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The Coach House Care Home

Inspection report

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Ratings

Overall rating for this service

Requires improvement 

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?

Requires improvement 

Overall summary

This inspection took place on 11 and 13 January 2016. The first day was unannounced and the second day was arranged because we wanted to make sure the registered manager was available. At the last inspection in April 2014 we found the provider was meeting the regulations we looked at.

The Coach House Care Home provides accommodation and personal care for up to 21 older people. The service had a registered manager. 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.

During the inspection there was a very pleasant and friendly atmosphere. People were happy living at the home and felt well cared for. People told us staff were caring. They enjoyed a range of social activities and had good experiences at mealtimes. They were supported to

Summary of findings

make decisions and received consistent, person centred care and support. Staff knew people well and understood their needs and preferences. People received good support that ensured their health care needs were met.

People told us they felt safe. Staff had a good understanding of safeguarding vulnerable adults and knew what to do to keep people safe. People were comfortable in their surroundings, which were in the main well maintained. Some issues with the environment had been identified and remedial work was planned but action was not always taken promptly. Medicines were not always managed consistently and safely. Some people were not given their medicines as directed by the prescriber, for example, before food, and medicines were not stored appropriately.

Staff were skilled and experienced to meet people's needs because they received appropriate training and support. There were enough staff to keep people safe and meet their needs. Robust recruitment and selection procedures were in place to make sure suitable staff worked with people who used the service.

The registered manager promoted high standards of care and was well respected. They worked alongside everyone so understood what happened in the service. People had no concerns about their care but were informed how to make a complaint if they were unhappy with the service they received.

People were encouraged to share their views and ideas to improve the service. The processes and systems for monitoring the service were not always effective. Some areas of improvement had been identified to help mitigate risk but these were not always actioned.

We found the home was in breach of regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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 not always safe.

People felt safe. Staff knew what to do to make sure people were safeguarded from abuse.

There were enough staff to keep people safe and new members of staff were only employed once robust checks were carried out.

Systems for managing medicines safely were not always effective.

Requires improvement



Is the service effective?

The service was effective.

Staff received training and support that gave them the knowledge and skills to provide good care to people.

People enjoyed the meals and were supported to have enough to eat and drink.

People received appropriate support with their healthcare.

Good



Is the service caring?

The service was caring.

People told us they were well cared for. They said staff were kind, caring and compassionate.

Staff interactions were caring and people were clearly relaxed and at ease with the staff.

Staff knew people well. They could tell us about people's likes and dislikes, and family and friends.

Good



Is the service responsive?

The service was responsive.

People received care that met their individual needs and preferences.

People enjoyed a range of activities within the home and the community.

Systems were in place to respond to concerns and complaints.

Good



Is the service well-led?

The service was not always well led.

Requires improvement



Summary of findings

People who used the service and staff spoke positively about the registered manager. They told us the home was well led.

Everyone was encouraged to put forward suggestions to help improve the service.

The provider had systems and processes for monitoring the service but these were not always effective.

The Coach House Care Home

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 over two days. On 11 January 2016 the visit was unannounced. We informed the registered manager we were returning for a second day on 13 January 2016 because we wanted to make sure the registered manager was available so we could access to some management documentation. An adult social care inspector and an expert-by-experience carried out the inspection. 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 sometimes ask providers 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. On this occasion we did not ask the provider to complete a PIR.

Before the inspection, we reviewed all the information we held about the service, including any notifications that were sent to us. We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

At the time of our inspection there were 20 people living at the home. During our visit we spoke with seven people who used the service, two relatives, a health professional, six members of staff and the registered manager who is also the registered provider. We looked at areas of the home including some people's bedrooms and communal rooms. We spent time looking at documents and records that related to people's care and the management of the home. We looked at three people's care records.

Is the service safe?

Our findings

We looked at how people's medicines were managed and found although some aspects of medicine management were effective, others were not. During the inspection we looked at storage, Medication Administration Records (MARs), stock and other records. Medicines were stored in a small room. The temperature of the room had been recorded and it had been noted this was exceeding the temperature that was recommended for storing medicines. Exposure of medicines to high temperatures in storage can reduce their efficacy. After the inspection the registered manager told us the medicine room had been re-located.

We observed staff administering medicines at lunch time. People were given water with their medicines and the senior care worker ensured people had taken their medicines appropriately. People were asked if they required medicines that were prescribed 'as required' such as pain relief. We looked at MARs and stock of medicines where people were prescribed 'as required' pain relief. However, it was not possible to account for all medicines, as staff had not always accurately recorded when medicines had been administered or when new stock was delivered. We looked at one person's stock of painkillers and noted this did not correspond with the amount of medicines that had been signed for on the medication administration records (MARs). We looked at another person's medicine, which is used to treat epilepsy, and found their stock balance was incorrect. We found some people were not given their medicines as directed by the prescriber, for example, before food. One person had a handwritten MAR but this was only partially completed; there was no start date, stock balance or signature to show who had written the MAR, and instructions for administration were not written in full.

We looked at other stock records and found these were correct. For example, one person was prescribed antibiotics and the stock balance corresponded with the number signed for on the MAR.

Staff we spoke with who administered medication told us they had completed medicines training and records we reviewed confirmed this. The provider's medication policy referred to NICE guidance which provides recommendations for good practice on the systems and processes for managing medicines in care homes. This states competency should be assessed annually.

Staff files did not contain competency assessments that had been completed in the last year, however, the registered manager wrote to us after the inspection and said they had located the assessments in the medicine room after the inspection. We identified discrepancies with medicines on the first day of the inspection. When we returned we found prompt action had been taken to improve medicine management. Although the registered manager had improved systems for managing medicines we concluded there was not proper and safe management of medicines. This was in breach of Regulation 12 (2) (g) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People we spoke with told us they felt safe living at The Coach House Care Home. Visiting relatives also told us they were confident people were well cared for and safe. We observed staff throughout the inspection keeping people safe. For example, staff anticipated what people were about to do and offered assistance when people indicated they needed help.

Staff were confident people were safe and told us if any concerns were raised they were treated seriously and dealt with appropriately and promptly. They told us they had completed training to help make sure they understood how to keep people safe, which included safeguarding vulnerable adults from abuse. Staff records confirmed all staff had received safeguarding training and regular updates. This helped ensure staff had the necessary knowledge and information to help keep people safe.

We saw information displayed in the home that raised awareness about abuse and keeping people safe. The registered manager told us they had no on-going safeguarding cases at the time of our inspection.

The provider had a number of systems in place to manage risk which included using effective risk assessments to help identify when specialist support was required. For example, one person had recently experienced some falls. The registered manager had contacted health professionals and activated a request to the falls team. A visiting relative told us their relative had fallen so staff had contacted an ambulance and informed them straightaway. A health professional told us they made referrals and requested support at the appropriate time and "anything we ask they do really well". Although we found risks to individuals were generally well managed, we saw in one person's care records they were assessed as 'low nutritional risk' but it

Is the service safe?

was clear from their history they were high risk. The registered manager agreed to review nutritional risk assessments to ensure the likelihood and impact were properly assessed.

Maintenance records showed a range of checks and services were carried out. The passenger lift, hoisting equipment and fire safety equipment had all been serviced. Fire records showed weekly fire testing was carried out but they did not evidence fire drills were regularly practised by all staff. During a recent check of the premises an external contractor had identified some problems with the electrical installation system. They had not issued a certificate because some remedial work was required. The provider had arranged for urgent safety work to be completed and was planning the remaining work. After the electrical installation problems were identified the provider had completed their fire safety risk assessment and incorrectly indicated that the home had an electrical installation certificate. The provider agreed to review their fire risk assessment and carry out a formal assessment for the electrical installation. Most windows had window restrictors in place but we noted some did not. The registered manager showed us an invoice which confirmed these had been ordered. On the day of the inspection a gas service was carried out. They identified the ventilation in the kitchen was not sufficient for CO2 extraction. Therefore

the gas cooker could not be used. The provider had access to an electrical cooker that they used as an interim measure and said they were reviewing their options for longer term cooking facilities.

Through our observations and discussions we found there were enough staff with the right skills and experience to keep people safe. People who used the service told us they received help when they needed it and we saw people did not have to wait when they requested assistance. At lunch most people ate in the dining area and some chose to eat in their room. People did not have to wait because there were enough staff to meet everyone's needs and requests. Staff we spoke with told us staffing levels were good; no one raised any concerns. One member of staff said, "There is always plenty of staff. In fact we do very well. We always have enough time." Another member of staff said, "People can choose when to do things and we have plenty of staff to make sure things happen when they want."

The home followed safe recruitment practices. We looked at staff recruitment records and found relevant checks had been completed before staff had worked unsupervised at the home. We saw completed application forms, proof of identity, references and Disclosure and Barring Service (DBS) checks. The DBS is a national agency that holds information about criminal records.

Is the service effective?

Our findings

Staff told us they were well trained and supported. They said they received good support from management and colleagues. One member of staff said, “We do loads of training and are encouraged. If we weren’t well trained we wouldn’t be able to do things as well as we do.” Another member of staff said, “I’ve always felt well supported and never felt as though I didn’t have someone to advise me if I needed help. It’s a good team.”

Staff told us they had regular discussions as a team and with the registered manager. They said they had opportunities to talk about their development and any topics they wished to discuss. The registered manager said everyone had received supervision in 2015 and most had an appraisal. They said not everyone had received the agreed four sessions per year but were confident staff were very well supported. Supervision is where staff attend regular, structured meetings with a supervisor to discuss their performance and are supported to do their job well to improve outcomes for people who use services.

We looked at a supervision and appraisal matrix and saw staff had received between three and six sessions in 2015. Training records showed most staff were completing or had completed a social care qualification, and had received a varied training programme that equipped them with the skills and knowledge to do their jobs well. Training included, food hygiene, infection control, health and safety, safeguarding, dementia, moving and handling, fire safety, dignity and mental capacity.

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).)

People who used the service told us they could make decisions about their care which included, what time they

went to bed and got up, and where and how to spend their time. Staff talked about considering people’s capacity to take particular decisions when they supported people. They were aware that any decisions made on a person’s behalf had to be in the person’s best interests.

Care records had clear information about people’s capacity to make decisions and where people lacked capacity decisions were made in their best interest and involved their family members. The registered manager maintained a record of any DoLS applications, dates of approval and when these expired.

People had a good experience at lunchtime. Those who chose to eat in their room were taken their meals on a tray. In the dining room, tables were set with plastic cloths and place settings, vases of flowers and condiments. A number of people were offered aprons to protect their clothing. One person realised their apron was dirty at the end of their main course so it was immediately replaced with a fresh one. We observed people receiving personalised support with their meal. Staff sat with people who required assistance to eat.

The food was well presented and hot, and people enjoyed it. People were offered more when they had finished. Lunch was chicken and leek bake with mashed potato, peas, carrots and gravy or jacket potato with fillings. A member of staff noticed one person was not eating their meal and when asked why they said they didn’t like it. The cook came from the kitchen, chatted to the person and offered several alternatives. They chose beef sandwiches, which were served with a side salad and crisps. The dessert served did not match what was advertised but we established this was because there had been a problem with the cooker. People were offered peaches and cream or ice cream. People were offered juice with their meal and tea or coffee at the end.

One person who was waiting for lunch told us, “It’ll be nice and tasty.” Another person who had just arrived for a short stay at the home told a member of staff that they had enjoyed their dinner and were “definitely glad to be back here on holiday”.

The menus file showed people were offered a varied diet and choice of at least two options for each course. Breakfasts included a choice of cereals, porridge, yoghurts, fresh fruit, fruit juice, boiled or scrambled eggs, toast (white or wholemeal) with butter and preserves. On a weekend they could also choose croissants or pancakes and bacon or

Is the service effective?

sausage sandwiches, mushrooms or fried eggs. Lunch choices included cottage pie, poached salmon, steak pie, roast chicken, roast beef and Yorkshire pudding, fish and chips, sweet and sour chicken, roast pork, chilli and rice; with seasonal veg and mashed potato, dauphinoise, or roast potatoes, and jacket potatoes. Afternoon tea included a range of sandwiches, pizza and chips, poached eggs on toast, soup and a roll, Cornish pasty and chips, jacket potato and fillings, chicken curry and rice, mushrooms on toast, teacake with butter and jam, beans on toast, ravioli on toast, scrambled eggs on toast, macaroni cheese, toasted sandwiches, lasagne or spaghetti bolognese with

garlic bread, crumpets and butter, sausage rolls, pork pie, crisps and pickles, trifle, fruit, yoghurt and cake. And for supper people were offered milky drinks, biscuits, crumpets and jam, toast, buns, cake bars and fruit loaf.

Staff were familiar with people's dietary requirements. One person had a thickener added to their drinks because they had difficulty swallowing. Staff we spoke with described how they had to assist the person and this matched what was recorded in the person's care plan. Care records showed people attended regular health appointments and their health was carefully monitored. We spoke with a visiting health professional during our inspection. They told us they were confident people's health needs were being met.

Is the service caring?

Our findings

We received positive feedback from people who used the service and visiting relatives about the care and support provided. They told us they liked the staff. One person said, "I can't grumble. They're alright here. Yes, they're very nice. I know I get muddled up, but they are very nice, and if I wasn't happy I wouldn't stay." Another person said, "They are all very lovely." A visiting relative told us, "I feel she's very well looked after." Another relative said, "My mum goes to bed late. That's what she's always done. It's good she can continue doing things the way she likes." Another relative said, "It's very friendly and jolly." A health professional discussed an example of a recent care experience for one person who used the service. They said, "The home did really, really well."

Throughout the day we observed staff providing care in a caring way. They spoke in a friendly and respectful manner. Staff chatted with people and checked they were comfortable. People were clearly relaxed and at ease with the staff. There was a nice atmosphere on both days of the inspection. We overheard a member of staff say to a person who was just about to visit the hairdresser, "Well you've had a lovely shower and you smell fabulous, and now we're going to make you look gorgeous."

Visiting relatives told us they were kept informed about their relative's wellbeing and were included in discussions about their care. They told us they could visit anytime. One visiting relative said, "I've got to know the staff and I'm welcomed here whenever I come." One visiting relative told us occasionally there had been an issue with laundry going missing but told us "it turns up again". They said, "Staff get to the bottom of it and everything gets sorted out."

Staff knew people well. They were able to describe how care was delivered to make sure people's care needs were

being met. They could tell us about people's likes and dislikes. People talked to staff about their family members and staff were familiar with names and when relatives and friends were due to visit. Staff gave lots of examples when we asked how they maintained people's dignity and privacy. They were confident in their responses and that these were practised by all staff who worked at the service. One member of staff said, "It's really homely. Every member of staff knows everyone who lives here. They know what is normal for that person. It's a home. People have choice." Another member of staff said, "It's a good home. It's small, it's homely. You can feel the vibe – it's good. People are happy." Another member of staff said, "It's very homely. Like one big happy family. We get to know people and know people really well. It's a home full of love."

The provider had carried out a survey which showed people who used the service, visiting relatives, other professionals and staff felt the service was caring. People who used the service were asked if they were treated with kindness and compassion; eight people strongly agreed and two agreed. Five people strongly agreed and five agreed that staff knew their previous life experiences they had chosen to share and therefore know their preferences better. A professional survey result showed everyone strongly agreed people's views were respected, and staff were observed to treat people with kindness, compassion and dignity. Staff survey results showed they strongly agreed people received person centred care and individual human rights were respected. Staff confirmed they had received training in equality and diversity.

Information was displayed around the home. We saw 'welcome' information for people who were new to the service and leaflets about 'dementia advocates'. This helps to keep people informed about the service and how to get extra support if needed.

Is the service responsive?

Our findings

People received care that met their individual needs and preferences. People told us the care was person centred. We looked at three people's care records and found there was lots of information about each person. People had a 'pen picture' which contained information about 'what others like and admire about me', 'what's important to me' and 'how best to support me'. Care plans were detailed and identified how care should be delivered. For example, one person's care plan stated that they liked milky fortified drinks because they did not like eating. We saw staff followed this guidance. Another person's care record stated that they must have a special cushion to prevent pressure sores; we saw this was in place. Although care plans were detailed, we noted one person's health had greatly improved but their care plan had not been updated to reflect this. The registered manager said they would review this person's care plan and relevant assessments.

People had opportunities and were encouraged to engage in different group and individual activity sessions. We saw people had made Christmas cards, Christmas cakes and had a Christmas party. Children from two primary schools visited and some people who used the service had been to school to watch a Christmas play. The garden had picnic tables and seats. One person said, "I love to go and sit in the garden." The home employed an activity worker who worked at the home Monday, Tuesday and Thursday. They told us they received good support from the registered manager and had regular meetings to discuss the activity programme. The activity worker said entertainers visited the home and this happened on the days they were not working to ensure there was maximum coverage.

The activity programme included, bingo, skittles, floor based snakes and ladders, noughts and crosses, pass the parcel, alphabet game, crosswords, dominoes and

manicures. Once a month a church service was held in the home. External activity/entertainers included chair based exercise, music for health and a singer. There had been recent outings to a local garden centre and a shopping trip.

People told us they did not have any concerns about the home and would talk to staff if they were unhappy. One person said, "I'm fine here. What have I got to complain about? Everything is done for me. Cooking, cleaning, washing. I don't have to do anything. They're marvellous really."

The registered manager said no complaints had been received in the last 12 months. We had a record on our system that concerns had been raised in September 2015. The registered manager said they had addressed the concerns that were shared with them by the local authority. They said they had not made a formal record but would ensure any concerns were recorded in future. Staff we spoke with were confident any concerns were dealt with promptly and addressed before they became a formal complaint. They knew how to respond to complaints and understood the complaints procedure, which was displayed in the home.

We saw the service had received some written compliments which included the following comments: 'Our sincere appreciation for the care given to [relative's name] while staying at Coach House. It was a comfort to know she was in such good hands and looked after in a caring and professional manner', 'Many thanks to you all for looking after our relative recently. She has never been in anywhere like this before and we all felt apprehensive. However, you did come highly recommended and we were not disappointed', 'Thank you very much for the care you have given to [relative's name] while she was with you and for all your help and support to us. We appreciate that she received the best of care', 'We would like to say thank you for all the help and care you gave [relative's name]. We do not know what we would have done without you', 'You all made [relative's name] last years, very happy ones. We will always remember the love and kindness you showed her'.

Is the service well-led?

Our findings

We looked at a range of systems that showed some aspects of the service were appropriately monitored although some were not. We found some areas for development had been identified but were not actioned. For example, medication room temperature records showed the room temperature exceeded the limit. However, no action was taken to address this. We saw a comprehensive health and safety review report from June 2015. This identified several action points but not all had been completed. For example, it was reported that some first floor windows were not restricted. These had been ordered but only very recently ordered so there was several months gap.

A maintenance record showed that repairs were dealt with promptly and decorating work had been carried out. When we looked around the home we found the premises and equipment were generally well maintained, and people were comfortable in their environment. However, we noted some areas could be improved. For example, a toilet stand was rusty and some flooring needed replacing because a fixed hoist had been replaced. The registered manager said they did not formally audit the premises and did not have a decoration plan but agreed to review this.

We looked at accident and incident records and saw these were recorded consistently. A record was made when there were minor incidents, for example, where someone stumbled and no injuries were sustained. However, the forms were small and there was not much space for staff to record details. We saw information was brief in some of the records and there was no record of action taken to prevent repeat events. On the second inspection day, the registered manager showed us a new form they were going to use. They had started writing an example form so staff clearly understood what they had to record. We asked to look at how the service monitored and analysed accidents and incidents. The registered manager said they had not had any serious injuries, for example, fractures, and kept accident and incident forms in individual files. They told us they previously had a system that captured an overall picture of what had happened in the home but no longer completed this. They agreed to re-introduce this to ensure any trends and patterns were identified and managed. At the inspection we identified the registered person was not consistently assessing, monitoring and mitigating risk, and

systems and processes were not operated effectively. This was in breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the time of our inspection the manager was registered with the Care Quality Commission. The home is registered as a partnership, and the registered manager is one of the partners. People were very complimentary about the registered manager and told us the service was well led. We saw they engaged with people living at the home and were clearly known to them. Staff we spoke with said the registered manager worked closely with the team and provided support and guidance where needed. One member of staff said, "She's ace, she's lovely, she's involved and always comes to see the residents. Everyone loves her." Another member of staff said, "She is such a good owner. If you go to her she will always give you ear space. Everyone feels valued, they have a place and we can share anything and everything." Another member of staff said, "Staff know the home sets really high standards of care. Working here you know at the end of your shift you've really cared for people and made them happy. It comes from the manager."

A visiting health professional told us, "The manager is very good. She's on the ball." We received positive feedback from the local authority who had visited in April 2015. They told us the visit was positive and the home had actioned points from their previous visit. They said, "The manager is very responsive to suggestions."

People were encouraged to share views about the service. People attended 'resident meetings' and were asked to comment on the service and make suggestions for activities and meals. The provider had asked people who use the service, visiting relatives and other professionals to complete surveys and comment on the service. We saw from the 2015 results feedback was positive. A professional survey result showed everyone strongly agreed there was a positive and welcoming atmosphere amongst management and staff, and staff were well informed of the values and standards expected in the service. A visiting relative survey result showed staff and the manager were approachable and receptive to concerns, complaints, ideas and suggestions. A staff survey result showed they felt encouraged to recognise and report mistakes and errors and learn from these, and management communicated key challenges, achievements, concerns and risks.

Is the service well-led?

Staff told us they attended daily handovers and felt communication was good. They said they were kept informed. A senior staff meeting was held in June 2015 and a night staff meeting was held in November 2015. However, regular staff meetings were not held so opportunities to share information and discuss the service were limited. The

registered manager said it was difficult to arrange these without impacting on staff personal time but said they would look at arranging shorter but regular meetings, and record the meeting so information was passed on to staff that were unable to attend.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The registered person did not have systems for the proper and safe management of medicines.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered person did not operate effectively systems to assess, monitor and mitigate risk.