East Riding of Yorkshire Council

The Old School House

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

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

Summary of findings

Overall summary

This unannounced inspection took place on the 21 and 22 March 2017. At the last inspection on 7 and 14 January 2015, the home was found to be meeting all of the regulations we inspected.

The Old School House is a care home that specialises in the care of older people who are living with dementia. Most people who live at this home have complex needs associated with their diagnosis of dementia. The home is registered to provide care for up to 40 people. People are accommodated in individual bedrooms located on two floors of the building. There are communal lounges and dining areas on each floor and the floors are connected by stairs and passenger lifts. There is an enclosed garden, and some parking at the front of the building. At the time of our inspection there were 32 people living in the home. The Old School House is one of eight services run by the East Riding of Yorkshire Council.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the home. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Care was planned in partnership with people and their families, and people received the care and support they needed to meet their individual needs. Relatives spoke exceptionally highly of the quality of care they and their loved ones received, and said they were kept well informed about the person's wellbeing. The managers and staff were committed to working in a person-centred way and treating people with kind-heartedness and consideration. People, including those who had difficulties communicating or who could become upset, responded positively to the way in which staff approached them. Staff told us they enjoyed working at the Old School House and we saw staff treated people professionally but also showed people they were valued and important. Staff did this through the way they spoke to people, offering reassurance with comforting words and a gentle tone of voice and holding people's hand if appropriate.

People were relaxed with staff. Visitors and relatives told us they felt the Old School House was a safe environment for people to live in. People were protected from abuse because staff could identify the different types of abuse and knew what actions to take to report abuse.

Whilst people received excellent care, there was a strong emphasis on continually striving to improve the service. Improvements were identified through consultation with people, relatives and health care professionals involved with the Old School House through informal chats, meetings, reviews, family forums and surveys. For example, the registered provider had recently provided a dedicated area for relatives to use so that they could be close to their loved ones when they were unwell. This showed that the registered provider placed a high value on meeting the needs of people and their relatives.

As well as consulting with people, the Old School House strove for excellence through reflective practice at all levels, from care staff to senior management. There were systems in place to monitor the quality and

safety of the home and bring about any improvements that were needed. The home worked in partnership with other organisations to make sure they were following current best practice and providing a high quality service.

There was a truly open atmosphere upon entering the Old School House. The home had a clear management structure, with an established service manager, registered manager and senior care officers. They worked closely with staff, frequently observing and providing care. Relatives, staff, health care professionals and volunteers were confident in the leadership of the service. They were encouraged to raise any areas of concern, which were taken seriously and the appropriate action taken.

Staff demonstrated excellent interpersonal communication with people and supported them to express their views. They had clear strategies in place where people had difficulties with communication. The staff were familiar with the needs of people living with dementia. The registered manager and senior staff kept up to date with best practice in dementia care and ensured this was adopted by the staff. The environment had been designed to promote the independence and wellbeing of people who lived with dementia. There was plenty of communal space, lounges, and dining areas were available to people, as were quiet areas where people could sit in peace.

Risks to people were monitored and staff minimised the risk of injury whilst enabling people to maintain a safe level of independence. Staff supported people in a positive way and were able to recognise when people may require additional support. They had received bespoke training to intervene when people were at risk from behaviour that may challenge others and they intervened calmly and confidently when they noticed anything that could cause a person to become distressed. We saw that people were cared for and supported by qualified and competent staff who were regularly supervised and appraised regarding their personal performance. Staff told us they felt extremely well supported by the registered manager and provider through training, seminars and meetings where their views were listened to.

People were placed at the heart of the home, which was organised to suit their individual needs. They were supported by staff that were compassionate and treated them with dignity and respect. Without exception, people's visitors and relatives we talked with were highly complementary and positive about the staff that supported them. Relationships with families and friends were highly valued and developed so that people living at the home were able to maintain and develop their bonds with people who were important to them. We saw friends and families had built relationships with other people living at the Old School House and often continued to visit them after their own family members had died. This provided people living in the home with continued friendships and connections with people that were interested in them as individuals and that enriched their quality of life.

The mealtime we observed was relaxed and organised. People were supported to eat in a supportive and calm setting that provided opportunity to socialise as well as eat. The staff were attentive and provided the support people needed to be able to enjoy a meal. Food was attractively presented and people were able to choose what they wanted to eat. Special dietary requirements were understood and provided for. Food and drink was available at the Old School House whenever people needed it, not just at regular mealtimes.

People's ability to make decisions was assessed and where people lacked the mental capacity to consent to their care and welfare actions were taken in their best interests. There was evidence of communications with other health care professionals and people's relatives ensuring that all the significant individuals were involved in meeting people's needs. The registered manager had taken appropriate action when people did not have the capacity to consent to their care or treatment. Applications had been made to authorise restrictions on people's liberty in their best interests.

The premises were safely maintained with maintenance certificates, contracts and records to show this. The registered provider's recruitment processes ensured suitable staff were recruited and during this inspection we saw there was sufficient staff available to provide support to people when needed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were safeguarded from the risk of harm because staff were able to recognise abuse and knew the appropriate action to take. People were supported by staff to take their medicines as prescribed

Risks to people's health and safety had been identified and were known to the staff. This ensured people received safe care and support from appropriately recruited staff.

The premises, services and equipment were well maintained.

Is the service effective?

Outstanding

The service was extremely effective.

The service worked proactively to promote health and wellbeing. They established strong links with healthcare professionals to maintain very high standards of care. There was a strong emphasis on ensuring people's nutritional needs were met. This contributed to positive outcomes for people.

Staff were highly skilled in meeting people's needs and received on-going support from the registered manager and senior care staff through regular supervision and training. Mandatory and specialist training was based on current best practice and guidance, so staff had the most up to date information to support them in their work.

Where people presented in a way that may challenge others, staff managed the situation positively and upheld people's dignity and rights. Staff and managers applied the Mental Capacity Act 2005 confidently.

Is the service caring?

Outstanding

The service was extremely caring.

Managers and staff at all levels were committed to working in a person-centred way to promote people's well-being , and we saw

that people were treated with dignity, respect, compassion and kindness.

The service promoted a strong, visible person centred culture which put people at its heart. Staff were clearly knowledgeable about the people they were supporting and promoted and encouraged their independence.

Is the service responsive?

Good

The service was responsive.

People's care was tailored and based on their needs and preferences. This was kept under review and staff responded quickly when people's needs changed.

People were fully supported by staff to engage in activities to stimulate and promote their overall wellbeing.

The service had a complaints system which ensured all complaints were addressed and investigated in line with the service policy.

Is the service well-led?

Outstanding

The service continued to be extremely well led.

The service had inspiring leadership. The registered manager was passionate about their work and the culture of the service was positive and person centred. Feedback from professionals, families and staff was that this was an excellent service.

The quality assurance system successfully resulted in a high quality service being provided. The registered manager and registered provider constantly looked for ways in which the service could be continually improved for the benefit of people living and working there.

Staff were supported and developed to be the best they could be. The management were described as approachable by staff, relatives and other professionals without exception. Best practice guidelines were followed and links with healthcare professionals had been formed to improve the service through research.

The 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 was planned to check 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 inspection took place on the 21 and 22 March 2017 and the first day was unannounced. It was undertaken by one adult social care inspector.

Prior to the inspection we reviewed all the information we held about the Old School House. This included information about incidents the registered manager had notified us of. We refer to these as notifications. In July 2016 the registered provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. All of this information helped us when planning the inspection.

During the two days of the inspection we met many of the people living at the home. Because most people were living with dementia that made it difficult for them to describe their experiences in detail, we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who cannot talk to us. We completed a SOFI observation on the ground floor of the home during the second day of inspection.

We spoke with four relatives, a volunteer at the home and a visiting GP. We also spoke with the registered providers nominated individual and service manager, the registered manager of the home and eight other staff. These staff included four care workers, two senior care workers, a cook and an activity worker.

We reviewed five people's care and support records, including assessments, care plans and records of care given and three people's medicine records. We also looked at records relating to the management of the home. These included one volunteer and three care staff files, staff rotas, quality assurance records, maintenance records and meeting minutes.

Good

Is the service safe?

Our findings

Not everyone living at The Old School House had the ability to verbally share their feedback on the service with us during the inspection; this was because some people were living with dementia. However, we could see through observation and the reactions of staff to people's requests that they were safe. Whenever we saw people during the inspection, they looked relaxed and comfortable with the staff, indicating they felt safe with them.

Relatives we spoke with said they felt their loved ones were safe living at the service. For example, one relative commented, "I have every confidence in the staff and [Name] is safe here. [Name] was falling a lot and we were all worried. They [the service] got the GP and district nurse involved and [Name] was put on a smaller dose of one of their medicines. I was involved all the way through and [Name] has not had any falls since then" and another told us, "[Name] is safe here. Another person that didn't take to [Name] used to hit out sometimes and when I spoke with the managers they addressed it straight away and moved [Name] upstairs to keep them safe." A visiting GP told us, "They [the service] use very good strategies to help them with people, one of those is for people to be able to walk around consistently with no restrictions."

Staff had the skills and abilities to recognise when people were at risk from behaviour that could challenge others or needed positive support from staff. One member of staff told us, "We do positive responses with people; with [Name] one member of staff will go and ask if they would like to have their care whilst another is getting their clothes ready and ask if [Name] likes them. We make sure [Names] music is on and everything is organised first, then with one person at each side of [Name] we will explain what cares are to be done and support with this." This helped reduce the levels of anxiety for the person.

Risks to people from behaviour that was challenging to themselves and others were assessed and managed through 'Personal care scripts'. These directed staff to support people proactively, seeking to avoid situations arising by ensuring people's needs were met, and intervening in the least restrictive way possible when people became distressed. We saw staff were trained and skilled in using these strategies, and were able to clearly demonstrate to us how to support people when they needed reassurance or behaved in a way that was challenging for themselves and others.

The staff followed the registered provider's guidance for the safeguarding of vulnerable people and we saw concerns were referred where necessary following local authority safeguarding procedures. All staff received training in safeguarding vulnerable adults as part of their induction training, then refresher training thereafter. Staff demonstrated a good understanding of how to safeguard people who used the service; they understood the different types of abuse that could occur and were able explain what they would do if they had any concerns. One member of staff told us, "I have done safeguarding training and I have reported concerns to my manager in the past" and another told us, "I would report any concerns to my managers here and if it wasn't addressed I would take it to CQC." The registered provider also had a whistleblowing policy, which enabled staff to raise concerns. This showed that the registered provider had a system in place to manage safeguarding concerns and protect people from avoidable harm and abuse.

We looked at documents relating to the servicing of equipment and maintenance in the home. These records showed us that service contract agreements were in place, which meant equipment was regularly checked, serviced at appropriate intervals and repaired when required. The equipment serviced included the passenger lifts, moving and handling equipment including hoists, electrical systems, water systems and gas systems. These checks helped to ensure the safety of people who used the service.

A fire safety log contained an up to date fire risk assessment and records of checks carried out on the fire alarm, emergency lighting and firefighting equipment. Staff had completed fire awareness training and were able to demonstrate their response in the event of a fire alarm. Personal emergency evacuation plans (PEEP's) were completed individually for people who would require assistance leaving the premises in the event of an emergency.

The registered manager kept an electronic log of all accidents and incidents that occurred at the service. Accidents and incidents were also logged on the registered provider's computer system, with a record of any responsive action taken. Every three months all accidents and incidents were analysed which allowed the registered provider to track any outstanding concerns or required actions on their computer system. These records showed that appropriate responsive action had been taken following incidents, in order to prevent the risk of reoccurrence and address any concerns about people's health or care needs.

People were supported by sufficient staff with the right skills and knowledge to meet their individual needs. Relatives visiting the home told us there always seemed to be sufficient staff on duty, for example, a relative commented, "I think there is sufficient staff here." During our observations, staff were busy but never rushed when they were supporting people. We looked at the staff rota which showed that the same numbers of staff were available to meet people's needs during weekdays and weekends showing there was a consistent service. In addition to care staff there were relatives and volunteers that were involved in the home on a regular basis which meant that people had a variety of people to interact with. There were also additional catering, domestic and activity staff, which meant that care staff were able to concentrate on meeting people's needs.

The provider information return stated, 'We have vacancies in the care assistant team and the casual pool is depleted as many have taken on contracts. We are committed to maintaining our current staffing levels. We have advertised to fill vacancies but have had an unusually low response.' A senior staff member told us, "Before Christmas we asked the service manager if we could say no to any new referrals and they agreed, this was until staff were recruited as we were using more agency staff than we would have liked." We saw there was an advertisement for staff recruitment at the front of the service and a member of senior staff told us this had improved interest. They went on to tell us that hand written application forms had been accepted by the service and the registered providers social media site had been used to recruit staff, they said, "We have recruited not long ago and the staff have not yet started, we have filled two of four vacancies. We talk about staff levels in our meetings and we last reviewed the staffing levels early this year. The night staff have increased from five to six after we received feedback from the staff team." This showed us the service was taking steps to attract and recruit replacement staff.

Recruitment processes at the service were robust to ensure prospective staff were suitable to work at the service. We checked three staff files and saw that all staff had been interviewed provided proof of identity and had undertaken background checks which included a Disclosure and Barring Service (DBS) check before being offered a role within the service. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults.

Medicines were managed safely and people received their medicines as prescribed. A relative told us, "[Name] gets their medication fine." The medicines storage room was kept locked when not in use ensuring that only the authorised staff were able to access the medicines. Stock was managed well so that people were not left without the medicines they needed. Medicine administration records had been completed as required and protocols were in place where medicines had to be given 'when required'. Protocols were also in place for when medicines were given disguised in food and drink. An assessment had been carried out by the person's GP to ensure the medicines were required to be given in this way because it was in the person's best interests so they remained healthy.

Medicines were given consistently by staff that had been trained in safe medicines management and who had access to the appropriate guidance. A member of the management team oversaw medicines ordering and audits of medicines administration records (MAR) to ensure there were sufficient stocks of medicines and that these were properly recorded. The pharmacy also visited regularly to audit medicines.

Outstanding ☆

Is the service effective?

Our findings

There was a strong emphasis on developing staff skills and potential, in order to deliver a highly effective service and we observed that people received effective care from extremely well trained, skilled and knowledgeable staff. A relative told us, "My parent had dementia in the 1980's so I have plenty of experience. This home is the best I have ever seen. The management create a framework of staff that are carefully chosen, well trained and they stay." A visiting GP told us, "Talking about care in this area, they [Old School House] are outstanding. They [staff] show a very deep understanding of dementia and show the greatest care in preserving people's dignity."

A comprehensive six section induction was in place for new staff which included modules on dementia, health and safety and falls management. Modules contained links to other useful information on the topic and external organisations for staff to access. One newly recruited member of staff told us, "My induction was very good; I got a lot of training which has helped me understand people better. For example, doing the dementia training has taught me to understand people's body language much better." All staff received supervision and training.

There were 'Champion' roles within the service where the registered provider had ensured staff had an enhanced level of knowledge in areas such as, end of life care and dementia. The registered manager told us that these roles and responsibilities had led to improved understanding of people's health related needs.

The Old School House worked in partnership with other organisations to make sure they were training staff to follow dementia best practice. The registered provider had invested in a year long accredited training course, beginning in May 2017, for one of the senior staff members in person centred dementia care provided by Dementia Care Matters, a recognised leader in dementia care. The service also received regular updates about developments in dementia care training from Bradford University and during the inspection we saw they [senior staff] were researching a report on gardens and health by the Kings Fund. The King's Fund is an independent charity working to improve health and care in England. A senior member of staff told us the service was completing this research with a view to making an area of the garden interactive for people.

The physical environment demonstrated the registered provider's commitment to provide an environment that enabled people to be as independent as possible whilst living with dementia. The design of the premises was completed in ways that kept people with dementia orientated and stimulated. We saw the service was equipped with reminiscence and sensory stimulation materials in order to help create calm and relaxing environment for people, this included, vintage radios, reminiscence boards on gardens and the seaside, freestanding tactile activity boards and breathing pets. Breathing pets have a battery-operated mechanism so their stomach will gently rise and fall to imitate a pet having a nap.

The service had sought guidance on the selection of colours, lighting, flooring, furniture and equipment, and made changes to the environment based on dementia best practice guidance from the Kings Fund. For example, doors which led to office areas had been changed from green to white to reduce the risk of people

trying to exit these doors. When doors are painted the same colour as the walls this can make them seem to disappear. A senior member of staff told us about how the environment had a positive impact on one person, they told us, "[Name] is a success story, their prior placement broke down and they used to stand over people whilst eating. When [Name] got here [to the service], he completely changed as he was recognised as a person. The design of the building has worked for him and the number of staff helps because they have time to spend with him."

There were many quiet areas of the home that people could access and one part of a corridor had been transformed into an interesting resting area that resembled a domestic setting including a fireplace on the wall, pot plants and seating. This had been completed after it was identified that two people avoided the main lounge and chose to sit in the corridor. We saw another area called 'Station Lane' that looked like a train platform; there was a picture of a train on the wall, seats and suitcases. We saw people were sat in these resting areas during the inspection.

We saw contrasting colours for hand rails and between walls, flooring and doors to provide clear lines of sight for people and to help them judge distances. Signage around the home was word/symbol signage so it was more easily visible to people with perception difficulties and automatic sensor lights were fitted in all people's en-suites to support people's independence and to help reduce falls. People's bedrooms were easily identifiable with bold coloured doors and memory boxes by the side, which displayed objects and photographs of interest and importance to the person. This reflected best practice evidence of what works best for people living with dementia.

People received care that was personalised to their individual needs from staff that had a thorough understanding of their needs and were confident in supporting people who lived with dementia. One member of staff told us, "I have done dementia training and it teaches you to observe the signs people give and their body language. It really taught me a lot." A newly recruited member of staff told us, "I had an induction with [Name]; it included a series of sections that included dementia. It was in depth and I felt I could ask questions. I have seen lots of loving and caring interventions for example, one lady was asking for her mother and the staff member very gently distracted her with something else."

The service supported many adults with complex behavioural difficulties who had experienced several failed placements prior to coming to live at The Old School House. Some people did not understand they needed assistance with elements of their care and at times needed staff to hold them safely in order to receive personal care. If people needed to be held safely at any time during their care to prevent them hitting out, this was clearly recorded in their care records, which also detailed approaches staff should try first. Safe holding was always subject to a best interest's decision in line with the Mental Capacity Act. We saw from records we looked at that staff had received bespoke training in positive responses, and safe holding was only to be used by staff trained in the specific techniques and only when authorised by a senior member of staff, which was an additional safeguard that this was the least restrictive option for the person at that time. Occurrences of safe holding were recorded on a specific form and were reviewed and monitored by the management team.

All of the interactions we observed between staff and people using the service, without exception, were extremely positive and we saw staff valued and respected people as individuals. They spoke with them in an adult way and took time to pay attention, listen and understand what the person said or communicated through their body language, facial expression and gestures. We saw people were rarely upset because staff understood their communication and provided the reassurance they needed, when they needed it. We saw one person was supported to communicate with the use of a whiteboard which was written on by staff. A volunteer at the service told us, "My wife received excellent dementia care when she was alive and lived

here. If they [staff] see anything they are on it, they are very well trained and can spot things like if a person foot has slipped off their chair or they have a slipper missing"

As part of the inspection visit we looked at how the service managed people's healthcare needs. We did this to check if people received appropriate care and treatment. The care records we reviewed showed health care needs were constantly monitored and action was taken in a timely manner to ensure a person's health was maintained. A variety of assessments were used to assess people's safety, physical and mental health. Relatives of people who lived at the home praised the way their health care needs were met. Comments included, "They [staff] will get a doctor from the surgery across the road if [Name] needs one, they are all on the ball," and another told us, "[Name] had a fall and they looked after me as well as her." A visiting GP told us, "As a doctor looking at the home, I know my relative would be looked after here. They [staff] listen and understand; they have very good common sense."

We saw evidence of partnership working with other agencies to increase positive outcomes for people. The service had participated in a joint project with a local GP practice to look at how people without capacity could be better supported to receive flu vaccinations. A senior staff member had worked with the GP practice to devise a template letter for people's relatives which included information on flu, assessing people's capacity and a link to further details on the flu vaccination. A monthly clinic was held at the service with a community nurse and consultant psychiatrist for older adults attending. A senior member of staff told us, "The clinic is held at the service and [Name] has some people living here on their caseload which is beneficial and also we can contact [Name] at any time on the phone. Part of the clinic is to review people's medicines and heightened behaviours." We saw if people became unwell the service began monitoring the person's behaviour and the registered manager told us the relationship with the nurse and psychiatrist during the clinics had helped the service to respond in a timely way to people's complex behaviours and reduce the risk of them escalating, therefore reducing hospital admissions.

The service placed high importance on ensuring people ate and drank well. People who required support with eating and drinking had detailed and comprehensive instructions within their care plan. For example, we saw one person's care plan for diet and nutrition said, '[Name] is more likely to eat savoury food if sprinkled with sugar.' This was provided for the person during the lunchtime meal. These documents enabled staff to deliver effective care which helped promote physical health and well-being. The registered manager told us, "A group of staff have completed the Nutrition Mission training and people's foods are fortified with creams and milks if required. The kitchen provides milkshakes and fresh fruit and yoghurts." The Nutrition Mission is about how optimum nutrition and hydration play a vital role in keeping older people out of hospital and helping them to feel better and happier with improved wellbeing. This is especially important when people live in care homes. A volunteer told us, "The food is really good; we have two good cooks who are professional. I have known [Name of person using the service] since she was a young girl and she is very good with me when eating." We looked at the persons care plan and saw since the volunteer had begun to support them there had been a positive improvement in their weight. . The plan said, '[Name] responds well to a volunteer who assists her to eat every lunchtime, this has helped [Name] gain weight and tolerate support to eat from other staff." The approach taken by the service ensured that people's dietary and fluid intake significantly improved which had positively impacted on their wellbeing.

The atmosphere during the meal we observed in the ground floor dining room and lounge was relaxed and pleasant. Pictorial menus were displayed to assist people in understanding what food was available. We saw people chose to sit at the dining room tables with their relatives or in the lounge in comfortable chairs. Meals were freshly cooked and looked and smelt appetising; soft and pureed diets were presented as attractively as possible. People were supported to have a meal of their choice by prepared and attentive staff. Where people had difficulty choosing a meal from reading the menu or listening to the options, staff

showed them meals on plates and gave people the plate they preferred, for example, we saw one person was asked if they wanted Yorkshire pudding, when they didn't respond a member of staff brought a Yorkshire pudding to them on a plate and showed them it. This assisted them to make a supported and informed choice.

Staff and volunteers sat and chatted with people, and assisted them discreetly where they needed this. Where people were reluctant to sit and eat, staff were aware of reasons why people might find mealtimes distracting which helped them understand how to address this. The cook told us, "Sometimes people will get up and walk around and we always keep the food available for them and other times the staff will show people the meals to help them choose." We saw staff in the kitchen had access to people's one page profiles for food and drink. We reviewed these records and saw they contained important details such as, 'I have a feeder beaker', 'Please tell me what I am eating' and, 'Make sure I have thickener in my drinks.' The registered manager told us many people chose to eat whilst they were walking and we observed staff supported people to do this during the inspection by ensuring people had access to finger foods. Another person chose to have several small breakfasts throughout the morning.

Prompt action was taken if people were identified as being at risk of malnutrition, for example due to unplanned weight loss. People were weighed regularly and their risk of malnutrition was kept under review using a recognised malnutrition screening tool. If concerns were identified, staff followed the screening tool instructions, for example, more frequent weight checks and monitoring food and fluid intake. Where necessary, dietician referrals were sought.

The 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's rights were protected because the managers and staff understood about their responsibilities in relation to the MCA. Where there were concerns about a person's ability to consent to aspects of their care, staff assessed whether the person had the mental capacity to give this consent. Staff we spoke with showed a good knowledge of how the principles of the MCA were applied. One staff member told us, "I have completed Mental Capacity Act eLearning. You can't say someone hasn't got the capacity if they make an unwise decision. We respect people's choices at all times. Best interest meetings are completed that include people families and health professionals." A visiting GP told us, "They [the service] have called me in for best interest meetings for a few residents about deprivation of liberty's and the paperwork is always of great detail."

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager understood their responsibilities in terms of DoLS. They had identified a number of people who they believed were being deprived of their liberty. They had made DoLS applications to the supervisory body.

Outstanding ☆

Is the service caring?

Our findings

We used the short observational framework for inspection (SOFI), and observed many caring interactions between staff and people. Aspects that stood out were that staff always acknowledged people by their name as they walked past and talked to people in a gentle tone of voice. We saw that staff had developed positive, caring relationships with people based on their individual preferences and choices. It was evident that staff knew people well. For example, we saw staff responding to people in a calm manner whilst smiling and sometimes using therapeutic touch such as holding people's hands and rubbing their backs, we saw people responded very well and were reassured by the staff approach.

The staff and management promoted person centred care which impacted positively on the well-being of people living at the home. They strived to find ways to promote good dementia care and clearly put people living at the home at the centre of everything they do.

We saw that relationships between staff and people living at the home were valued and staff consistently went the extra mile to deliver tailored care to support people. Our observations and discussions throughout the inspection found staff were passionate and committed about providing people with exceptionally good care.

Feedback from relatives was overwhelmingly positive. One relative told us, "Staff always talk to [Name] when they are helping her. I couldn't knock this home for their care" and another told us, "They [staff] always talk to her by her name and smile at her. [Name] will give them a kiss on the cheek which I know she wouldn't do if she wasn't comfortable." People were supported by staff who consistently demonstrated kindness, compassion and a genuine interest in people they supported.

There was a clear importance attached to involving family and friends at the service. People were encouraged to maintain their role in family life and staff at the Old School House were passionate about supporting people to maintain important relationships within their own family. A member of staff told us, "I really feel the families are listened to by the management." We saw many friends and relatives visiting people during our two days of inspection. Relatives told us, "Me and my brother come and visit [Name] every week. We come in and speak to everybody as we have been coming here for so long"; "I come all the time and I feel included. It's so welcoming, the staff at the reception are lovely and some of the girls give me a hug and that makes me feel special" and, "This is my home as well and they [staff] look after me as well when I'm feeling down. I think they all deserve medals as big as buckets."

We saw many people's friends and relatives continued to visit people regularly and continued to visit the service after their relative or friend had died. Some of these people volunteered at the service every day. The registered manager told us "Relatives come in regularly, [Name] brings in cream cakes for everyone and [Name], whose mum used to live here, comes in every day and has a cup of tea with people." A volunteer at the service told us, "This place is the best therapy I have ever had since I started volunteering. This place was part of my life when [Name] was here and I come almost every day. We are blessed with the staff that work here."

Family forums were held at the service for people's relatives. The provider information return told us, 'A family forum is hosted each month with the aim of providing a platform for the family members of service users and the management team at the Old School House in order to highlight and resolve any minor concerns with the current service and to work together to improve the service provision. The family forum events are also an opportunity for the management team to share and explain face to face any news, events or changes relating to the service. The agenda is left open and all attendees are invited to contribute and shape the meeting.' A relative told us, "At the family forums we discuss practical things; previously we discussed end of life care and the possibility of relatives staying with people." In response to this we saw the service had dedicated a room on the first floor for relatives to come together and use when their loved one was poorly. The room had chairs, tables, books and tea and coffee making facilities. A senior member of staff told us, "If a person is at the end of their life the manager always provides some extra staff who have protected time with the person and their family." A relative said, "There are five of us [relatives] who have become close as a group and we are going to start using the room for a break and maybe get some takeaway food."

Staff ensured that people were supported to be as independent as possible and had used a variety of methods to support people to communicate. This included touch, observation and visual aids to promote choice and encourage inclusion. The service continually strives to develop their staff so that this is sustained.

The service provided support to people when they were at the end of their life and we saw the emotional effects of this were addressed with the staff team. We saw records from staff seminars which included discussions about end of life care and one member of night staff who also worked for Marie Curie had devised and delivered a mini workshop to staff which included an overview of the service, the environment and communication in relation to end of life care. There was no-one receiving end of life care at the time of the inspection.

Without exception, staff we spoke with showed they were committed to providing a pleasant, caring environment for people who used the service. One member of staff told us, "This is a very caring home." A relative told us, "This was our first Christmas apart in 52 years, the carers here are so infectious and they carry you along with it. They [staff] bought [Name] coffee creams for Christmas, they had remembered that they were her favourite. One of them even took her cashmere sweater home to wash it for her."

Staff had good knowledge on how to protect a person's dignity. We saw when people required support with their personal care this was done with doors closed and staff spoke with us about people in a respectful manner. Relatives told us, "[Name] is always kept clean and her clothes are well looked after. The staff always talk to her when they are helping with things" and, "They [staff] treat people as individuals, they speak to [Name] by their name and always have a smile for her."

The registered provider had a policy and procedure for promoting equality and diversity within the service. We saw that the personalised approach to care ensured that people's emotional, spiritual and social needs were met. For example, one person received weekly visits from a local church so that their religious and spiritual needs were met and we saw there was a special menu available for Mother's Day. In addition, some people had advocates who helped to look after their welfare and ensure that their needs were being met. Advocates support people to ensure that their views and wishes are heard on matters that are important to them.

Good

Is the service responsive?

Our findings

The records we viewed, and feedback from peoples relatives, showed us that staff were person centred in their approach to people's needs. A person centred approach to care is a way of thinking and doing things that sees the people using health and social services as equal partners in planning, developing and monitoring care to make sure it meets their needs. Relatives told us, "I know [Name] is in the right place. They [the service] wanted to know everything about [Name] before she came here. I did them a 20 page write up about our life, her work and our family" and, "They [staff] are responsive to people. If ever I see anyone who is distressed there is always someone to comfort them and we have reviews once a year about [Names] care." A visiting GP told us, "They [staff] understand me and we [the GP practice] have a very good relationship with this home."

This was reflected in our observations, where staff were observant and responsive, intervening calmly and positively when they noticed anything that could cause a person to become anxious. This was done in a low key manner. For example, a staff member noticed when one person was walking around in a distracted and potentially distressed way. They greeted the person by name, re-focused them by engaging in conversation and provided them with some food to eat whilst they walked around the home with them. The person began to smile as they walked and ate and appeared to settle in mood.

One relative told us the supportive ethos of the service began at the point they first visited the Old School House. They told us, "I was very impressed at the beginning as they [the manager] said a care plan was needed firstly. I then came in and had a look and I saw that they treat people as individuals, if people want to stay in their pyjamas all day then they can do." Another relative said, "I went around 20 care homes at first. [Name] came here for day care and I know some people who worked here had also worked for the Alzheimer's society and [Name] is in the later stages of Alzheimer's. My job was observing [Name], I am a people watcher, and they [staff] are very attentive and good at what they do."

All of the people who used the service had a plan of care. The registered provider followed detailed admission criteria and completed a thorough assessment of people's needs prior to them coming to live at the Old School House. One senior member of staff told us, "We assess really thoroughly as we want this to be people's last home." The staff we spoke with had a detailed knowledge of people's personal histories, preferences and needs, and spoke about them as people rather than describing them in terms of their needs. This reflected that staff had adopted the person-centred values of the service.

The care plans we reviewed were personalised and comprehensive and contained a one page profile which reflected the person's individual needs, what was important to them and their personal histories. This was followed by care and support plans covering all aspects of the person's life; these were detailed and included the level of support people needed, the desired outcome and their capacity in relation to this part of their care. For example, one person's plan for diet and nutrition recorded, 'I prefer small portions and require a fortified diet due to a low BMI', 'I want to enjoy mealtimes and have positive interactions' and, 'I have the capacity to choose my food and drink but do not understand the dangers to my health if I have prolonged periods without nutrition and hydration.' These records were regularly reviewed and updated by

senior members of the staff team to identify any concerns and monitor that care was being delivered in accordance with the person's plan of care.

People enjoyed a wide range of activities. The service employed three activity workers; one had recently been recruited and was waiting for a start date. We spoke with one activity worker who was on duty during the inspection. They told us that people enjoyed crafting, colouring and drawing. They were able to tell us about people's individual likes and said, "One person's family told us their relative used to enjoy walking and the garden so we have recently made bird feeders for the garden which they enjoyed."

We looked at the activity records and saw 'Daily activity sheets' were completed for each person when they had chosen to take part in activities such as music, sensory room activity and one to one contact such as chatting and reading. Relatives told us, "They [staff] come in to [Name] and put music on for her. The activity staff look after everybody"; "[Name] is stimulated a lot but doesn't really respond to this. They [staff] try with music, art, animal therapy, and local drama groups come in and put on plays and there are religious events for people who want to attend" and, "We have music on in [Names] room and sometimes the activity worker comes in and reads poetry to [Name]."

Peoples care plans included information on activities and what they enjoyed, for example, one person's plan said, 'I enjoy comedy films such as Carry On and I enjoy spending time away from the Old School House with my husband each week.' A member of senior staff told us, "The Beverley Puppet Festival came to the service and worked with some people and their relatives with the puppets. This was screened in Beverley Minster during the festival" and another member of staff told us, "There is a lot of activity going on, people come in and do shows, there are singers, arts and crafts and picture drawing, creativity and church services." During the inspection we saw people taking part in an activity of making paper flowers and one person carried theirs proudly around with them for the rest of the day.

We looked to see how complaints were managed. Checks of the complaints file kept by the registered manager showed that they investigated all concerns raised with them and that appropriate action was taken where needed to resolve the issues and improve practices within the service. People were well-informed about the process for making complaints. We saw from the minutes of a 'Family forum' that the registered provider had sent out their complaint procedure to peoples relatives and there was clearly displayed information in the service about how to complain or raise concerns. Relatives told us they knew how to complain and that they felt able to approach any of the management team at the Old School House.

People's concerns and complaints were actively encouraged and seen as part of the process of driving improvement. The service recognised that people may have grumbles or concerns they would not wish to deal with formally and encouraged people to raise these. A relative commented that although they had never had cause to complain, "If I had any concerns I would speak to [Name of manager] and I know they would respond to me" and another relative told us, "If I go in there [the office] I know they will listen."

Outstanding ☆

Is the service well-led?

Our findings

At the last inspection the service was rated as outstanding in this domain. At this inspection we found the service remained outstanding and continued to be exceptionally well led.

The Old School House had the benefit of strong focused leadership. People's relatives told us there was an open and transparent culture at the service. Their comments included, "[Name of manager] is lovely. He is very kind, caring, supportive and always open to suggestion. He also has very good support staff" and, "This service is very well run and they are very responsive. I am very lucky to have this place." These views were echoed by staff we spoke with who told us, "The managers and seniors are amazing people. I had a family issue last year and they sent me flowers. You can knock on their door and they will listen immediately" and, "The culture is one that is open to new ideas, is responsive and recognises the views of staff, service users and relatives. The service users are part of our team and we learn from them. I am very proud to be part of this team"

The registered manager had worked at the Old School House for 13 years and was registered with the CQC to become the manager in 2015. They were well trained and continued to develop their knowledge and skills to ensure they kept up to date. We saw they had continued to nurture the strong and positive culture at the service to improve the quality of care for the people living at the Old School House. This was enhanced by the registered manager and senior staffs knowledge from continuous research and best practice in dementia care. For example, an understanding of how colour scheme, décor, rest areas, design of the environment and positive responses can impact on people. Some of the staff we spoke with had also worked at the service for many years and others had recently started. The staff team was made up of senior care staff, care staff, activity staff, volunteers, catering and domestic staff and administration/office staff. The registered manager was present for the inspection.

There was an open, positive culture within the home. This was led from the top down. Without exception, staff all commented that the registered manager was caring, approachable, listened to them and the Old School House was an exceptional place to work. One member of staff told us, "[Name of manager] leads by example. Recently, rather than people wearing hospital gowns when they were ill, he asked the seamstress to adapt peoples own clothing to promote their dignity. He will spend time with people and takes part in caring interventions. He constantly speaks with staff." The registered manager told us they had excellent links with their service managers from whom they received "Good support." They regularly attended registered managers meetings and workshops delivered by the registered provider. They went on to tell us their personal philosophy, which was, "I don't sit in the office. I work with the staff, I want them to see me and I know all of the staff members as they come and talk to me. I am part of the staff team." This demonstrated they were an effective leader and manager.

The registered manager told us that what the service had achieved to date was down to the whole staff team, demonstrating a respect for others input into the service. There was a culture of continual reflection by the staff and management team. They were passionate, inspired and committed in their approach to improvement, and a noticeable presence in the service, available at all times by operating an 'open door'

policy. We observed this during the two days of inspection; the registered manager shared an office area with other levels of staff, which resulted in a culture of united learning and information sharing to support the running of the Old School House. For example, during the inspection staff and volunteers continually came in and regularly asked questions, passing on important information about people and their health and well-being.

The service strove for excellence through discussion, thoughtful practice and links with the community. During a family forum meeting it had been discussed how people who lived at the service, staff and relatives could remember people who had died whilst living at the Old School House. The registered manager had initiated a project called the 'Memorial wall.' This consisted of forget me not flowers climbing up a wall in the service. Each flower represented the remembrance of a person that had passed away and was placed there by their loved one. This story had been covered by a local TV broadcasting company. Following this, the staff had organised and taken part with people's relatives and members of the public in a 'Memory walk,' to raise money for the Alzheimer's society. The registered manager was part of a committee for a 'Dementia awareness group' which had been set up by the registered provider. We saw evidence of a planned fundraising event the registered manager was involved in for 'Dementia awareness week' In May 2017. The event was to be held at a local leisure centre and included dementia friend's sessions, zumbathons and information stands provided by other agencies. The registered manager told us that the money raised would be donated to Alzheimer's UK. This helped to form and strengthen links with the local community, raising the profile of the service locally.

There was a strong emphasis upon striving for continuous improvement. The registered manager said staff were actively encouraged to become champions with areas of expertise. Champions attended additional training, seminars and networking events. This networking gave staff the opportunity to review best practice guidance and provided staff with the opportunity of meeting with other people to share knowledge and best practice. For example, one member of staff was an end of life champion and had attended conferences alongside another staff member who also worked for Marie Curie; an end of life review of the service and training for the staff team had been carried out leading on from this. The service also had an infection control champion who regularly liaised with Public Health. This demonstrated good practice guidelines were consistently referred to when providing care and support to people.

The registered provider was committed to providing a warm homely environment and to meet people's individual and unique needs. Their 'Philosophy of care' statement said they were a home for people living with dementia who have exceptional needs and treat them as individuals with needs to be met and not managed. We saw from our observations, discussions with staff, volunteers and relatives, and records we looked at that each person was provided with personally tailored care and attention. Staff were always expected to remember that the Old School House was people's home and not their work place. One member of staff told us, "I am new to care and I hope to spend the rest of my working days here. We [staff] want to make people feel at home" and another said, "When I started here it was made clear to me that people are unique and individual." It was evident during the inspection that these person centred values were instilled in the staff team and influenced the way people were looked after.

Staff were empowered to carry out their roles to an excellent standard. Alongside training courses, staff seminars were delivered and were used as opportunities for staff to further explore training courses they had attended and reflect on things that may need to improve. Staff consistently praised teamwork within the service, describing the team as supportive of each other. Staff commented upon the positive working atmosphere and caring nature of staff. One staff member said, "The communication here is brilliant. There is always someone you can talk to." Staff had all the information they needed to support people and were kept up to date with any changes through a variety of channels including regular meetings, handovers and

supervisions. The effectiveness of the leadership was evident in the teamwork we were told about by relatives, social care professionals and staff.

The registered manager had an inclusive approach where decisions were made based on views and opinions of people using the service and their relatives. During the course of inspection we saw feedback was continually sought from stakeholders, staff and people's relatives. Feedback was received informally at people's reviews of their care and through annual surveys. We looked at results from surveys carried out in May and September 2016; 100% of stakeholders who responded said they would recommend the service. We saw one comment said, "The Old School House has a very positive attitude towards people with dementia" and we saw a comment from a person's relative said, "The Old School House has shown that with the right support, people can live well with dementia. There has been a significant improvement to my father's overall wellbeing; he is much more alert and responsive in spite of his progression of Alzheimer's. I am sure this is down to the environment he is now living in and to greater stimulation and social interaction."

The registered manager and provider completed regular quality monitoring of the service to drive improvements for people using the service. This included regular audits. Areas audited included accidents, falls, DoLS, referrals and hospital admissions. These audits were highly detailed, for example, falls and incidents were broken down by location and time frame. There was a cycle of planning, action and review of these audits to help identify and trends and patterns. The results from the audits were collated and entered quarterly onto an improvement and development team plan. This clearly set out the services key priorities and the action required to achieve this. This also contained a quarterly team report which monitored what was going well, not so well and any challenges the service faced. This development plan was used to the service targets for the next quarter.

The registered manager had a sound knowledge of their roles and responsibilities in regards to managing regulated activity. We saw evidence statutory notifications were submitted, in a timely manner, when required.