Bleak House Limited

Coates Garden House

Inspection report

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Patrington
East Yorkshire
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Ratings

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

Overall summary

The inspection took place on 15 April and was an unannounced inspection.

The last inspection of this service was on 23 May 2013 when we found the service was meeting all of the relevant requirements.

Coates Garden House is situated in Patrington, near Withernsea, in the East Riding of Yorkshire. It is set out over two floors and has eight single bedrooms. There are shared bathroom facilities and various communal areas for people to use. The service provides support for people with learning disabilities and mental health problems. It is within walking distance of local amenities There were eight people living in the home at the time of the visit.

There was a registered manager in post on the day of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are

Summary of findings

'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.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the Mental Capacity Act 2005 (MCA) legislation, which is designed to ensure that the human rights of people who may lack capacity to make decisions are protected. Staff had completed training on the MCA.

People living in the home told us they felt safe. There were systems in place to protect people from the risk of harm and staff were trained in safeguarding adults from abuse.

People were supported by a staff team who were knowledgeable about their needs. We saw good support being provided and that people's choices and independence were respected. There was a recruitment process in use in the home although minor improvement was required with this.

People received support with their medication needs and there were policies in place to support staff to do this effectively. Some of this information required minor updating.

Staff received training and supervision to help them with their role. They told us the manager was supportive and approachable.

People received support to be independent with their dietary needs. Professionals told us the home worked well with them to meet people's health needs. Clear records were kept of this and professionals felt communication was good.

People were supported through a system of care planning. Their needs were clearly recorded and reviewed to make sure staff had up to date information when supporting people. People told us they felt consulted. We saw people receive individual support, which included respect for their choices and help with decision-making.

There were quality assurance and health and safety systems within the home to help make sure people's needs were met in a safe environment.

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 felt safe living in the home and systems were in place to help keep people safe and minimise risks.

Staff were employed in sufficient numbers, although recruitment systems required minor improvement.

People were supported to take their medication

Requires improvement

Is the service effective?
The service was effective.

People were supported to make choices in their lives.

Staff received training and supervision to support them with their role.

People were supported to have their diet and health needs met.

Good

Is the service caring?
The service was caring.

Staff were knowledgeable about the people they supported. We observed good interactions between people and staff and saw that people were supported to make choices.

People's privacy was respected.

Good

Is the service responsive?
The service was responsive.

Staff had good relationships with professionals. This helped to help make sure people's needs were met.

People had individualised care plans, which recorded their choices for living their lives.

There had not been any complaints made to the home.

Good

Is the service well-led?
The service was well-led.

The manager had been in post for some time; staff and professionals felt he was approachable and communicated well.

There were systems in place to consult people about life in the home.

Quality assurance systems were in place to help ensure audits were undertaken

Good

Coates Garden 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 checked 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 15 April 2015; it was unannounced and was conducted by one inspector and an expert by experience. An expert by experience is a person who has experience of service. The expert who assisted with this inspection had experience of learning disability service.

Prior to the inspection we reviewed information we held about the service which included notifications from the service. The service had not been asked to complete a provider information return (PIR). This is a document that the registered provider can use to record information to evidence how they are meeting the regulations and the needs of people who live at the home. We also consulted with local commissioning and safeguarding teams. After the inspection, we received feedback from two health or social care professionals.

At the visit, we spent time in communal areas of the home and observed daily practice. We also consulted with three people who lived in the home. Some people who lived in the home were out for the day and some people chose not to talk with us. We also spoke with four staff and the manager. We reviewed three files for people who lived in the home and two staff files, and looked at other records relating to the management of the home.

Requires improvement

Is the service safe?

Our findings

We spoke with three people who lived in the home and everyone told us they felt safe. People living in the home told us they felt safe. One professional told us they did not have any concerns with the service.

The manager handled any notifications regarding safeguarding concerns, and forwarded these to the local authority. However, on two separate occasions the manager had handled these correctly, as they were not forwarded information to CQC as per the requirements of legislation. This was discussed with the manager at the time of the visit and the necessity to ensure the correct notifications were sent to CQC. The manager acknowledged this.

We saw there was a policy for the handling of any allegations or incidents of abuse that occurred in the home. This provided guidance to staff on the correct actions to take should they become aware of a safeguarding concern. It included a 'threshold' tool developed by East Riding of Yorkshire Council. The tool assisted staff to make decisions on the severity of the incident and whether an alert should be forwarded to the local authority.

Staff training records included evidence that staff had undertaken training on the safeguarding of vulnerable people. When we spoke with staff, they confirmed they had undertaken this training and we found they were knowledgeable on the actions they would take should they become aware of any allegations of abuse in the home.

People's files included risk assessments to support people to take risks in their lives. These included, for example, risks with managing finances, psychological needs, the risk of abuse and the risks regarding relationships. The information included warning signs and triggers when the person may be most at risk. We also saw advice from professionals about how to support people with any identified risks in their lives. This included how to reduce or prevent the risk occurring and helped to make sure people could live their lives as they wished whilst any risks were minimised.

We looked at staff files and reviewed recruitment documents. We found there was a recruitment system in place, which included that people completed an application form, attended for interview and provided references prior to being employed in the home. However, we saw that on two occasions staff had commenced employment prior to the appropriate checks being received. One member of staff's Disclosure and Barring (DBS) check was received after they commenced working in the home. This check would record if someone had a criminal conviction, which prevented them from working with vulnerable people. However, there was a written statement from the manager held in the persons' file. This recorded the reasons for the manager's decision to employ the person prior to receiving their DBS check.

The second staff member had commenced employment prior to the receipt of written references. References would confirm the person's employment and experience to ensure they were suitable for the role. The manager told us they had decided to commence the person's employment prior to receiving these, as they knew the individual extremely well. However, they had not formalised or recorded this decision making. We discussed this with the registered manager on the day of the visit and they agreed that this should be recorded to ensure a clear audit trail of decision-making. **We recommend** the provider review the recruitment procedures within the home to ensure latest best practice guidance is followed.

Duty rotas were in place, which recorded different staffing levels and shifts. These recorded there were two staff on duty until 9 pm each day and from 9 pm there was one member of staff on duty. Staff told us they felt there were enough staff on duty in the home.

There was a medication policy held in the home, which provided guidance to staff for the safe receipt, storage, administration and handling of medications. It recorded that medication should only be given to people with their consent. The policy had been reviewed in 2015 and included previous guidance. For example, The Commission for Social Care Inspection (CSCI) guidance re medication and the Royal Pharmaceutical Society of Great Britain Guidance (RPSGB) for medication dated 2003. However, the policy did not include details of or reference to the National Institute for Clinical Excellence (NICE) guidance that has been in place since 2014

A member of staff showed us the medication system in use in the home. This was an individual system, whereby people's medication was dispensed into individual packs. The pharmacist packaged these and each pack contained one month's supply of medication for each person.

Requires improvement

Is the service safe?

The staff member had a good knowledge about medications prescribed to people who lived at the home. They showed us the records kept which included individual medication administration records (MAR's) and the systems for supporting people with specific medication. For example, medication to help manage blood clotting. They told us a stock balance of any medication held in the home was not kept and the home were advised to seek guidance regarding this.

Although there were no medicines described as 'controlled' held in the home, systems were in place should this be required. Controlled medicines are those which are classified as requiring specific safety handling measures.

We were told the temperature of the medication storage area was taken daily to help check this was correct and the storage of medication was not compromised. However, no written records were kept of this. Medicine which was required to be kept cool would be stored in the general domestic fridge. There was no risk assessment in place for this and the member of staff was advised to review the latest guidance from NICE in relation to the safe handling of medicines.

Records were kept of any accidents and incidents in the home. This included, for example, if someone had a fall. Minor improvements were required with this. This was to ensure there was a clear record to show that the manager reviewed these incidents.

The manager told us how there was no specific written plan for an emergency within the home. This was because staff would always contact one of the providers for guidance. It was normal practice that one of the providers would be available seven days a week should staff need to call on additional support. Both providers lived within a short distance from the home, which made it possible for them to respond in a timely manner to any emergencies. However, each person did have an individual plan in the case of a fire in the home.

Good

Is the service effective?

Our findings

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the Mental Capacity Act 2005 (MCA) legislation, which is designed to ensure that the human rights of people who may lack capacity to make decisions are protected.

One person had been supported to have a best interest meeting. A best interest meeting is held when the person is assessed as not having the capacity to make a decision. The meeting is held with the person's representatives, including professionals who may make the decision on the person's behalf.

When we spoke with staff, they had a good knowledge of the MCA and how this affected people who lived in the home.

A staff member told us about their role in organising staff training. They told us about the training that had been completed over the last year and the training that was planned to take place. This included, for example, moving and handling training. They told us how they had linked their training to Skills for Care, which is a nationally recognised training resource. They also told us about their plans to ensure that training met with the new Care Certificate for people working in adult social care.

We reviewed the staff training records held in the home. Staff files included evidence of an induction checklist, which was completed when staff first commenced working in the home. Staff training records included evidence of a variety of courses, which had been completed. This included, for example, first aid, nutrition, health and safety and food hygiene.

The manager told us they were aware of latest best practices as they attended a social care meeting, undertook training, reviewed publications and had email updates from the Social Care Institute for Excellence (SCIE) and CQC.

Records were also kept of staff supervisions and appraisals. These showed that staff received regular supervision sessions throughout the year.

People told us they were happy with the food provided in the home. They told us when they went shopping for their food and that they could request changes to their menu and food choices.

We were told and saw how people undertook individual menu planning and shopping. We observed people were supported to cook or prepare snacks and drinks for themselves. The managers confirmed that no-one living in the home required support to eat their meals, for example, by using specialist cutlery.

When necessary people's care plans included a section to support the person to maintain a healthy weight. Their weight was monitored and recorded within their file to assist them in achieving this goal.

One professional told us "I am kept fully up to date with any issues regarding those I am working with." Another professional said they felt the level of recording within the home was extremely high. They told us this had made it very easy to be able to monitor the person they supported and had benefited the individual. They felt the home referred to them appropriately and followed their instructions. They said "They have a lot of respect for the community teams." They further told us about the medical support people received from their local health team and that they felt staff "Really cared".

Information about professional support was included in people's files. This included information in relation to both mental and physical health. We saw evidence that people were offered routine screening sessions for health protection and that any medical conditions were monitored within the home. Additionally detailed records were kept of any appointments with health professionals, the reasons for the appointment and the outcome. This helped to make sure people's health needs were recorded and met.

We did not review the environment at this inspection and did not view people's individual rooms. However, we noted the communal areas of the home were well maintained, comfortable and homely. People appeared relaxed in their environment.

Good

Is the service caring?

Our findings

When we spoke with the manager and staff, they were knowledgeable about people's individual needs. They were able to describe how they supported people and their current or changing needs. One person told us about the support they had received from staff when dealing with a bereavement. They told us they knew that staff were there to support them to deal with this.

One professional told us that some people who lived in the home had complex needs and added, "However, the service allows them to remain as independent as possible."

We saw that staff provided good support to people. On one occasion, a person became upset and staff offered good support to help them with this. We saw that staff supported people when they were deciding whether to be involved in the inspection process. The support was unbiased allowing people to make their own decisions.

People's latest needs were clearly recorded to help ensure staff were aware of and were able to meet these. People's files included care plans, which described the person's needs, and the support they required in meeting these. The files were individual and personalised. They included a personal profile, which summarised the person's needs in relation to risks, family involvement and any health needs.

Information about people's personal choices and preferences were also included, for example, "I don't really like to do household chores" and the times a person liked to get up each morning. In addition, daily diary notes were kept to record how the person's care needs had been met and any activity they had undertaken. These were summarised on a monthly basis and signed as reviewed by the manager.

We observed people chose how to spend their time during the day. One person spent the morning in the kitchen area of the home, relaxing and having a coffee when they wished. Other people chose to spend time in their rooms or out in their local community undertaking activities.

A professional told us they felt the staff maintained peoples dignity and respect "Very positively".

A staff member confirmed how they maintained people's privacy and dignity. They told us how they would use "Common sense"; they said they would make sure doors were closed to respect privacy and explained how they would be discreet in any discussions with the individual, when necessary holding conversations in private.

Good

Is the service responsive?

Our findings

People living in the home confirmed to us they felt listened to. We observed people received individual support with leisure activities. People told us about their leisure activities. This included horse riding, swimming, further education and eating out. One person told us they were "Always on the go".

We observed people choose how to spend their time. The majority of the people living in the home were accessing the local community at the time of our visit. However, some people chose to spend time in their own rooms or in the kitchen area of the home.

People confirmed to us they had care plans but were unsure if they could access these. A member of staff confirmed people did have access to their plans. We saw people had individual care files, which included a variety of information to assist staff in supporting the person. The information included an admission profile and the terms and conditions for the person residing in the home.

Assessments and care plans from the Local Authority were in the persons' file and these had been used to develop each person's individual support plan. The support plans covered a variety of areas, which included personal hygiene, diet, relationships and socialising. The support provided to people was reviewed regularly, both in house and with the local authority. The reviews helped to make sure peoples support remained appropriate and their needs continued to be met.

People's files also included 'Communication passports'. These were a summary of information about the person and included, for example, 'Things you need to know about me', 'My history', 'What is important to me' and 'My likes and dislikes'. The manager told us how they provided these to other professionals, for example, if the person was admitted to hospital. These documents provided quick access to information to help professionals provide joined up care and ensure that the person's needs continued to be met.

Some people told us they received support from staff to make decisions whilst other people told us they were independent with decision-making and did not require staff support. They told us how staff respected their choice, for example, when they wanted to have a 'lie in'.

Staff told us how people had choices in their daily lives; they said, "They do as they please".

We saw that peoples care plans clearly recorded their preferences or choices. For example, "I don't really like to do" and "I don't like".

People told us they knew how to make a complaint and that they would initially approach the manager. The manager told us there had not been any complaints made to the home since the last inspection. There was a policy held in the home for the handling of any complaints. However, we did not see an easy read version of this and will review this at the next inspection of this service.

Good

Is the service well-led?

Our findings

There was a registered manager in place at the home. The manager had been in post for a number of years and knew the service well. Staff told us they felt the manager was very supportive and approachable. They said, "You can't fault him for that." They told us they were well supported and this was one of the reasons they had remained working in the home. Staff also confirmed there was a whistleblowing policy held in the home and that they knew how to raise any concerns.

One professional told us "The manager and the staff team have been there a number of years and know everyone well which means they have established good networks of support in the community and with professionals. Another professional confirmed to us they felt the home was well-led. They told us there was good communication with the home and that in-house communication was "Exceptionally good."

The manager told us how they worked closely with other professionals and was currently reviewing a new IT system for shared access to records with a GP practice.

The manager works daily in the home and was observed to have good, positive interactions with both people who lived in the home and the staff team. The manager had a good knowledge of the needs of the people who lived in the home and reflected upon work with other professionals in supporting people.

The manager told us how people who lived in the home would approach him each day for a 'chat' or discussion. These would take place in the manager's office, and covered a variety of subjects, for example, contact with family and organising an advocate. Everyone we spoke with who lived in the home confirmed they felt listened to.

The manager told us how one person who lived in the home was the 'chair' for the residents meetings. We saw records of regular meetings with people who lived in the home. These had taken place in October 2014, Jan and April2015.

During the visit, a staff meeting was held. We observed the manager to have a relaxed approach with the staff team. The manager delegated tasks to different members of staff, explained the reason for the task and answered any questions. It was clear the meeting was open and staff could raise queries with the manager. We saw that minutes were kept of these meetings and for meetings held with people who lived in the home.

There was a quality assurance system held in the home. This included an annual plan for surveys, although this did not include dates. We saw the quality assurance system included health and safety audits, for example, infection control and a bed audit. The manager confirmed audits of medication, training and supervision also took place. He told us how there were lead members of staff for different areas with in the home, for example medication, safeguarding, fire checks and training. He confirmed he used overview sheets to check and ensure staff were up to date with supervision and that he met regularly with the training co-ordinator to ensure all staff kept up to date with this.

Previously there had been a medication error in the home. The medication systems in the home had been reviewed following this and changes had been made. The review had continued and the staff member told us this now included the introduction of a new medication policy, which was currently awaiting the manager's approval to be implemented. The manager told us he had arranged for a chemist to complete an external review of the medication systems in the home.

Additionally there were questionnaires for staff and people living in the home. The manager told us when these were returned there was usually minimal further action needed except to feedback the results. He gave examples of some responses and this included a mirror being fitted in one person's bedroom. We saw peoples surveys were last completed in May 2014 and the registered manager confirmed these were due to be sent out again in the near future. He also told us how he had reviewed the questionnaires and these were now more personalised and less 'tick box'. Examples of the questions included, What do you like about your bedroom? What would you like improving/ How do you relax? In addition, Can you relax in the home?

The manager explained the process for consultation with relatives. Not everyone living in the home had a relative or representative involved in their life. Of those who did the registered manager had developed individual methods of

Good

Is the service well-led?

keeping up to date and information sharing. They confirmed these were with the permission of the person living in the home and included, for example bi monthly emails.

We did not see care plans being audited as part of the quality assurance system. However, we did see evidence in care plans of regular auditing and review. This included reviews with the placing authority and the participation of the individual. The registered manager told us how care files had recently been amended to include an overview of health sheet. In practice, this had allowed easier 'tracking' of health conditions, examinations or tests. They told us they had received positive feedback from health professionals regarding this.

We have not received any statutory notifications about the service since our last visit. However, CQC did receive information we asked the provider to investigate. They responded appropriately to this and answered our questions.

We saw there were certificates in place to confirm regular checks of the fire systems, electrical systems and gas systems. This helped to maintain people safe whilst living in the home.

When we looked at the policies and procedures folder we noted that some of the details required updating, for example, reference was made to our predecessor organisation. We discussed this with the manager at the time of our visit.