

# D E M A Residential Homes Limited

## The Olde Coach House

### Inspection report

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### Ratings

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

### Overall summary

The Olde Coach House is a care home in Hessle, East Yorkshire. It is registered for 33 people and offers support to older people and people living with dementia. On 2 October 2014 the provider added the regulated activity of personal care (Domiciliary) to their registration. At the time of this inspection the domiciliary part of their registration was dormant.

This inspection was unannounced and took place on 22 January 2015. We previously visited the service on 3 December 2013 and found that the registered provider met the regulations we inspected.

At the time of our inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us that they felt safe living at the home. Staff had completed training on safeguarding adults from abuse and were able to describe to us the action they

# Summary of findings

would take if they had concerns about someone's safety. They told us that staff responded to them quickly and knew and understood their needs. The care we observed throughout our visit demonstrated a real person centred ethos.

The provider had safe and effective processes in place to look after people's personal allowances. Individual records of all transactions were kept, with receipts.

Staff understood individual risks to people and worked with them to minimise these risks whilst also supporting them to remain as independent as possible.

We saw that there were sufficient numbers of staff on duty to meet the needs of people who lived at the home. New staff had been employed following the home's recruitment and selection policies to ensure that only people considered suitable to work with vulnerable people had been employed.

Medicines were administered safely by staff and the arrangements for ordering, storage and recording were robust.

All of the people living at The Olde Coach House spoke highly of staff and we observed warm friendly relationships between people living and working at the home. It was a family environment which was very much evident throughout our visit. Recruitment systems were robust and appropriate checks were completed before people started work.

The provider had employed skilled staff and took steps to make sure the care was based on local and national best practice. Individual staff had taken on special roles, such as 'champions' to make sure that best practice was followed by all staff in the service.

People who used the service, relatives and health care professionals described the service as outstanding and said that the registered manager and staff went above and beyond expectations to ensure people had things which were important to them.

Staff were appropriately trained and skilled and provided care in a safe environment. They all received a thorough induction when they started work at the service and fully understood their roles and responsibilities, as well as the values and philosophy of the service. The staff had also completed extensive training to make sure that the care provided to people who used the service was safe and effective to meet their needs.

People were supported to make their own decisions and when they were not able to do so, meetings were held to ensure that decisions were made in the person's best interests. If it was considered that people were being deprived of their liberty, the correct documentation was in place to confirm this had been authorised.

There was a strong emphasis on the importance of eating and drinking well. People's nutritional needs had been assessed and people told us that meals provided by the home were excellent. People were supported appropriately by staff to eat and drink safely.

Throughout our inspection we saw examples of creative care that helped make the service a place where people felt included and consulted. People were involved in the planning of their care and were treated with dignity, privacy and respect. People told us that staff were caring and compassionate and this was supported by the relatives and health / social care professionals who we spoke with.

People who lived at the home, relatives and staff told us that the home was well managed. The quality audits undertaken by the registered manager were designed to identify any areas of concern or areas that were unsafe, and there were systems in place to ensure that lessons were learned from any issues identified. It was evident throughout our visit that people living there remained at the heart of everything staff did. The registered manager's continual presence in the service demonstrated that they 'led by example.' This was also confirmed by staff during our visit.

# 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.

There were processes in place to help make sure people were protected from the risk of abuse and staff were aware of safeguarding vulnerable adults procedures.

Assessments were undertaken of risks to people who used the service and staff. Written plans were in place to manage these risks. There were processes for recording accidents and incidents. We saw that appropriate action was taken in response to incidents to maintain the safety of people who used the service.

There was sufficient staff on duty to meet people's needs and medicines were managed safely so that people received them as prescribed.

Good



### Is the service effective?

The service was effective.

Staff received relevant training, supervision and appraisal to enable them to feel confident in providing effective care for people. They were aware of the requirements of the Mental Capacity Act 2005.

People reported the food was excellent. They said they had a good choice of quality food. We saw people were provided with appropriate assistance and support and staff understood people's nutritional needs. People reported that care was outstanding and they received appropriate healthcare support.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

Good



### Is the service caring?

The service was caring.

People who lived at the home told us they felt staff really cared about them and we observed positive interactions between people who lived at the home and staff on the day of the inspection.

Staff were motivated and inspired to offer care which was compassionate and person centred. People told us that they were treated with dignity and respect and this was observed throughout our visit.

People were included in making decisions about their care whenever this was possible and we saw that they were consulted about their day to day needs.

Good



### Is the service responsive?

The service was responsive.

Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's support needs, their interests and preferences in order to provide a personalised service.

Good



# Summary of findings

People were able to make choices and decisions about aspects of their lives. This helped them to retain some control and to be as independent as possible.

People were able to make suggestions and raise concerns or complaints about the service they received. These were listened to and action was taken to address them.

## Is the service well-led?

The service was well led.

People were at the heart of the service and staff continually strived to improve. People who used the service said they could chat to the registered manager, relatives said they were understanding and knowledgeable and staff said they were approachable.

The registered manager carried out a variety of quality audits to monitor that the systems in place at the home were being followed by staff to ensure the safety and well-being of people who lived and worked there. It was evident that any issues identified were dealt with and that lessons were learned that led to improvements in the service.

Staff were supported by their registered manager. There was open communication within the staff team and staff felt comfortable discussing any concerns with their registered manager.

**Good**



# The Olde 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 January 2015 and was unannounced. The inspection team consisted of an adult social care inspector and an expert-by-experience whose area of expertise was dementia care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before this inspection we reviewed the information we held about the service, such as notifications we had received from the registered provider, information we had received from the local authority who commissioned a service from the home and information from health and social care professionals. The registered provider submitted a provider information return (PIR) prior to the inspection; 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.

As part of the inspection process we contacted four health care professionals to ask for their opinion about the service

provided by the home, and contacted the local authority safeguarding adults and quality monitoring teams to enquire about any recent involvement they had with the home.

During our inspection we spoke with the registered manager, deputy manager and the administrator for the service. We spoke with two care staff, four people who used the service and three visitors / relatives. We also spoke with one visiting healthcare professional. We spent time observing the interaction between people, relatives and staff in the communal areas and during mealtimes. We observed care and support in communal areas of the service and spoke with people in private.

We looked at the care records for three people, three staff recruitment records and records relating to the management of the service. We looked at induction and training records for three members of staff to check whether they had undertaken training on topics that would give them the knowledge and skills they needed to care for people who used the service. We also spoke with staff about their experience of the induction training and on-going training sessions.

We did not use the Short Observational Framework for Inspection (SOFI) because the majority of people that used the service were able to talk with us. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

# Is the service safe?

## Our findings

We asked people who lived at The Olde Coach House if they felt safe, if the staff assisting them had the right skills, and did they feel the premises were safe and secure. Everyone spoken with responded positively and comments included, "Yes because I am well looked after" and "I need assistance to walk and I cant walk very far, I need help" and "I use the call button and staff come".

One person told us "Yes, I was living on my own and nights were a problem – there is always someone around here" and "I feel safe in my room and I have an alarm to call staff." Another person said "I have been here a few years and have got used to it and I know all the girls here and they look after me". Visitors to the service said "Yes, my relative is happy to see staff" and "When I leave here they are safe." "Its locked up well."

Although there had not been any safeguarding incidents at the service, the provider had policies in place which staff understood. We spoke with three staff about their understanding of safeguarding of vulnerable adults (SOVA). Staff were able to clearly describe how they would escalate concerns both internally through their organisation or externally should they identify possible abuse. Staff said they were confident their registered manager would take any allegations seriously and would investigate.

The staff told us that they had completed SOVA training in the last year and this was confirmed by their training records. This training helped to keep their knowledge and skills up to date. Discussion with the registered manager indicated that SOVA training was constantly being updated for all levels of staff, ancillary staff had completed level one foundation workbooks, which was the basic level of knowledge, and this was an area that was discussed at handovers and supervisions. Evidence of this was seen during our inspection.

The registered manager demonstrated a high level of understanding of the need to make sure people were safe. They met with the local Clinical Commissioning Group (CCG) as part of the care home steering group- this is a group that meets frequently to discuss and try to improve the care that is given within care homes locally. The registered manager explained their role was to give guidance about the way they worked, and bring up for

discussion some of the constraints and restrictions that services came across on a daily basis, which could affect the way they worked. We were given access to these meeting minutes.

Care files had risk assessments in place that recorded how identified risks should be managed by staff. These included falls, fragile skin, moving and handling and nutrition; the risk assessments had been updated on a regular basis to ensure that the information available to staff was correct. The risk assessments guided staff in how to respond and minimise the risks. This helped to keep people safe but also ensured they were able to make choices about aspects of their lives. Visitors told us "I have great trust in the staff, I can see when they support people they have been well trained" and "Its safe for my relative to navigate around." One visitor said "There is a call button by their bed and a sensor by the bed which notifies staff if they are out of bed".

Information we hold about national statistics for adult social care services showed that the service was doing better than expected when compared to other similar services with regard to the reporting of falls and serious injuries. The registered manager told us "We are waiting for a delivery of fall prevention equipment in all rooms, sensors and mats. We ordered one for every room, we feel this will make us responsive in case anyone's care needs change and we can activate the equipment for safeguarding issues." (Sensor mats can be used to monitor when elderly people or people living with dementia get out of bed during the night unaided. An alarm sounds via a pager to alert staff when the person steps on the mat and staff can then go and offer the person assistance as needed.)

The registered manager monitored and assessed accidents within the service to ensure people were kept safe and any health and safety risks were identified and actioned as needed. We were given access to the computerised records for accidents and incidents which showed what action had been taken and any investigations completed by the registered manager. Information we hold about the service identified that the registered manager had sent the Care Quality Commission (CQC) one notification of a serious injury in the last 12 months.

The provider had safe and effective processes in place to look after people's personal allowances. Individual records

## Is the service safe?

of all transactions were kept, with receipts. Printouts were available to families or people who used the service on request. We looked at three people's records and these were up to date and accurate.

We looked at documents relating to the service of equipment used in the home. These records showed us that service contract agreements were in place which meant equipment was regularly checked, serviced at appropriate intervals and repaired when required. The equipment included fire safety systems, portable electrical items, water and gas systems and the passenger lift. The service had a 'push-button' system for people to use to call staff when they needed attention and this was included in the maintenance checks. At the time of our inspection no one who used the service required the use of a hoist other than a bath hoist.

We looked at the recruitment files of two care staff and one ancillary staff recently employed to work at the service. Prior to the person commencing work at the service the registered manager ensured that application forms were completed, two references were obtained and checks made with the Disclosure and Barring Service (DBS). These measures ensured that people who used the service were not exposed to staff who were deemed unsuitable to be working with vulnerable adults.

The registered manager told us that an important part of keeping people safe was a good ratio of staff, with the right mix of skills, competence and experience. The registered manager said "I like staff on to do specific jobs, we employ juniors to carry out basic tasks so that carers and seniors are available to give more care to the residents in areas that are required." Evidence of this was seen in the rota.

We observed that the home was busy, but organised. We saw that interactions between people who lived at the home and staff were all friendly and professional, and there was good interaction between visitors and staff. When we asked staff to respond to a person's request for assistance in their room, staff were with them within minutes.

We asked people who used the service if they felt there were enough staff on duty, comments included "There are

always staff around and checking on me", "Usually can take up to 15 minutes to answer." "Sometimes could do with more", "Staff are all lovely" and "Girls are very good and are all willing to help". "Yes I think so, cannot say I have found otherwise" and "I haven't been here long, but found no problems", "I feel as if there is enough staff, I am well looked after." Visitors who answered the same question said "Yes, they are in strategic places as well, such as the lounge area," "Yes, I come different days and times and there are always staff about" and "I think there's plenty - lots".

We looked at how medicines were managed within the service and checked a selection of medication administration records (MARs). We saw that medicines were stored safely, obtained in a timely way so that people did not run out of them, administered on time, recorded correctly and disposed of appropriately. The senior care staff informed us that they had received training on the handling of medicines. This was confirmed by our checks of the staff training plan and staff training files.

We found that people who used the service were able to communicate with the staff, including the people who had a diagnosis of dementia. We observed staff asking people if they wanted pain relief before dispensing their medicines and people who spoke with us said they received their medicines on time. People told us that they were very satisfied with staff practice and told us "I get my medicines at all sorts of times, after breakfast, tea-time and bed-time" and "I can always get tablets". "They bring me them when I want them, all when needed", "Only for my knees, If I get pain they fetch me tablets" and "I get them in a morning and at night" and "If I needed a headache tablet I could have one". Each of the three care files we looked at included care plans on medicines and communication. The care plans took people's abilities and needs into account and were written in a person centred way. We saw evidence in the care files that people had their medicines reviewed by their GP on a regular basis. The robust systems in place meant that there had been no medication errors in the last 12 months.



# Is the service effective?

## Our findings

People who used the service and visitors told us that the service was very effective and that staff were sufficiently skilled and experienced to care and support them to have a good quality of life.

Discussion with the registered manager showed that they used innovative and creative ways of training and developing their staff that ensured they were following best practice to deliver outstanding care. We saw that staff had access to training from the Social Care Institute for Excellence (SCIE) and courses included e learning about the Mental Capacity Act 2005 and the Open Dementia Programme, which was an in-depth introduction to dementia and the experience of living with the disease. Staff who spoke with us were able to talk confidently and knowledgeably about how they used this training in practice.

People told us "Some staff are really well trained and tell the others what to do" and "I need someone to get me up and get me dressed and they do this". "I have no complaints" and "I think they are all well trained and know what to do".

Visitors were asked if the staff had the right skills and attitude and were they caring. The comments we received included "Their attitude is excellent. My relative is blind and bedridden and they are very kind and meet her needs", "Good with my parent, happy with their attitude and skills" and "Staff feed [my relative] their food and look after them".

Over the last 12 months CQC has received four feedback forms from satisfied individuals who wished to share their experience of the service with us. People told us "Everything about The Olde Coach House is excellent", "I can truthfully recommend The Olde Coach House as a perfect placement for anyone who needs care and support" and "The Olde Coach House provided my relative with superb care and attention during their time there." One person said "Even though we visited daily we were always updated with any changes in condition or medication straight away."

People were able to talk to health care professionals about their care and treatment. We saw evidence that individuals

had input from their GP's, district nurses, chiropodist, opticians and dentists. All visits or meetings were recorded in the person's care plan with the outcome for the person and any action taken (as required).

Feedback from health care professionals on the effectiveness of the care was positive. We were told "The care is second to none. I would recommend this service to anyone who asks me. My patients who come here at end of life receive excellent, compassionate care", "I have always had a positive experience when dealing with staff at the service. Staff are supportive and appreciative of information and recommendations given to them and people appear happy and content" and "I have had a close working relationship with the service in recent years and I have not had any concerns about the standard of care given."

We looked at induction and training records for three members of staff to check whether they had undertaken training on topics that would give them the knowledge and skills they needed to care for people who lived at the home. We also spoke with staff about their experience of the induction training and on-going training sessions.

Staff confirmed they completed an initial day induction which orientated them to the service and covered corporate information such as employment issues, policies and procedures and layout of the building. Each new member of staff then went on to completed a Skills for Care induction and they were allocated a member of staff to mentor them. We saw documentation that indicated new staff shadowed more senior staff for the first few weeks of employment. As they gained new skills or were deemed competent in certain aspects of care, these were signed off on their induction paperwork. Discussion with the registered manager indicated that the induction programme would change to the new Care Certificate induction from April 2015.

We looked at records of staff training to check that staff had the appropriate skills and knowledge to care for people effectively. We saw that staff had access to a range of training both essential and service specific. Staff told us they completed essential training such as fire safety, basic food hygiene, first aid, infection control, health and safety, safeguarding and moving and handling

Records showed staff participated in additional training to guide them when supporting the physical and mental



## Is the service effective?

health care needs of people who used the service. This training included topics such as palliative care, pressure ulcer prevention, dementia care, diabetes awareness, Deprivation of Liberty Safeguards, Mental Capacity Act 2005 and equality and diversity. Staff told us "Some courses are computerised, some distance learning and some face to face."

The staff told us they had monthly supervision meetings and annual appraisals with the registered manager. This was confirmed by the records we looked at. Staff told us that they found the supervision sessions beneficial as they could talk about their concerns and were given feedback on their working practice. The registered manager was also the registered provider of the service. They told us "I work alongside my staff on a daily basis, usually starting work at 05:30 in a morning so that I can spend some time with night staff, this would include supervisions and training as well as helping with recording and reporting issues."

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 any decisions are made in people's best interests. The registered manager understood the principles of DoLS and was aware of the recent supreme court judgement and its implications on compliance with the law. At the time of our inspection one person who used the service was subject to a DoLS application.

Staff had completed training on Mental Capacity awareness during the last year and were aware of how the DoLS and MCA legislation applied to people who used the service and how they were used to keep people safe. Literature about MCA, DoLS, advocacy and SOVA was readily available to staff, people who used the service and visitors as it was on display in the entrance hall of the service. Staff followed the basic principle that people had capacity unless they had been assessed as not having it. In discussions with us staff were clear about how they gained consent prior to delivering care and treatment.

We asked the people who used the service if they had the opportunity to make decisions and choices. We were told "If I want something I get it within reason and if they can't help me then my daughter will" and "If I need to yes". One person said "They do ask me" and another told us "My own family come in and they help me too."

Visitors told us they were involved in decisions about the care of their relatives. One visitor said "My relative has made the decision with their GP about a Do Not Attempt Resuscitation (DNAR) form to be in place" and another visitor told us "I take my relative to hospital appointments but the staff would do this if I asked." We were also told "I am the one that said if the Doctor has said give them certain medicines then do it, I don't interfere" and "If I have to make a decision for them I will, but I am happy to leave it to the carers."

We discussed people's care with different members of staff. Staff demonstrated to us that they were aware of what care each person required to meet their needs. Staff were able to say which people had input from the district nurse or dietician; they also knew what health problems each person had and what action was needed from them to support the person. Entries in the care files we looked at indicated that people who were deemed to be at nutritional risk had been seen by dieticians or the speech and language therapy team (SALT) for assessment on their swallowing / eating problems.

Our observations showed that staff treated people with respect and dignity whilst assisting them to eat and drink. We saw evidence that there was a positive staff approach to encouraging those who were reluctant to eat or had difficulty in eating and drinking. In the dining room there was a list with people's names on and then a note of whether they required assistance or not to eat. There was also colour coded trays so staff could see which person may require assistance for example, a red tray meant assistance was required. This approach made sure that people's dietary and fluid intake, especially those living with dementia, significantly improved their wellbeing.

There was a strong emphasis on the importance of eating and drinking well. Everyone we spoke with said they received sufficient drinks and meals that were appropriate to their needs. People told us "All great meals, great selection" and "If I don't like something they would change it - I don't like broccoli, but I like fresh fruit and they get me this" and "I like coffee in between my meals and tea with them and they know" and "I choose to eat my meals in my room." People told us they did not have any special dietary needs and this was confirmed by the staff and visitors. One person told us "I cannot eat onions, chives and garlic and staff know this".

## Is the service effective?

Discussion with the registered manager indicated that staff practices had changed over the past two years as they adopted best practice guidelines from the Alzheimer's Society. The most noticeable ones were, removing staff toilet facilities to break down 'them and us' perceptions and staff spending their break time with a person in their room or in the lounge. This gave extra quality time and enabled different staff to get to know different people who used the service, for example ancillary staff. These breaks and the activities completed were recorded. People were

given visual prompts to aid their independence such as toilet seats which were brightly coloured, making it easier for people with memory impairment to recognise the facility and see where it was situated.

We found that the staff had built up a sensory garden the previous summer and this had been a huge success with both people and their families, enabling people to sit and look at different colours, with plants and pots, butterflies on the wall, coloured wind socks, mobiles and chimes, the area was also covered with solar lights which came on at night, enabling people who remained in bed to see these from their windows.

# Is the service caring?

## Our findings

People who used the service, visitors, families and other people who had contact with the service such as health care professionals were consistently positive about the caring attitude of the staff when they gave us feedback about the service.

Visitors told us that staff treated their relatives with kindness, respect, compassion and dignity. We were told "They put [relative] in a lovely position in the television lounge", "Yes, they sit in their room and get well looked after" and "Everything is super." We saw that people who remained in bed due to their medical conditions were clean, comfortable and entertained by the use of sensory equipment. One person told us "I want for nothing. The girls check on me frequently and often keep me company."

People who used the service told us they were involved and supported in planning and making decisions about their care and treatment. One person said, "I think decisions are made for me but I am happy with this" and "Sometimes they increase my pain meds if I ask them" and "They always explain". Another person told us "To a certain extent, staff always tell me things" and two other people commented "I think they ask me" and "They make all my choices, I trust them."

We asked people who used the service what happened if they didn't feel well. People responded positively saying, "They would contact my Doctor, they did last September when I fell" and "They will always call my GP if I need one, or I will go to bed and they keep checking on me and fetching me drinks". One person said "I have not been here long enough to say", but others commented "They would call a Doctor. I have been in bed this week with a cold and they brought a Doctor in" and "Nurse came in to do my bloods and gave me a flu jab".

We spoke with one visiting health care professional who told us "It's amazing here. Cleanliness is excellent and the environment is warm and friendly. Everyone I come to see is very settled and content. The staff are knowledgeable about people, helpful and approachable. My impression of the registered manager is that they go all out for the people who live here. In my opinion this is the best care home in the area."

We asked people living in the service if they felt the staff had the right approach, and if they felt the staff really cared

about them. People told us, "They are always coming to check I am alright" and "Night staff are good too". "They seem to care about everyone in general" and "You only have to ask and they will do it". One person told us "I think they are caring and staff ask about my knee" and another person said "All are smashing, and I call them 'my girls'".

When we asked people if the staff encouraged them to be as independent as possible, they replied, "I can't do much but they never hurry me" and "Yes I do what I can for myself whilst I can".

We were told, "They do not hurry me and they let me walk with my stick" and "They help me, I cannot do anything for myself - I cannot walk" and "They do everything for me." Visitors we spoke with were also positive about how staff provided care and support. We were told "My [relative] is encouraged to walk around the home and they are also encouraged to dress themselves" and "Yes, they got them a walking aid and encourage them to walk".

We asked people and visitors if staff maintained their privacy and dignity. People told us "I am fine and comfortable with the care" and "Yes. I get a bath regularly and they let me have a long soak." One person said "Yes. There is nothing wrong here, they look after me." Visitors replied to us "Yes when [relative] has been poorly they always knock before they enter their room, and they use the screens also" and "They always ask [relative] what they want them to do." We saw that people's dignity was promoted through the use of a 'butterfly' system to highlight to staff a person who had a diagnosis of dementia- ensuring that that person was given the correct care or directed to someone who could give the correct care.

Our observations of the service showed that the staff knew, understood and responded appropriately to each person's specific needs in a caring and compassionate way. We saw staff chatting with people and their visitors and ensuring everyone was included in conversations. The attention to detail in the care giving was noticeable. Each person had their own nail care kit in their bedroom and people were well groomed, dressed smartly and expressed their own personal style and taste through their physical appearance and for example, wearing nail polish, jewellery and clothing that they felt comfortable in.

People who were being looked after in bed had fresh bed linen, clean nightwear and were supported with pillows

## Is the service caring?

and / or pressure relieving equipment to ensure they remained comfortable at all times. We saw that staff went into the rooms on a regular basis ( at least every hour) to chat to people, check that they were okay and to assist them to move around their bed to prevent pressure sores developing.

The registered manager and staff worked closely together and demonstrated that they knew every person well. The registered manager walked around the service every day talking to individuals and visitors and was always available for more private discussions. Feedback about the staff was positive with comments such as “We have been very pleased with the respect, warmth, care and attention shown to our relative. All the staff are attentive and kind” and “My relative’s care has been of a very high standard. The staff are patient and very caring and they understand and cope with individual personality needs and quirks.”

The home had a strong, visible, person centred culture which was evident from all who worked there. The registered manager told us about how staff have made a social care commitment – this was about choosing to work in a person centred way, to promote dignity, and privacy. The registered manager said “Staff take this on board, work out an action plan and then complete this in a specific time – this is usually linked into discussions and supervisions with myself and this is something that needs to be updated on a yearly basis.” We were given copies of an action plan to see how this worked.

We found that the service had staff who were ‘dignity champions’ within the home and often at the start of the day staff were issued with dignity cards- these included a statement in relation to dignity, and they were asked to work in a way that promoted this. The registered manager and staff told us “At the end of the shift we all gather and talk through the difference it has made to our day and if we have changed our way of working, we also do this with communication cards and cards for end of life care. It helps us be aware and remember the important things that could be forgotten in a busy working environment.”

Recent innovations to the service to improve staff communication and record keeping around care had included the installation and updating of WIFI throughout the building; so staff could use I-pads to enter information about the care given and still be with the people who used the service. There were also computers for people to use in a couple of places and individuals told us they could use this to keep in touch with their families through email and Skype.

The registered manager was an active participant in local meetings to improve and develop care and practices. This included the Care Sector Forum run by the local authority and the CCG steering group. Recent attendance included an End of Life conference which they used to update staff on the latest best practice. The registered manager had also attended the East Riding of Yorkshire End of Life strategy group and was included in working towards a ‘concerns form’ for hospital discharges.

From the copy of the training plan for 2015 given to us by the registered manager we saw that 18 out of 22 care staff had completed End of Life training. Although we did not look at End of Life care in great detail during this inspection the feedback we received from a professional in this area of care was positive. We were told “[The registered manager] goes above and beyond expectations to make sure people receive the very best care and attention. Families are included in all aspects of care and people who have come into the home at the end of their lives have thrived and enjoyed an excellent quality of life right up until the end.” One relative wrote to us to express their satisfaction with the care their loved one received in the service. We were told “We cannot praise them enough and thank them very much for everything. The staff not only looked after our relative with special and loving care but they also cared for us without any problem at all.”

# Is the service responsive?

## Our findings

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide personalised care to each individual.

Assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. Each person living at this home had their own care file, which contained a number of care plans. We looked in detail at three of these files. The home used an electronic system which we found was being reviewed and updated regularly. The information recorded within this system was detailed and person centred. Records evidenced that the information had been gathered from the person themselves, their family and from the registered person.

The information we saw in the care files helped staff to understand the person and provide more individualised care. We saw that care plans included information about people's individual ways of communicating and how staff would be able to understand the person's needs when they were not able to verbalise these. For example, one person's care plan indicated this person living with dementia was very emotional and upset at times. The plan described how staff could offer this person comfort and support in a way the person understood and recognised. Another person had a care plan that indicated they were often confused due to memory impairment. Their care plan was detailed about how living with dementia affected them on a day to day basis and what staff could do to orientate them and improve their quality of life.

Staff who spoke with us said they found the computerised records simple to use and one member of staff said "It is easy to find the information you are looking for and it is straightforward when you need to record things." The staff had I-Pads that they used to remotely update the information on the main computer programme, this could be done anywhere in the service which meant staff did not have to leave the floor to update people's care plans. This gave them more time to spend with people who used the service.

We asked people who used the service about their views on the care they received. People told us

"Staff always support me, especially when my partner died last year" and "I often get asked if I am alright". One person said "We are all part of a family and this is my family here". One relative who wrote to us said "From our first visit we were made to feel very welcome. Staff always have a smile on their faces and give loving care and attention to everyone living at the service. It was made clear that we could ring anytime, day or night, to check how our loved one was doing." Another relative told us "The Olde Coach House has provided my relative with superb care and attention during their time there. They are providing a lovely homely environment to live in."

There was a complaints policy and procedure on display in each of the lounge areas and one in the visitors book in the entrance area. We asked people who used the service if they would know how to make a complaint, who to, and would they feel listened to? People responded by saying "I would see [deputy manager] and she would see [registered manager]" and "I do open my mouth all the time and I say when I want something". Other people told us "I would see the boss whoever it is - I have never had a problem", "I would see someone in the office - no complaints" and "I would see [registered manager] or [deputy manager] and I can talk to both of them".

We asked people if they had ever mentioned a concern to staff, had they listened and tried to put things right. People told us "Everything has been done so I think so", "I would speak to the carers themselves first but I have never had to" and "I do, I tell them my leg hurts" and "I wouldn't be afraid of asking them". Two relatives told us "We have never had a complaint about the service. We attend the care reviews and would voice our concerns if we needed to." We checked the complaints log for the service and saw that in the last 12 months there were four complaints recorded; each had been responded to by the registered manager and resolved quickly.

We received positive feedback about the activity programme from relatives and people who used the service. We asked people if activities were available and if they suited their needs. People told us "I cannot do activities" and "[The deputy manager] brought me a bag of books in" and "I watch television and have lots of DVD's". One person said "I like quizzes and games and I take part in whatever I can" and another person said "I like a

## Is the service responsive?

sing-a-long and I like watching television". Other people told us "I used to, I like doing the exercises and I watch the telly - Emmerdale and Coronation Street" and "No activities here I can do, I read and do puzzles".

We saw that people living with dementia were able to walk around the service and there were numerous items around the service for them to touch, interact with and talk about. In the entrance hall we found rummage boxes filled with photographs, games and familiar objects such as books. We noted that items people were using included soft toys, dolls, newspapers, books and the radio. Visitors were going into and out of the service throughout the day and we were told that visiting hours were very flexible to enable relatives to see their loved ones at a time convenient for everyone.

One member of staff told us that one of their tasks on the day of the inspection was to carry out reminiscent work with people and we observed that they were sat with people in one of the lounges looking at flash cards and asking people questions about the royal family. Later in the day we heard them discussing family life in days gone by.

People who used the service had access to computers and WiFi throughout the building. The registered manager told

us "The computer system gives us the ability to Skype families that are not local. The people living here can receive emails and photographs and these can be used to reminisce or as an activity where staff give assistance to reply to emails, which relatives have told us are great to receive. The system we have enables people to play games, listen to music, take virtual tours, do word searches or crosswords or search for financial or health information. The list is endless. More and more people coming into care are used to using this type of technology, they can even use face time on the I-Pads that staff use for recording, this is another way they can keep in touch with relatives." Confidentiality was maintained as any care records on the I-pads / computer systems were password protected with access only available to the staff.

The service had a new phone system and the WiFi updated to make the service a WiFi hotspot. This meant all the rooms were able to access the internet making communication better for people and their families. People moving into the service were able to bring in their computers, I-pads and other equipment to help them continue communicating with others using modern technology.



# Is the service well-led?

## Our findings

We found the service had a welcoming and friendly atmosphere and this was confirmed by the people, relatives, visitors and health / social care professionals who spoke with us or gave us written feedback. Everyone said the culture of the service was open, transparent and actively sought ideas and suggestions on how care and practice could be improved. People told us "They are always talking to me" and "Good atmosphere here". Other people said "Everybody seems to get on well with everyone, it is well managed and the staff are lovely", "I think it is friendly, I am not a person who mixes easily but I do try" and "This is it for me because I know and like the staff".

Health care professionals told us "I have always had a positive experience when dealing with the staff" and "The registered manager and staff go above and beyond what is expected of them in ensuring people get the best possible care." When we asked social care professionals what they thought about the service we were told "It is well-managed by the owner / registered manager who sits on some of the multi-agency steering groups and has a reputable voice regarding care of older people."

Visitors were very positive about the management approach and staff attitudes. They told us "I think they are ahead of the game", "On the whole I would say there is a very positive attitude about the place" and "Sometimes they are a bit busy so I pick my moments". One person said "Yes I can approach staff and [the registered manager]" and another told us "It is all friendly".

Staff described the registered manager as "Approachable" and "Straight talking." They said that they could talk to them about any issues and they were listened to and that information discussed with the registered manager was kept confidential whenever possible. Staff had regular supervision meetings and annual appraisals with the registered manager and these meetings were used to discuss staff's performance and training needs; they had also been used to give positive feedback to staff.

There was a registered manager in post who was supported by a deputy manager and an office administrator. The registered manager used guidance from The National Institute for Health and Care Excellence (NICE) to plan and develop the service including the quality

standards for medicines and dementia. Policies and procedures we looked at were linked to this guidance and these nationally recognised standards were used to sustain outstanding practice and improvements within the service. The service had a validated Investors in People (IIP) award that helped to demonstrate that the registered provider continually strove to develop the staff and improve the service.

The registered manager had used her knowledge of best practice in dementia care to make improvements to the service. Some of the changes we saw included the use of coloured light weight crockery and utensils and the use of the red tray system for providing people with support and assistance when eating. The registered manager had purchased sensory equipment to be used around the home, as well as putting together a sensory room with lights, projector and hand held sensor equipment. Other rooms where people were nursed in bed had light and music therapy provided. The service had iPods that could be moved around to suit needs – these iPods were also used in end of life care.

Quality audits were undertaken to check that the systems in place at the home were being followed by staff. The registered manager carried out monthly audits of the systems and practice to assess the quality of the service, which were then used to make improvements. The last recorded audits were completed in December 2014 and covered areas such as finances, reportable incidents, recruitment, complaints, staffing, safeguarding, health and safety. We saw that the audits highlighted any shortfalls in the service, which were then followed up at the next audit. We saw that accidents, falls, incidents and safeguarding concerns were recorded and analysed by the registered manager monthly, and again annually. We also saw that internal audits on infection control, medicines and care plans were also completed. This was so any patterns or areas requiring improvement could be identified.

We saw evidence that the registered manager was part of a falls group which had been put together by the CCG to discuss how to reduce and prevent falls in care homes. Information we received from the local GP surgery confirmed that the registered manager's experience and input was valued as they had a history of dealing with these issues well, resulting in a reduction of calling for ambulances.



## Is the service well-led?

Feedback from people who used the service, relatives and staff was obtained through the use of satisfaction questionnaires, meetings and one to one sessions. This information was usually analysed by the registered manager and where necessary action was taken to make changes or improvements to the service. People who used the service and visitors told us "I have filled in a survey and have attended residents meetings" and "[Registered manager] is always asking if there is anything we want or they can improve on". We were given print outs of the online service available for people and relatives to complete satisfaction questionnaires. Of the 22 responses given by individuals between September 2014 and January 2015 everyone of them rated the service as excellent or good with 19 respondents stating the overall standard was excellent.

As discussed earlier in this report the registered manager attended numerous multi-agency steering groups such as the local CCG and the care sector forum in order to ensure the service followed the most up to date practices around falls, medicine management, end of life care, dementia care, safeguarding of vulnerable adults and dignity in care. This evidenced that the registered manager actively sought the advice of health care and social care professionals to make improvements to the experiences of people who lived at the home. We saw documented evidence of how staff were putting this guidance into practice and heard from people about their satisfaction with the support and care they received.

The registered manager met with the staff at the end of each working day to discuss what had gone well and not so well. This was a time for staff to share experiences and learn from mistakes. The registered manager told us that this enabled them to offer support and plan future training needs. This showed that the registered manager understood reflective practice and how positive changes could be made to the service as a result of learning from incidents at the home.

The registered manager had recently improved the computer technology within the service to ensure that staff and people who lived in the service had access to this throughout the building. We spoke with the registered manager, who told us "I constantly supervise and support staff through their recording; we have taken up lots of the communications recording training from the safeguarding board. I support my staff with notes as even when I am not in the home I am linked into the IT system and I can check recording and remind them if they have omitted something or guide them through something they are having trouble with."

The service held regular staff meetings so that people could talk about any work issues and there were up to date policies and procedures regarding work practices that staff could easily access. Staff said there was a positive culture promoted by the registered manager and the deputy manager and that they were also given feedback at staff meetings in respect of any accidents, incidents and safeguarding issues. We were able to confirm this by reviewing the meeting minutes and policies and procedures. Staff told us the registered manager was available daily to discuss care practices including dignity and dementia care during the handover between shifts and on a one to one basis if needed.

Staff were encouraged to keep up to date with the company policies by having a policy of the week. These were chosen to link into any issues or concerns that were happening or that staff needed to be aware of. The paper work had boxes for staff to sign and it also had a feedback form for staff to include comments if they felt these needed changing or updating. We were able to view this information.