

Nouvita Limited

The Coach House

Inspection report

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Hatfield
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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 ●

Summary of findings

Overall summary

The Coach House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The Coach House provides care and support to up to ten people with mental health needs. The service is part of a converted manor house; with another service run by the same provider organisation in the other part of the building. At the time of our inspection there were nine people being supported by the service.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service does not have a registered manager. An acting manager had been appointed in January 2018 who was also responsible for the service run by the provider organisation on the same site. They had not commenced the process to register with the Commission. 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.

Why the service is rated Good

People felt safe at the service. Staff had received relevant training on how to safeguard people and understood their responsibilities to report any concerns.

Risks to people's safety and well-being were consistently identified and managed without restricting people's freedom. Assessments were in place that gave guidance to staff on how individual risks to people could be reduced. Medicines were stored appropriately, managed safely and audits completed.

Relevant pre-employment checks had been completed for all staff and safe recruitment practices followed. There were sufficient numbers of staff on duty to meet people's needs.

Staff had attended relevant training to undertake their role and spoke positively about the training they were provided. Most staff received regular supervisions and felt supported in their roles; however, staff had not received appraisals.

People told us that staff were friendly and respectful. Staff knew people well and were knowledgeable with regards to people's support needs, what was important to them and their preferred daily routines. People's privacy and dignity was promoted throughout their support and their consent was gained.

People had their needs assessed and were involved in the planning of how their support would be delivered. Care and support plans and associated risk assessments had been regularly reviewed to ensure that they were reflective of people's current needs.

People were encouraged to provide feedback on the service they received and knew how to make a complaint. People received relevant information regarding the services available to them.

People were not aware who the acting manager was but spoke positively with regards to the team leaders who they considered as the management of the service.

Quality assurance systems were in place and regular audits completed however it was not clear how these were used to develop the service provided.

Staff were encouraged to attend team meetings which were held regularly but did not always feel listened to.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service remains Good.</p>	<p>Good ●</p>
<p>Is the service effective?</p> <p>The service remains Good.</p>	<p>Good ●</p>
<p>Is the service caring?</p> <p>The service remains Good.</p>	<p>Good ●</p>
<p>Is the service responsive?</p> <p>The service remains Good.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was not consistently Well Led</p> <p>The service did not have a registered manager. An acting manager had been appointed in January 2018.</p> <p>People did not know the acting manager. When asked about the management of the service, people referred to the team leaders as being the management.</p> <p>People were encouraged to provide feedback on the support they received.</p>	<p>Requires Improvement ●</p>

The 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.

This inspection took place on 22 March 2018 and was announced.

The inspection was undertaken by one inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone using this type of service. The expert used for this inspection had experience of a family member using this type of service.

Before the inspection, we asked the provider to complete 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 reviewed the information available to us about the service such as information from the local authority, information received about the service and notifications. A notification is information about important events which the provider is required to send us by law. We found that no recent concerns had been raised.

During the inspection we spoke with six people who were being supported at the service and carried out observations of the interactions between staff and people. We also spoke with two members of care staff, one team leader and the acting manager. Following our inspection, we were also contacted by a further two members of staff by telephone.

We reviewed the care records and risk assessments of three people who used the service to ensure these were reflective of people's current needs. We also reviewed additional information relating to the quality of the service provided to people and how this was monitored and managed to drive future improvement.

On the day of our inspection we were unable to review recruitment records. The records we requested were sent to us on 20 April 2018 by the human resources department from the provider organisation. These records were reviewed on 26 April 2018.

Is the service safe?

Our findings

People told us they felt safe at the service. When asked if they felt safe one person told us, "I'm very happy here. We are well looked after." Another person told us, "Yes, it's ok in here."

People were safeguarded from the risk of harm. Staff knew how to identify abuse and understood their responsibility to report any concerns to keep people safe. Training records confirmed that all staff have undertaken appropriate training. There was a current safeguarding policy and information about safeguarding including the details of the local safeguarding team was displayed in the hallway and in the staff office.

Risks to people's safety and well-being were consistently identified and managed without restricting people's freedom. We saw that, where appropriate, people had been involved in the completion of their risk assessments. These assessments included areas such as personal care and self-neglect, medicines, accessing the community, self-harm and mental well-being. These had all been reviewed regularly and we saw that updates were carried out as and when it was required. Any actions that staff should take to reduce the risk of harm to people were included in the assessments and the care plans.

Incident and accidents at the service were reflected upon and lessons learnt. We saw that any incidents or accidents were reported promptly to senior staff and action was taken to prevent recurrence. Incidents were discussed with people using the service and where required, changes were made to the care and support provided.

The staffing levels for the service reflected the needs of the people receiving support and staff told us there was enough staff on duty each day. One member of staff told us, "We have a low staffing level because people are independent but if there are any changes or new people come here then we have additional staff on duty." Another member of staff told us, "There are always enough staff on duty but if we have any problems we can always ring next door and ask for help." We observed that staff were available to meet the needs of people using the service when required or requested. A review of past rotas showed that staffing levels fluctuated and were reflective of the levels of demand for the service.

We looked at the recruitment files for three staff including a member of staff that had recently started work at the service. The provider organisation had robust recruitment and selection procedures in place and relevant pre-employment checks had been completed for all staff. These checks included Disclosure and Barring Service checks (DBS), two written references and evidence of their identity. However, staff told us that an assessment of competency or interview had not always taken place when members of staff changed role within the service or provider organisation. The acting manager was not clear on the process completed by the previous manager so we requested documentation be sent to us by the provider. We reviewed the records sent to us and found that decisions to appoint members of staff had been made by senior members of staff and they assured us that competencies were assessed through a 'trial period' and induction and that no staff were appointed without satisfactory performance during this period of time.

Medicines were managed safely. People told us that staff helped them to take their prescribed medicines, where required and that medicines were kept safely in locked cabinets in their bedrooms. We reviewed records relating to how people's medicines were managed and they had been completed accurately and were up to date. There were systems for the ordering, receipt and returning of medicines and records showed that staff received training to manage medicines safely.

People were protected by the prevention and control of infections. There were appropriate procedures in place and staff had been trained to understand these. There was a schedule in place for the cleaning of the communal areas of the building and we observed that the service were clean and free from malodours throughout our inspection. People confirmed they were supported to keep their bedrooms clean, where required.

Is the service effective?

Our findings

People told us they were happy with the support provided by the staff working at The Coach House. One person told us, "This is a good place and they (staff) are supportive towards me." Another person told us, "I have been here about a year and they (staff) are helping me to increase my independence and responsibilities towards independent living."

Staff received the training they needed to help them do their jobs effectively. Staff told us that they had opportunities for on-going training and there was a system to ensure that all staff received mandatory training and that it was kept up to date. One member of staff told us, "I have regular supervision and I am always asked would I like to do any extra training, as well as keeping up to date with everything else." Records showed that staff had undertaken training across a number of areas including safeguarding adults, fire safety, first aid, infection control and mental capacity.

Most staff felt supported in their roles and received formal supervision on a regular basis. One member of staff told us, "I have supervisions every six weeks with [Team Leader]. She's good and she will ask me how I am doing. I feel supported by her." Another member of staff told us, "The team leaders are always around and can support us with anything. They are who I go to." However, another member of staff told us, "I've not had supervision for a number of months now. It's been cancelled or not been possible on the day it was supposed to be held." Records showed that staff had received regular supervisions or meetings were planned, however staff we spoke to could not confirm when they had last received an appraisal.

The Mental Capacity Act 2005 (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 can only be deprived of their liberty to 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).

Staff had completed MCA and DoLS training that helped them understand issues around capacity and supporting people effectively with decision making. At the time of our inspection, there were no DoLS authorisations in place at the service and people using the service confirmed they were able to come and go as they pleased. We saw that written consent had been obtained from people relating to the support they received at The Coach House.

People told us that they enjoyed the meals that were provided to them and confirmed they could choose what they wanted to eat. One person told us, "We do our own shopping for food with a budget and cook what we want." We observed that people were able to use the communal kitchen when they wished and were able to prepare meals independently. Staff told us that they assisted people with their food shopping and budgeting, where required, and encouraged people to make healthy choices.

People's health needs were met. Care and support plans addressed people's health needs and records confirmed that people were supported as appropriate to make and attend health appointments.

The environment at the service met people's needs. People had space for privacy and their rooms were personalised to their individual preferences. There was a large communal area where people could spend time with others or visiting relatives, should they wish, and people had the freedom to access cooking and laundry facilities whenever they wanted to use them. People also benefitted from access to a small courtyard garden and the large parkland area to the front of the building.

Is the service caring?

Our findings

People told us that liked living at The Coach House and the staff were respectful to them. One person told us, "The staff are good especially the team leaders and support workers. They are approachable if I need to ask for something." Another person told us, "I think this is the best place I have been in so far, the staff are good."

Staff knew people well and were familiar with the needs and preferred daily routine of each person. People we observed appeared comfortable in the company of staff and interactions between staff and people were friendly and relaxed. Staff engaged people in conversation and we observed people joking with staff during our inspection.

Regular meetings were held with people to review the information within care and support plans, talk about their goals and how they wanted to achieve them and to record any additional information that would assist staff in providing personalised support. The detailed information in the plans enabled staff to understand how to support people in their preferred way and to ensure their needs were met.

People's privacy and dignity was consistently maintained. People told us that staff knocked on their doors before entering and gave them space when they wanted to spend private time in their rooms. They also confirmed that they could meet visitors in private, carry out a telephone conversation on their own and they received their mail unopened. Care records were stored safely in locked cabinets and information was shared on a need to know basis with other health professionals. Staff all clearly explained that information held about the people who lived at the service was confidential and would not be discussed outside of the service.

Is the service responsive?

Our findings

People were supported by staff who knew and understood their support needs. One person told us, "I'm working hard with their (staff) support to get back into the community and have my own place that would be great." Another person told us, "They (staff) are helping me. I am looking forward to achieving my goal of progressing slowly into the community again. I would like to reduce my medication at some point." Staff that we spoke with demonstrated a good knowledge of what was important to people who used the service and this enabled them to provide care in a way that was appropriate to the person.

People we spoke with confirmed that they were involved in the development and review of their care and support plans. One person told us, "We all have access to our own social workers, psychologist and GP's in the community as well as the support here." They went on to explain how regular meetings were held which looked at their care and support needs and records and they were supported to contribute to the process. Another person told us, "I go to meetings and we talk about everything and how I'm doing."

People had comprehensive care and support plans which were kept under review and updated regularly. Records showed that each person had an allocated worker who monitored their well-being and ensured their care and support records were accurate. Staff kept shift plans and daily notes were completed for each person including their health, individual wellbeing and any activities they had undertaken. Care and support plans were individualised to reflect people's needs and included clear instructions for staff on how best to support people. We found that each plan included information on people's personal background, their history and life experiences, preferences and their interests.

Staff that we spoke with told us that people were independent and therefore formal activities were not organised for everyone. One person told us, "It's good that I can go out into town. I like to go to Asda and Iceland I get my shopping from there." Another person told us, "I do feel bored sometimes but I listen to my music or play my guitar." A member of staff told us, "People choose what they want to do and more often than not they will go out into town." Another member of staff told us, "People are able to join in with the activities next door and have visitors but it's really up to them how they spend their time." During our inspection we noted that some group activities had taken place including a tea party but observed that people were independent and seemed to appreciate the freedom of choosing how to spend their time.

People told us that they felt about to talk to staff if they had a concern or complaint. One person told us, "I have made a complaint before." Another person told us, "Yes, I'm confident in doing so. I would speak to staff." The service had a procedure in place to manage any concerns or complaints which was accessible to people. Records included the outcome of any concerns or complaints with timescales recorded.

Is the service well-led?

Our findings

The service did not have a registered manager. The previous registered manager had left employment in December 2016. Another manager had overseen the service from June 2017 but was no longer employed. The acting manager had been appointed in January 2018.

People did not know the acting manager and referred to the team leaders as being the management at the service. When asked about the management one person told us, "[Name of Team Leader] is very good." Another person told us, "[Name of Team Leader] has really turned things around in here." During our inspection we saw that the acting manager had a limited presence in the service, working predominantly in the neighbouring service where their office was situated. Staff told us that this was common practice and that the team leaders were the senior staff who managed the service on a day to day basis. We discussed with the provider and the acting manager that people had referred to the team leaders as being the managers of the service throughout our inspection and it was not clear to them who the manager was. The acting manager confirmed that they would increase their presence in the service to address this.

Staff told us that there was positive leadership in place from the team leaders but they did not feel there was an open culture. One member of staff told us, "[Name of acting manager] doesn't come in here. [They] seem to concentrate on next door but we're happy to have the team leaders." Another member of staff told us, "The manager will send us emails from next door. I'm not sure why [they] don't just come and speak to us." A third member of staff told us, "The manager swore at us in a meeting and was rude so I don't approach [them]. I go to the team leaders as it's them that run the place." None of the staff we spoke with had any concerns about how the service was being run but told us they did not feel valued by the management. However, we found staff to be motivated and committed to providing the best possible care and support to the people living at The Coach House.

There was a quality assurance system in place. We found that there were a range of audits and systems put in place by the provider organisation to monitor the quality of the service. Audits completed covered a range of areas, including incidents and accidents, health and safety, medicines and an audit of care plans. Audits were completed by members of staff and the team leaders however it was not clear how these were shared with the acting manager of the service or how any issues were recorded as an action. The acting manager confirmed when asked that they did not have an overall development plan for the service but was made aware of the findings of the audits by the staff member who had completed it. There was an audit matrix displayed in the staff office which indicated which staff member was responsible for each audit and the date for completion.

People were asked for their feedback on the service. A satisfaction survey had not recently been completed but people, and their relatives where appropriate, were asked for their feedback during regular reviews meetings and appointments with their multi-disciplinary team. All of the responses seen were positive. There were no additional comments or feedback received in the process and an action plan was not completed in response. We saw that a tea party had been held for people in September 2017 and photographs and comments were seen to be displayed in the entrance hallway. It was clear that this event

had been used to seek feedback from people in an informal setting.

Staff were encouraged to attend team meetings at which they could discuss the running of the service, receive provider updates and raise any concerns directly with management. However, staff told us that recently these had not been positive. Members of staff we spoke with confirmed that they were given the opportunity to request topics for discussion but did not always feel listened to. One member of staff told us, "We had a recent staff engagement evening and tried to discuss our concerns but I don't feel we were listened to by senior management." Another member of staff told us, "We meet as a whole team regularly but often the conversation is more centred around next door. I prefer informal conversations we have amongst us and handover which is all about here at The Coach House." Minutes of recent discussions showed that topics had included health and well-being updates for people, staffing levels, annual leave, pay and training.