

Completelink Limited

Prestwood Coach House

Inspection report

Wolverhampton Road
Prestwood
Stourbridge
West Midlands
DY7 5AL

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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 well-led?

Good ●

Summary of findings

Overall summary

About the service

Prestwood Coach House is a nursing home providing personal and nursing care to 26 people aged 60 and over at the time of the inspection, some of whom were living with dementia. The service can support up to 40 people.

People's experience of using this service and what we found

People received safe support with their medicines from staff members who had been trained and assessed as competent. Staff members followed effective infection prevention and control procedures when supporting people.

People were supported by enough staff who were available to assist them in a timely way.

People were protected from the risks of ill-treatment and abuse as staff had been trained to recognise potential signs of abuse and understood what to do if they suspected harm or abuse.

The provider had assessed the risks associated with people's care and support. Staff members were knowledgeable about these risks and knew what to do to minimise the potential for harm.

People were supported to have maximum choice and control of their lives and the provider supported them in the least restrictive way possible and in their best interests; the application of the policies and systems supported good practice.

The provider supported staff in providing effective care to people through person-centred care planning, training and one-to-one supervision. People were referred to additional healthcare services if needed and staff were knowledgeable about any recommendations or treatments.

People received help and support from a kind and compassionate staff team with whom they had developed positive relationships. People were supported by staff members who were aware of their individual protected characteristics like age, religion, gender and disability.

The provider, and management team, had good links with the local communities within which people lived. The provider had effective systems in place to identify improvements and drive good care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 30 July 2020) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was

no longer in breach of regulations.

Why we inspected

This inspection was prompted by a review of the information we held about this service. As a result, we undertook a focused inspection to review the key questions of safe, effective, caring and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from requires improvement to good, based on the findings of this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Prestwood Coach House on our website at www.cqc.org.uk

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Prestwood Coach House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out 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 who uses this type of care service.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We asked the local authority and Healthwatch for any information they had which would aid our inspection. Local authorities together with other agencies may have responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with 12 people who used the service and three relatives about their experience of the care provided. Additionally, we spoke with seven staff members including three carers, registered manager, housekeeper, deputy manager and nurse.

We reviewed a range of records. This included three people's care plans and records of medicines administration. We looked at a variety of documents relating to the management of the service, including quality monitoring checks. We confirmed the safe recruitment of two staff members.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider had failed to ensure systems were in place to safely manage people's medicines. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People received their medicines as prescribed and when directed. One person said, "I am quite happy how they give medication. It's very good."
- Staff members were trained and assessed as competent before supporting people with their medicines.
- The provider had systems in place to respond should a medicine error occur. This included contact with healthcare professionals, investigation into any perceived error and, if needed, retraining of staff members.
- Guidelines were in place for staff to safely support people with 'when required' medicines including the maximum dosage within a 24-hour period to keep people safe. Staff members were aware of these guidelines.
- People who had time sensitive medicines received them as directed.

Staffing and recruitment

At our last inspection the provider failed to ensure there were enough staff effectively deployed to meet people's needs in a timely way. This placed people at risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- People were supported by enough staff. One person said, "I don't usually wait too long, some parts of the day are busier than others, if we use the buzzer (call bell) a staff member may come and tell you they will come back in a bit but that doesn't cause any real problem. Another person told us, "Staff are about when I need them, and there is always the bell. You never wait very long even at night."
- The provider followed safe recruitment checks. This included checks with the Disclosure and Barring Service (DBS). Disclosure and Barring Service (DBS) checks and provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make

safer recruitment decisions.

- The provider had systems in place to address any unsafe staff behaviour including disciplinary processes and re-training if needed.
- The provider told us they had measures in place to mitigate the risks associated with COVID-19 related staff pressures.

Assessing risk, safety monitoring and management

- People were supported to identify and mitigate risks associated with their care and support. One person said, "I feel safe here. The staff make me feel safe." The provider assessed risks to people and supported them to lead the lives they wanted whilst keeping the risk of harm to a minimum.
- We saw assessments of risks associated with people's care had been completed. These included risks related to people's mobility, diet and nutrition.
- Staff members knew the risks associated with people's care and support and knew how to keep people safe from avoidable harm.
- The provider was making improvements to the physical environment where people lived. This involved building work in certain parts. This was safely managed, and people were kept informed about the work and any potential disruptions were kept to a minimum.

Systems and processes to safeguard people from the risk of abuse

- People were safe from the risks of abuse and ill treatment. One person told us, "I feel very safe, if I had any worries or troubles there is always someone to talk to and staff are always there to help you. I have no concerns at all about my safety. I feel safe and happy."
- People were protected from the risk of abuse and ill treatment as staff members had received training on how to recognise and respond to concerns.
- Information was available to people, staff and relatives on how to report any concerns.
- The provider had systems in place to share information about any concerns with the appropriate agency. For example, the local authority, in order to keep people safe.

Preventing and controlling infection

- Staff members had received training in infection prevention and control and knew how to minimise the risks of infectious illnesses. This included updated training in response to the COVID-19 pandemic. Regular checks and cleaning of high frequency touch points and communal areas were completed to minimise the risk of infection. Staff understood how to recognise and respond to signs and symptoms of infection.
- Staff members had access to personal protection equipment which they used appropriately when supporting people.
- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider was supporting visits in line with the Governments guidance.

Learning lessons when things go wrong

- The provider reviewed any incidents or accidents to see if any further action was needed and to minimise the risk of reoccurrence. For example, incidents, accidents and near miss incidents were reviewed to ensure appropriate action had been taken.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's physical and social needs had been holistically assessed in line with recognised best practice. People, and where needed their relatives, were involved in the assessment of their needs and wants. These assessments included, but were not limited to, mobility, skin integrity, diet and nutrition.
- People were supported by staff who knew them well and how they liked to be assisted.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessment. Staff members told us about people's individual characteristics and knew how to best support them. This included people's religious beliefs, gender identification, disability and personal preferences.

Staff support: induction, training, skills and experience

- People were assisted by a trained staff team who felt supported by the provider and the management team. One relative told us, "I think the staff are perfectly competent and skilful." A staff member told us, "We have a lot of training to complete as part of our induction and yearly refreshers. I am looking at doing some additional training about something I am interested in. [Registered manager] is looking into this for me."
- New staff members completed a structured introduction to their role. This included completion of induction training, for example, safeguarding, health and safety.
- In addition, new staff worked alongside experienced staff until they felt confident to support people safely and effectively. One staff said, "I did a couple of weeks as an extra staff member. This helped me get to know people and the home."

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being

met.

- People were supported in accordance with the principles of the Mental Capacity Act 2005.
- Staff, and the management team, followed best practice when assessing people's capacity to make decisions and knew what to do to ensure any decisions made were in the best interests of the person concerned.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to have enough to eat and drink to maintain their wellbeing. One person said, "There is always plenty of drinks available, usually I have tea or blackcurrant as I am not keen on orange." A relative told us, "[Family members name] had increased their appetite and started to put on weight since being here. It is reassuring to us as this was the biggest concern when they lived on their own."
- When it was needed the provider monitored people's food and drink intake and any weight gain or loss. Any concerns or unplanned fluctuations in weight were passed to supporting healthcare professionals for their assessment.

Staff working with other agencies to provide consistent, effective, timely care/Supporting people to live healthier lives, access healthcare services and support

- Staff members had effective, and efficient, communication systems in place. This helped to share appropriate information with those involved in the support of people. One person said, "If anything is not right with you the carers get the nurse or phone the surgery and talk to the doctor if needed." One relative told us, "We are kept informed about any changes or worries. We can't do a lot about it, but we have faith the staff are acting appropriately and seek the right medical advice."
- Staff members were knowledgeable about people's healthcare needs and knew how to support them in the best way to meet their personal health outcomes.

Adapting service, design, decoration to meet people's needs

- The provider was in the process of making significant improvements and adaptations to the physical environment. This involved reconfiguration of bedrooms and communal areas. Everyone we spoke with were aware of the changes and excited about the improvements. To date this had been done sensitively and people had appropriate signage and direction to keep safe and continue to access their home as they wished.
- People had access to the extensive grounds surrounding the home. One person told us, "I go for a walk around the woods every day and there are plenty of benches to just sit and take in the world."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were treated with care by a kind, engaging and compassionate staff team. One person said, "I know the staff and they know me. They are all very friendly and make sure I am happy. They treat me with respect." One relative said, "The staff are so kind and helpful to me. They are just brilliant, and I am very happy and contented."
- All staff members talked about those they supported with fondness, compassion and genuine positive regard. One staff member said, "I do enjoy coming in to see those I support. It's the part of the job I really like."

Supporting people to express their views and be involved in making decisions about their care

- People confirmed they were supported to make decisions about their care and support. One person told us they were involved in deciding what support they wanted on a daily basis, what to eat, drink and what to wear. Throughout the inspection we saw people were engaged and encouraged to make decisions for themselves including where to sit, what to do, what to eat or drink.
- People were involved in the development of their support plans which directed how staff assisted them.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect and their privacy was supported by staff. One person said, "Staff leave me to do what I can do for myself which I like. It's important to me to do as much as I can." Another person said, "Staff are very nice. When doing personal care this is always done in private."
- Information which was confidential to the person was kept securely and only accessed by those with authority to do so.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection we found systems were either not in place or robust enough to identify and sustain improvements to the quality of care and documentation at the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider had made improvements to their quality monitoring systems and now had effective systems in place. These included checks of people's care plans and medicines. These checks ensured people received the care they needed and had agreed to.
- The provider completed regular quality checks of the physical environment and made changes or improvements where needed. The location was undergoing an extensive refurbishment programme at the time of the inspection. People told us they were fully informed about this and were regularly updated and asked for their opinions.
- A registered manager was in post and was present throughout this inspection. The manager, and provider, had appropriately submitted notifications to the CQC. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale. The last rated inspection was displayed on the providers website and at Prestwood Coach House in accordance with the law.

Continuous learning and improving care

- The registered manager kept themselves up to date with developments and best practice in health and social care to ensure people received positive outcomes. This included regular updates from local authorities, the CQC and Government agencies. The provider supported staff members through attendance on training courses to support existing skills and to update their knowledge.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives had positive relationships with the registered manager who they found to be

accessible and engaging. Everyone we spoke with was complementary about them and felt supported by them. One person told us, "[Registered manager's name] comes around all the time to see us and have a chat. I know they are checking up all the time which I find reassuring."

- The provider regularly asked for people's feedback on their experiences of care. This was either face to face or during resident meetings. One person said, "We have residents' meetings once a month. If things are raised, they do something about it." Everyone felt able and empowered to talk with any of the staff or the registered manager at any time if they wanted to raise anything with them. Everyone felt assured their views would be valued and acted on.
- Staff members told us they found the registered manager supportive and their opinions were welcomed and valued.
- Staff members understood the policies and procedures that informed their practice including the whistleblowing policy. They were confident they would be supported by the provider should they ever need to raise such a concern.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation which all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment.

Working in partnership with others

- The management team had established and maintained good links with the local communities within which people lived. This included regular contact with local healthcare professionals which people benefited from. For example, GP practices.