SBDP1 Limited

The Coach House SBDP1 Limited

Inspection report

Yarmouth Road
Hemsby
Great Yarmouth
Norfolk
NR29 4NJ
Tel: 01493 730265
Website:

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Requires improvement
Is the service caring?	Requires improvement
Is the service responsive?	Good
Is the service well-led?	Requires improvement

Overall summary

This inspection was unannounced and took place on 7 January 2015. The inspection was carried out by two inspectors.

The service provides care and accommodation for up to 66 older people who require dementia care or who have mental illness. On the day of this inspection there were a total of 65 people using the service. The service is divided into three units, The Coach House, The Willows and Chapel View.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Some people who had pressure ulcers were not always receiving the care necessary to protect them from further skin damage or to promote the healing of existing wounds. You can see what action we have told the provider to take at the back of the full version of this report.

We found that some people were having their medicines crushed although the service had not consulted a pharmacist to confirm it was safe to do so. You can see what action we have told the provider to take at the back of the full version of this report.

People at the service were under surveillance by staff that accessed CCTV equipment.

The registered manager had a sound understanding about the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and how they impacted on the way people were cared for. Everyone living at the home had been assessed to protect their rights.

Staff were kind, caring and compassionate. People were supported by staff with the necessary skills and experience. Staff received training that was relevant to their role but we observed that they did not always put this into practice.

People were supported to eat well and healthily, but choices and options available were not always communicated to people in a way that involved them in making a choice.

People, relatives and professionals were complimentary about the care provided. The care was person-centred and delivered by staff who understood people's complex needs.

People and their relatives found the management team approachable and always ready to assist them.

Quality monitoring of the care provided was completed. Audits were in place but the medicines audit failed to identify the issues at this inspection.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not consistently safe.

The management of people's medicines administration was not always carried out in consultation with a pharmacist.

People were not always protected as staff did always record or carry out the necessary care to reduce their risk of pressure ulcers.

There were sufficient staff on duty to meet the staffing levels assessed as required by the registered manager.

Is the service effective?

Requires improvement

The service was not consistently effective.

Communication systems in place helped staff keep up to date about the needs of the people living at the home and this helped them respond to people's daily needs.

Staff received a variety of training to help them deliver effective care but this was not always demonstrated in practice. People's rights were not always respected.

People received sufficient food and fluid and had regular access to support from healthcare professionals.

Is the service caring?

Requires improvement

The service was not consistently caring.

People were cared for by staff who understood their needs and respected their privacy and dignity.

Staff were kind and caring in their interactions with people and took time to explain what care they were going to give so people were calm and not rushed.

Is the service responsive?

Good

The service was responsive.

People were involved in interests and hobbies.

Person centred care plans were in place to support peoples care needs and to promote independence.

People and their relatives knew how to make a complaint about the service.

Is the service well-led?

Requires improvement

The service was not consistently well-led.

Quality assurance processes took place but did not always identify shortfalls.

Summary of findings

People were aware of the registered manager and found them approachable

Staff were well supported by the management team and understood their roles and responsibilities.

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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 7 January 2015 and was unannounced. This inspection was completed by two inspectors.

Before the inspection we reviewed notifications that had been sent to us by the service. These are reports required by law, such as the death of people, safeguarding concerns, accidents or injuries. We also contacted the local authority quality monitoring team to seek their views about the quality of the service provided to people.

Before the inspection, the 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 any improvements they plan to make.

During our inspection we gathered information from a variety of sources. For example, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

The records we looked at included staff rotas, medication records, Mental Capacity Act and Deprivation of Liberty Safeguard assessments and applications and the care records for nine people.

We spoke with approximately 10 people using the service and one relative. We also spoke with 10 staff including senior care staff, care staff and the registered manager and a visiting healthcare professional.

Requires improvement

Is the service safe?

Our findings

Where people had risks associated with the management of their pressure care then the appropriate equipment was in place to minimise the risks. However these risks were not consistently managed in day to day practice. For two people we found staff had not always provided the care necessary to maintain people's safety. The people concerned were at high risk as they already had pressure ulcers and needed to be repositioned to promote healing. For example, for one person their chart detailed that they had not been repositioned between 9.15am and 7.10pm on 5 January 2015 and between 7.40am and 9.30pm on 6 January 2015. There were similar gaps for the second person. We spoke with staff to establish if the care was carried out and if the record accurately reflected the care given. Staff were unable to confirm that the care had been delivered to manage the risk. The lack of pressure care being provided for significant parts of the day left people at risk of further skin breakdown.

This was in breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The medicine management system did not consistently keep people safe. On Willows Unit seven out of the 13 medication administration records (MAR) we looked at detailed that people received their medication covertly. Staff told us that people were either given medicines concealed in jam or in yoghurt. This meant that the people receiving the medication did not know it was being administered to them. When medication needed to be administered in this way then it should have been agreed with the person's GP and the pharmacist to ensure that the medicine is suitable to be crushed and whether an alternative such as syrup would be better. Whilst there was evidence that people's GPs had been involved in the decisions to administer medication in people's food this had not been agreed as appropriate with the pharmacist. Whilst there were records of people's best interest being assessed these were not dated or sign correctly, neither were they reviewed on a regular basis. When we spoke with staff about the way they administered medicines they showed a lack of understanding regarding the issues of administering medication covertly.

We reviewed the completion of the MAR chart for 13 people and identified that in some instances codes were used to identify the reason for a medicine not being given to the person as prescribed. There were numerous gaps in the charts where the code used indicated 'other' as the reason for the medicine not being given. However the detail had not been included so the reason why someone did not have their medicine was not recorded; this was not in line with the provider's medication administration policy. When we asked staff about the reasons why the medicine had not been given they were not able to identify why this had happened.

The registered manager and deputy manager had not identified these issues during the medicines audit process.

This was in breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that they felt safe and supported by the staff on duty. Close circuit television (CCTV) was in use in the communal spaces on Willow Unit and in The Coach House; people were aware of this and were not concerned. Staff were able to access the monitors and use these to oversee people in the main areas for their safety.

Staff who administered medication had been trained to do so. Two staff carried out the medication administration round and the MAR charts were signed when medication was given. There were systems in place to manage the ordering, receipt and disposal of medication safely.

All of the staff were able to tell us about the different types of abuse and what they would do if they suspected any potential abuse. They were able to tell us about the provider's safeguarding and whistle blowing policy and where it was located. The policy was clear and in an easy to read format.

People were assessed in relation to risks associated with their day to day needs. These included their mental health needs, assistance to move safely in the home and management of their physical care needs. There were risk assessment processes in place to assess people at risk of falling. Where people had fallen then there was a process in place to review the assessment and put measures in place to minimise the risk of this occurring again. The provider had a policy relating to restraint and risk taking and staff

Requires improvement

Is the service safe?

were aware of its contents. However we observed staff using a practice on two occasions that restricted people's ability to move around the home. Staff told us that the use of tables in front of people when sitting in their chairs was to stop them falling. This restriction of people's movement and management of risk was not detailed in their individual risk assessment.

The staff on duty were able to provide care to people in a timely way and call bells were answered promptly. The registered manager had considered the levels of staff required on each of the units so there was enough staff to meet the differing needs of the people living there. There was a senior staff member on each shift to direct and support the staff. Care staff were supported by domestic, kitchen and maintenance staff so they were able to focus all of their time on the care needs of people. Staff told us that when they were recruited to work at the home they had the necessary checks carried out as part of their recruitment process and then received an induction into their new role.

Requires improvement

Is the service effective?

Our findings

People were generally, complimentary about the food at the Coach House. One person said, "The food is generally good. I don't have any complaints." Another person said, "The food is alright, but you don't really get a choice. If people complain enough about the food then it will be taken off the menu."

Most people who required fluid charts had them kept in their care plans in their rooms. We saw that these had been completed appropriately, and, according to the charts, people drank enough to remain well hydrated. One person we visited in their room told us that they were thirsty and wanted a cup of tea. We noted that there was a sensor mat next to their bed on the floor, but no other means for the person to alert staff that they required their attention. We asked staff to make this person a cup of tea. This person did not have a fluid chart despite their care plan stating they had poor nutritional health and was currently spending most of their time in bed. We discussed this with staff who told us that the person should have a fluid chart and commenced one for them.

In the Willow Unit weekly menus were displayed on the wall with a sign showing what week it was. However the meal provided was not the meal on the menu. Due to their dementia needs some people living in the unit did not have the ability to read the menu but an alternative such as the use of pictures had not been introduced. There was a four week rota for the menu and we saw that there was always an option of fish or meat for lunch time. People could request a cooked breakfast on a daily basis. Vegetable and salad were available each day.

People's care plans explained the support people required to eat and drink. This included whether people required a soft or pureed diet, whether their diet needed to be fortified and what physical support people required. We observed the lunch time period in the Willows and saw that people were assisted according to the information written in their care plan.

We saw that there was a training time table for January and February 2015 for staff to attend different courses. These included fire safety, DoLS, Moving and Handling refresher course, oral hygiene, challenging behaviour and first aid. All of the staff we spoke with said that they could access courses and further training when it was required.

The registered manager had applied for Deprivation of Liberty Safeguards (DoLS) authorisations for all of the people who used the service. They told us that this was because there were key codes to restrict people from leaving the home. The registered manager undertook mental capacity assessments and understood the need for capacity assessments to protect people's rights to make their own decisions.

Two care plans we reviewed contained forms detailing that the person did not want to be resuscitated at the end of their life. The forms had not been completed with the level of detail or in line with best practice guidelines about making these decisions. Therefore we could not be sure that the decisions made about this were made following the correct guidance.

The GP visited on a weekly basis. We saw evidence that people had access to chiropodists, opticians, dentists and other health professionals as required. Professional's visits were recorded in people's care plans.

Requires improvement

Is the service caring?

Our findings

We spoke with four people who used the service and they were all satisfied with the care that they received. One person said, "The staff are all very kind. I was involved in my care planning. Staff always ask if it's ok before giving me my care."

During our inspection a number of people's relatives visited the service. We saw that staff were welcoming and updated people about their family member as appropriate.

People's care plans were person centred and included information about people's past history and their family. People's hobbies, interests and preferred social activities were documented. People's likes, dislikes and preferences were documented. People told us that they and their family had been involved in their care planning. They told us that staff went through their care plans with them to see if anything had changed.

People's privacy and dignity was respected and promoted in that people were asked discreetly if they required assistance to the toilet. Staff knocked on people's bedroom doors before entering. All of the people who used the service were appropriately dressed.

During our observations of the lunchtime meal we heard staff saying to people, 'Open wide,' Good girl' and 'Good boy.' The use of this type of comment did not reflect the individuality of the people receiving assistance and was not person centred. We also saw that although staff showed compassion and patience whilst assisting people to eat, one care worker helped two people with their meal at the same time. These observations indicated to us that not all staff had transferred their learning into day to day practice.

We did note that the cooks' meeting on 2 December 2014 referred to people who required assistance to eat as 'feeders.' The use of this terminology indicated that not all staff understood the importance of person-centred care and the promotion of people's dignity.

Healthcare professionals involved in making placements at the service told us that the home provided person centred care that met the complex needs of people with dementia. They described staff as being very caring and knowledgeable as they understood the management of people's dementia and worked hard to involve people in their day to day care.

Good

Is the service responsive?

Our findings

People we spoke with had mixed thoughts about whether there were enough things to do during the day. One person said, "There are things to do but there could be more to do. I get fed up sometimes." Another person said; I'm alright. I don't think there is anything to do this afternoon. I might have a nap. I get fed up with all the noise in here (dining room).' A third person we spoke with said, "There is usually enough to do. Things go on in the lounge if you want to join in. You can watch the television or listen to the radio. I like to read the newspaper."

The service had an activities' co-ordinator who worked Monday to Friday from 10am until 3pm. We spoke with this person and they explained that they undertook different activities on a daily basis that reflected people's interests and hobbies. These included reminiscing activities, arts and crafts and games. External entertainers also visited the service. An example of one of these was a person who undertook musical exercises with people. The activities' coordinator told us that they also spent one to one time with people who chose not to participate in group activities.

People had an in-depth care plan kept in the staff office and a daily care plan kept in their room. We reviewed six of the in-depth care plans which contained all the necessary information about the person's needs, assessment of risks and plans to provider care and support to meet people's needs. We reviewed the six care plans for these people that were kept in their bedrooms. Staff told us that the rationale for these was to allow any care staff to pick up the folder that contained basic information about the needs of the person and the care they required, and immediately be able to deliver that care rather than read through numerous risk assessments and different information. They told us that the care plans in people's rooms were summarised plans.

Plans explained the care and support people required in order to meet their needs. Included was information in relation to the time people chose to get up and go to bed, their needs in relation to their personal care, their communication needs, what activities and interests they enjoyed, pressure area care, moving and handling and their nutritional needs.

All of the staff we spoke with were knowledgeable about the people they cared for. Staff could tell us about people's needs and the care and support they required to meet their needs. Staff we spoke with could generally, tell us about people's interests and what socially stimulated them.

Senior care staff maintained people's daily records and documented how people's needs had been met on a daily basis. This information was used for 'handover' for staff starting the next shift. We noted that the information covered all aspects of the person's care including how they had spent their day.

People's care plans included their social history and their hobbies and interests. Throughout our inspection we observed staff speaking with people about their past as well as encouraging them to join in with the different activities available within the home.

Not everyone could tell us about their experience but one person told us "If the staff were out of line, I would talk about it to someone." Another told us that they had no concerns or complaints but would be able to raise these directly with the staff or manager if necessary. We observed that information for people on how to make a complaint was on display and leaflets were available for people to access should they wish to raise a complaint.

Requires improvement

Is the service well-led?

Our findings

One person we spoke with told us "The manager calls in; I can talk to them about anything. " Another told us that they often saw the manager around the home. We observed the registered manager and deputy manager were visible throughout the service. All of the people we spoke with knew who the management team were and said that they spoke with them regularly. The management team were very knowledgeable about each person who used the service. We noted there was a clear structure of responsibility within the service. Each person had a role and someone who they could go to if they had any concerns. The registered manager had not received any complaints in the previous 12 months but had received 15 compliments about the service.

All of the staff we spoke with told us that they enjoyed working at the Coach House. They said that they felt well supported by the senior care workers and the management team. During our inspection we observed the senior care staff support the junior care staff. We observed them to be patient and encouraging. Staff were encouraged to use their initiative whilst senior staff remained nearby for support. Staff told us that they were asked for their views and ideas about the service and that these were acted on. All staff said that they felt confident to raise ideas, concerns or suggestions. They told us that the management team listened to them. They said that this made them feel valued. They told us that the management team would act on their suggestions as appropriate.

We reviewed the minutes of the previous staff meetings for all staff groups. We saw that they included staff's suggestions and ideas. Staff told us that they found the meetings beneficial and informative.

There were quality assurance processes in place that ensured that the registered manager and the provider were aware of events in the home. Staff were encouraged to provide feedback and this was supported by the registered manager and deputy carrying out check that systems, policies and procedures in the home were adhered to. Care Plans were evaluated regularly. Supervisions and appraisals were delegated to senior staff to complete. Training was planned and programmed throughout the year. Whilst the audit system was designed to pick up areas for improvement some aspects that we identified during the inspection had not been picked up in the audit process, therefore this system needed improvement to drive the service forward.

The registered manager ensured that any events that required reporting to us by law were reported in a timely way.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care People who use this service were not protected against the risks associated with inadequate care to meet their individual needs or to ensure their health, welfare and safety.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment People who use this service were not protected against the risks of unsafe medicines administration and recording practises.