

Completelink Limited

Prestwood Coach House

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires improvement 

Overall summary

We inspected this service on 22 October 2015. This was an unannounced inspection. Our last inspection took place in November 2013 and we found no concerns in the areas we looked at.

The service was registered to provide accommodation for nursing and personal care for up to 40 people some whom may be living with dementia or physical disabilities. At the time of our inspection there were 29 people living in the home.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

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

There was a lack of confidence that any concerns raised would be dealt with by the provider. There were procedures in place to support people to whistleblow; however staff felt unsure if their concerns would be listened to and dealt with. People did not always know

Summary of findings

who the registered manager was and it was felt that leadership was lacking. Quality monitoring checks were completed by the provider but we did not see any evidence they brought about change.

People told us they felt safe and staff demonstrated they knew how to recognise and report potential abuse. Staff had received training and used this information to keep people safe. The provider had procedures in place to appropriately report concerns. We saw there were enough staff to meet people's needs. There were adequate checks in place to ensure the staff that worked at the service were suitable.

Medicines were managed in a safe way. We found effective systems were in place to store, administer and record medicines to ensure people were protected from the risks associated with them. When people self-administered medicines they were supported to do so safely.

Staff sought people's consent before they provided support and care. Staff understood how to support

people if they were unable to make certain decisions about their care. In these circumstances the legal requirement of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) were being followed.

People could access sufficient amount of food and drinks and when people had specialist diets they were catered for. People's health and wellbeing was monitored and they had access to healthcare professionals as required.

People were involved in the assessment and reviewing of their care and staff supported people to be as independent as possible. Staff received training which helped to support people. People were supported to maintain relationships with friends and family and we saw friends and family visited the service. People were treated with kindness and their privacy and dignity was promoted by staff. People were able to make choices about their day and participated in pastimes and hobbies they liked.

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?

The service was safe.

People told us they felt safe. Staff knew how to recognise and report potential abuse. Medicines were managed in a way to protect people from the associated risks to them. We found there were enough staff to meet people's needs.

Good



Is the service effective?

The service was effective

When required the legal requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) were being followed. People could access sufficient amount of food and drink. People's health and wellbeing was monitored and they had access to healthcare professionals as required Staff received training which helped them to support people.

Good



Is the service caring?

The service was caring

People were treated with kindness and their privacy and dignity was promoted by staff. People were encouraged and supported to be as independent as possible. People were supported to maintain relationships with friends and family. Relatives and friends visited throughout the day.

Good



Is the service responsive?

The service was responsive.

People and their families were involved with the planning and reviewing of their care. People enjoyed and participated in hobbies and pastime that interested them. There were systems in place to deal with complaints.

Good



Is the service well-led?

The service was not consistently well led.

There was a lack of confidence that concerns raised would be dealt with and people did not always know who the registered manager was. Quality checks were in place but did not always bring about change. People and relatives were involved with the reviewing of the service.

Requires improvement



Prestwood Coach 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.

The inspection took place on 22 October 2015 and was unannounced. Our inspection team consisted of two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We checked the information we held about the service and provider. This included the notifications that the provider had sent to us about significant events at the service and information we had received from the public. 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 improvements they plan to make. We also looked at the quality monitoring audit which had been completed on 23 June 2015 by the local authority. We used this information to formulate our inspection plan.

We spoke with 14 people who used the service, five friends and relatives and seven members of care staff and the registered manager. We did this to gain people's views about the care and to check that standards of care were being met.

We spent time observing care and support in the communal area. We observed how staff interacted with people who used the service.

We looked at the care records for five people. We checked that the care they received matched the information in their records. We also looked at records relating to the management of the service, including quality checks, staff rotas and training records.

Is the service safe?

Our findings

People confirmed they felt safe. One person told us, “It’s a nice safe place to be”. A relative said, “Since [relative] has been here they are so happy. You can not buy the peace of mind knowing [relative] is safe here”. We saw people needed specialist equipment and it was provided for them. For example people were seated on pressure relieving mattresses to reduce the risk of skin damage. We saw when they changed seats the equipment was transferred with them ensuring their wellbeing and comfort. Some people needed to be transferred with the use of equipment; we saw staff operating this safely and in line with the person’s care records. This demonstrated that people were supported in a safe way.

Staff knew how to recognise and report potential abuse or any concerns they had. One staff member told us, “It’s anything that you feel you are not happy with”. Another member of staff said they, “Would report it to the management or they would go to the care quality commission if needed”. The registered manager told us how they ensured the staff were aware of safeguarding as part of their induction. Procedures were in place to ensure any concerns about people’s safety were reported appropriately. We saw when required these procedures were followed.

We saw and people confirmed there were enough staff to provide them with support. One person told us, “There are enough staff”. Another person said, “The staff always come quickly”. We observed staff were available in the communal areas and when people asked for support it was responded to in a timely manner. We spoke with the registered manager who confirmed there was a system in place to ensure there were enough staff to meet the assessed needs of people who used the service.

People told us and we saw medicines were managed in a safe way. One person told us, “My tablets are locked away, I prefer staff to look after them, that way I know they are safe and everything is done properly”. Another person said, “I have them when I get up they’re always on time”. Staff spent time with people while they were administering their medicines. We saw staff asking people if they needed additional medicines for pain and explaining what their medicines were for. Records and our observations confirmed there were effective systems in place to store, administer and record medicines to ensure people were protected from the risks associated with them. People were encouraged to be independent as possible with medicines. One person told us how they self-administered, “I want to do it myself, I have my own system”. The person showed us how they kept their medicines safely in their room. We saw there was a risk assessment in place to manage these medicines.

We spoke with staff about the recruitment process. One member of staff told us, “I had to wait for a DBS and reference to start”. The disclosure and barring service (DBS) is a national agency that holds information about criminal convictions. We looked at three recruitment files and saw pre-employment checks were completed before staff were able to start working in the home. This demonstrated there were adequate recruitment checks in place to ensure staff were suitable to work within the home.

We saw plans were in place to respond to emergencies, such as personal emergency evacuation plans. These plans provided guidance and levels of support people would need to be evacuated from the home in an emergency situation. The information recorded was specific to people’s individual’s needs. Staff we spoke with were aware of the plans and the level of support people would need.

Is the service effective?

Our findings

People told us staff knew how to support them. One person said, “The staff are great they know me well”. Another person told us they were in the home until their medical condition improved. They explained to us how the staff had managed their condition in the correct way to ensure they were improving. They told us, “They have got on top of my medical condition so quickly; I can’t believe how quick they got to know me”.

Staff told us the training they received helped them to support people. One staff member said, “You don’t think you need it until you get it”. Another staff explained how the moving and handling training they had received helped them. They said the training had not only helped them to support people. It had also taught them the importance of checking the equipment was safe to use, such as the slings. We observed the equipment the staff had been trained to use was used correctly. This showed us staff were provided with training to support them in meeting people’s needs. Staff told us the induction they received was good. One staff member told us, “The induction was good; I wouldn’t like to be thrown straight in”. A member of staff explained how they had the opportunity to shadow more experienced members of staff first. They explained how they observed the staff and were slowly introduced to the people they would support. This demonstrated that staff shared skills and knowledge to provide care and support to people.

The rights of people who were unable to make important decisions about their health and wellbeing were protected. The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) sets out the requirements in place to support people who are unable to make important decisions for themselves. Some of the people living in the home lacked capacity to make important decisions for themselves. We saw that when needed people had mental capacity assessments in place and they were reviewed.

Staff we spoke with had received training in the Act and used their knowledge to assess people’s mental capacity. We saw staff explain to people what they wanted to do and checked with people they were happy for them to do this. This demonstrated that staff understood the importance of consent. The registered manager told us there were no DoLS authorisations in place and that no applications had been made.

Without exception people told us they enjoyed the food and they were offered a choice. One person said, “The food is very good”. Another person said, “There is nothing ever wrong, the food is excellent and I have a choice everyday”. We saw there was a choice offered for both breakfast and lunch. We saw each person had their own table next to them with a hot and cold drinks available to them at all times. People were supported to eat according to their individual needs. One person explained if they didn’t like what was on the menu they could ask for something else. Another person told us how they like certain foods cooked. They told us the food was always cooked this way as staff knew that’s how they liked it. When people had special dietary requirements such as, diabetes we saw they were offered food which was suitable for them. We observed staff talking with people and taking time to support people when needed. One staff member said, “You cannot rush people with their meals”. We heard staff asking people if they wanted more food. The registered manager told us they did spot check surveys after meals to obtain feedback from people.

A visiting healthcare professional explained how they, ‘Worked well together with the home’. We saw people had visits from their doctors, physiotherapists and specialist nurses. One person told us they had requested a visit from a chiropodist and they were visiting later that day. This demonstrated that people had access to health care professionals.

Is the service caring?

Our findings

People and relatives we spoke with told us they were happy with the staff. One person said, “The girls are super, they would run round the block to help me”. Another person commented, “The girls are all brilliant and caring, everyone is very kind to me”. We saw staff chatting and joking with people. The atmosphere appeared friendly and relaxed. A relative told us, “The staff are so kind to [relative] they will do anything for you, they always chat and help”. We observed a person was leaning in their chair. A member of staff went over to the person and asked them if they wanted repositioning so they would be more comfortable. The person agreed and the staff member supported the person and put a cushion behind them. This showed us people were treated with kindness and staff were caring towards them.

People told us they made choices and decisions about their care. For example, one person told us they could eat where they liked. They said, “I eat where I like in here [bedroom] or in the dining room”. We saw staff asking people where they would like to sit at lunch time. A staff member said, “Do you want to sit up at the table in your chair?” The person responded and was supported as they requested. Another person told us how they chose to sit round the corner for lunch as it was quieter and they preferred that.

Staff responded promptly to people’s requests and spoke discreetly with people regarding personal care. For example, we saw a person call over a member of staff and request to use the bathroom. The member of staff then asked for assistance off another staff member in a discreet way. Once supported to the bathroom the member of staff said, “We will leave you for five minutes to have a bit of privacy”. The staff member then put the ‘in use’ sign on the door and left the person. This demonstrated that people’s privacy and dignity was promoted.

People told us they could be as independent as possible. One person said, “I knew I couldn’t continue on my own. Here I can lead as full a life as I can”. Another person told us, “I want to be as independent as I can and I am independent”. We saw staff encouraging people, for example, one person wanted to change chairs. The person was encouraged by staff to walk instead of use the moving and handling equipment. The staff member said, “A little walk will do you good, come on, you can do it”. The person smiled and walked supported by the staff member.

Relatives and visitors we spoke with told us the staff were welcoming and they could visit anytime. A visitor told us, “I pop in everyday it’s never a problem”. Another said, “The staff are always welcoming”. The registered manager said, “We welcome anyone here, we have no rules, its people’s homes while they are with us”. We saw relatives and friends visited throughout the day.

Is the service responsive?

Our findings

People told us they enjoyed the activities at the home. One person told us, “The entertainment is good here.” Another person said, “Yesterday we had a great time singing along with the old songs, I really enjoyed it”. We saw people had newspapers delivered and one person was knitting. They said, “I like doing my knitting, I like to sit out here and chat to people, life is never dull”. People told us the minister visited for morning prayers and a communion was held once a month. This meant people had the opportunity to participate in hobbies and pastimes they enjoyed. There was an activity coordinator in post; this was shared with another home due to a staff vacancy. Staff told us this restricted the activities that took place. One staff said, “It’s hard to take people out, that’s something we should do more”. Another told us, “Everyone can’t be seen”. The registered manager identified this was an area that needed developing and they were recruiting an additional activity coordinator.

People and relatives told us they were involved with reviewing their care. We saw people had consented to their relatives involvement. One person said, “I have a file it’s in there what I like”. Another person told us, “The staff always keep me informed”. A relative confirmed they were, ‘Informed and consulted’ about any changes to their relative’s care. The care files we looked at showed people and their relatives, where appropriate, were involved with reviews of their care and support.

People told us staff knew about their needs and preferences. One person told us, “Everyone knows me well”. Another person explained how they were happy staying in their room watching TV programmes of their choice. Staff told us they were able to read people’s care plans. One member of staff said, “It informs you what’s happening, their needs and any changes”. One person explained to us how they liked to watch the birds in the garden. They told us the staff had attached a feeder next to the window so they were able to feed the birds. The person told us, “This makes me very happy”. There were daily arrangements in place to keep staff informed about people’s needs. Staff were updated about people’s needs in handover. One member of staff said, “Handovers good, you need one”. We attended the handover and saw accurate information was relayed and the staff were updated about people’s care. This demonstrated that staff were updated about the changing needs of people. We saw some people had information in their files about their life history. The registered manager showed us a new document about people’s life history that had been completed for one person. They told us they were implementing this for all people who used the service.

People told us they knew how to complain. One person said, “I would tell the staff”. Another person told us, “I know how to complain, I would go to the manager”. The provider had a complaints policy in place. We saw when complaints were made they had been responded to in line with their policy. This demonstrated there were systems in place to deal with concerns and complaints.

Is the service well-led?

Our findings

We saw there was information available about whistleblowing. Whistleblowing is the process about raising concerns about poor practice. However we received comments from staff that indicated they would not feel assured if they raised concerns any action would be taken. Staff were unsure if they did whistleblow if they would be offered support from the registered manager. Staff told us there had been a recent meeting but were unsure if it would bring about changes. This demonstrated when concerns were raised there was lack of confidence they would be dealt with.

People did not always know who the registered manager was. One person told us, "There is one I think, but I don't know who they are". Another person said, "I would go to the nurse, I don't know which ones the manager". Staff told us they lacked leadership from the registered manager. One member of staff told us, "We are left to do it ourselves". Another said, "They lacked support and guidance". We saw a 'weekly care home management review' form. It was identified that the registered manager should complete a weekly walk around of the service. Staff confirmed and we saw no evidence this took place.

Quality checks were completed by the registered manager and the provider. These included checks of medicines management and areas of health and safety such as mattress checks. Where concerns with quality were identified we did not see how the information had been used to bring about change. For example, we saw a medicines audit had been completed, we did not see an action plan resulting from this. The manager did not tell us about any changes that had been made as a result of this. This demonstrated when change may be required no action was taken to improve the quality of the service.

The manager told us and we saw satisfaction surveys were completed. We saw surveys had been completed by friends and relatives of people who used the service. This information had been used to produce a 'you said, we did' document. Surveys were also completed by residents and the information used collated to show the findings. For example, there was poster created from the resident survey that stated, '100% of people were happy with the catering' and '14 out of 15 people were satisfied with the maintenance of the site and grounds'. This demonstrated the provider sought the opinion of people and relatives that used the service and used this information to bring about changes.