care and support were taken into account and respected. One person who lived at the service told us "I have lived here a long time, the staff really help me".

Is the service responsive?
People told us they were able to participate in a range of activities both in the home and in the local community. The activities included ones that people could enjoy as a group, and others that met their individual interests.

People told us they were regularly involved in reviewing their plans of care; and their choices were listened to. We saw evidence in care plans that people had identified their own goals. One person had stated they wished to go swimming and we noted that this plan had been put in place. One person told us that they had wanted to go on holiday. We saw evidence and talked with staff and this confirmed that the person who lived at the service had gone to Butlin's on holiday.

Is the service well- led?
People's personal care records, and other records kept in the home, were accurate and complete. The service worked well with other agencies and services to make sure people received their care in a joined up way. We noted this when we viewed people's annual reviews and noted that outside agencies had been involved in the person's review process.

The service has a quality assurance system, we were told that identified shortfalls were addressed promptly.

Staff told us that the home had received an award for good care practices and we were shown the trophy that was awarded to the home.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care

Reasons for our judgement

We spoke with three people living at The Old School House. From observations we saw that people were comfortable and relaxed with staff. Staff told us that everyone who lived at the service was supported to participate in activities of their choice, such as attending college, working on the local rare breeds farm and accessing the local community. One person told us "The staff are very nice and always polite"; and "They always give you a choice".

People were supported in promoting their independence and community involvement. We spoke with staff who told us about activities the home had encouraged people to participate in. This included supporting people doing their food shopping, and supporting people in developing skills in road and public transport awareness. We were told by one person living at the service that "The staff have helped me access the community".

We noted that some people living at the service were working towards City and Guilds certificates in horticulture and pottery.

We saw that people had been supported to decorate their bedrooms according to their personal tastes. One person who agreed to show us their bedroom and bookcase told us "I like reading; I go to the library and choose books to read". Each person who lived at the service had a key to their bedroom; and this promoted their independence.

Records we looked at showed people were involved in carrying out tasks around the home as much as they were able to do so. These included doing laundry or preparing meals. People had the opportunity to be involved on a daily basis in planning their meals and their activities for the following week.

We saw that people were involved in reviews about their care and support. We viewed

three people's care plans and noted that each person had signed their plan. We noted that people had been invited to their reviews and asked about their choices and preferences for their care. This showed that staff assisted people to express their views as far as they were able to do so.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

One person told us "I am happy living here" and "I like it when we have a take- away dinner".

Reasons for our judgement

We talked with three people who were using the service and asked if they were happy with the care they received. One person said "I like living here" another person told us "The staff are nice".

During our inspection we observed that people were comfortable in their surroundings and interacted confidently with staff.

During our visit some of the people who lived at the service were out attending work schemes. We saw that staff spent time talking with and supporting the people who remained in the home. On the day of our inspection one person was reading a book and another person was being supported to attend an optician's appointment in the local town.

People's needs were assessed and care was planned and delivered in line with their individual support plan. We looked at the support plans of three people who were using the service. We saw that the support plans consisted of four different folders a health action plan, main support plan, personal daily records and financial information.

Each support plan contained a section called a 'holistic assessment' which contained descriptions of the environment, the staff team and pictorial images of what the person living at the service liked to do, liked about themselves and their food preferences.

Each support plan contained information that was individual to that person and provided staff with clear guidance about what support the person required. The information included initial assessments, a brief 'history of me', general health information, nutritional needs, relationships, finances, communication, daily activities, daily living skills and comprehensive behaviour assessments and guidelines.

We saw that people's support plans were being reviewed on a regular basis and amended

where necessary. The staff we spoke with displayed a good understanding of the needs of the people who were using the service.

We noted that some people who lived at the service experienced epilepsy. Staff told us about the management plans for people who had seizures. We noted in one person's support plan that all risk assessments and seizure logs were up to date. We were told by staff that they had received training in the administration of specialist buccal medications to support the person in reducing the length of the seizure. We saw that the people living at the service had specialist alert mats in their bedrooms; and each room had an accessible call bell system. One person told us "I pull this if I need staff at night". This meant that people's need were being identified and care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Staff demonstrated that they aware of any recent changes in people's health and wellbeing. The support plans we looked at showed that people using the service had access to healthcare professionals such as their GP and dentist on a regular basis. Where required, referrals had been made to specialist services such as the speech and language therapy service. We were told by staff that each person who lived at the service had a hospital information pack which included details about the person's health needs, and their likes and preference's. Staff told us this pack was taken with a person if they were taken to hospital in an emergency. This showed us that care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Meeting nutritional needs ✓ Met this standard

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration

Reasons for our judgement

We saw the home had a kitchen where the main meals were cooked and staff and people who lived at the home could prepare drinks and snacks throughout the day. The home had a second smaller kitchen on the first floor for use of the people living at the service.

One person told us "I cook for myself four days a week and I go to the local shops to do my food shopping".

We saw there was a menu displayed in the home with information regarding the meals available for that day. We spoke with the staff who told us they could also provide alternatives to the main menu if required.

We observed one person requesting a drink and noted that staff offered them a choice of a hot or cold drink.

The home operated a weekly menu with a selection of choices. The people living at the service met together to plan the weekly menu. One person who lived at the service told us "I chose this menu".

Staff told us that everyone who lived at the service helped with the cooking and washing up. We noted that the home had been given a high rating of five stars for food hygiene by the Environmental health officer.

Staff who cooked the food held information in the kitchen on people's likes, dislikes and cultural requirements. We saw there was a nutritional risk assessment in place for each person who used the service. The staff told us they could obtain food supplements for people if this is what their doctor had prescribed; we were told by staff that no one living at the service needed food supplements. We observed staff support three people living at the service prepare a sandwich lunch. Each person was supported in their choice of sandwich filling.

Staff were able to tell us people's likes and dislikes regarding their food. We saw that two people chose to eat their meal away from the main dining room; and ate in the garden, showing that people were able to sit where they wanted to for their meals. We were told by one person living at the service that "We also have takeaway once a week, it's up to us

what we have".

Safety and suitability of premises ✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

The location was purpose built. The building had been adapted to provide comfortable and safe accommodation for people who lived and worked there.

We saw that the external car parking area and gardens were relatively flat, clear of obstructions and well maintained. The provider might like to note that the external fencing had collapsed in areas which reduced the safety and security of the premises. We were told by staff and later by the registered manager that the repair works to the fencing had been requested. We saw the maintenance log which showed the request for the fence repairs.

On the day of our inspection staff were observed to be testing the emergency lighting system. Grab rails in the home and other mobility aids were well secured. This meant that people with mobility needs could safely access the building and use the garden.

Internally the décor and furnishings were of good quality and well maintained. Floor surfaces in communal areas were in good condition, clean and clear of obstructions.

The home had a display of photographs and art work designed by people who lived there' and this provided a sense of belonging and homeliness. This meant that the environment reflected the interests and personalities of the people who lived there.

Bedrooms we were invited to view were well furnished, personalised, clean and uncluttered. Bathrooms had been adapted to meet the needs of the people living at the service. The toilet cisterns had specialist elbow push pads for flushing; this meant that the home promoted people's privacy and dignity.

We saw that substances which may be hazardous to health (such as cleaning products) were stored in a locked cupboard to make sure people using the service could not be harmed by these.

We looked at the records of servicing, maintenance and checks of the premises and pieces of equipment. These were up to date and showed that the home promoted the

safety of staff and people living at the service. This meant that the provider has taken steps to provide care in an environment that is suitably designed and adequately maintained.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People who used the service and staff were asked for their views about their care and treatment and they were acted on. We were told by the registered manager that quality assurance questionnaires were sent to people who use the service, family members and care managers annually. They told us that the last received from family members was on the 20th October 2013. We were told the responses received were very positive. One concern had been raised and addressed immediately. Staff told us that they had completed quality assurance questionnaires. This meant that changes were made in accordance with the feedback that had been received by the provider.

The annual quality assurance questionnaire was returned by people living at the service on the 9th June 2014. We were told by the registered manager that no concerns had been raised. One person living at the service told us "We fill in a question paper about living here".

We were told by the registered manager that the local authority commissioning officer had undertaken a visit on the 8th April 2014 and that no issues were raised. We were told and we saw that the complaints procedure had been reviewed on the 20th June 2014.

We requested information from the registered manager by email and she told us that the pharmacy service the home used had undertaken an audit on the 31st January 2014; the pharmacy had recommended that the home was to ensure that all medication administration record (MAR) are signed by two trained staff if hand written entries had been listed on them. The registered manager confirmed changes had been implemented by February 2014.

We were told that the trustees of the provider visit annually; the last visit was in May 2013. We were told the trustee's talk to people living at the service and staff; their report showed no issues to address. The registered manager told us the next trustee visit is in August 2014. Staff showed us a trophy that had been awarded to the home by the trustee's for "dedication and commitment of the staff".

The registered manager told us that the providers Quality and Compliance manager visited the service on the 28th May 2014. We were told actions were identified for quotes on some refurbishment works. The registered manager told us these quotes had been obtained; and that the refurbishment works were due to start in September 2014. Staff told us that the main kitchen would be refurbished and described the works that would be undertaken.

The registered manager told us that staff had also undertaken six monthly fire drills, health and safety checks and infection control checks. We were told and we was that the fire alarm had been checked weekly and that staff had completed the safer food better business every day.

We were shown by one member of staff a thank you card received from a person's family member which stated "It's wonderful to see my son so happy".

Records ✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

We looked at the support records for three people who use the service. We saw that people's support plan records were accurate and fit for purpose. The care workers we spoke with confirmed that each person's plan of support took into account any assessed risks the person might be exposed to.

We saw examples of completed risk assessment documents that set out the precautionary measures that staff needed to take to minimise the risk of harm to people they supported. They had been accurately completed and kept up to date.

We saw examples of daily report records that had been completed by care workers. These records gave details of the day-to-day support that people had received.

Other records including maintenance checks that were relevant to the management of the services were accurate and fit for purpose. All paper records were kept securely in the office and could be located promptly when required.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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