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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 

Summary of findings

Overall summary

The Coach House is a 'care home' for 21 people, providing accommodation and services to older people. It is situated in a residential area of Garforth and is close to local amenities and public transport. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection.

The service had a registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

The service was last inspected on 6 October 2017. This was a focused inspection to check whether the provider had made improvements following an inspection on 23 February 2017. We found at the last inspection that the provider had made improvements but rated the service requires improvement until they could evidence a longer term track record of consistent good practice.

During this inspection we found that the service still remains requires improvement. We found a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) 2014 because the service was not doing all it could to keep people safe and was not effectively managing the application of prescribed creams. This is the third time that the service has been rated requires improvement.

Gaps in the recording of application of prescribed creams meant that the provider could not be sure that the creams had been applied as prescribed. Not all risks have been identified or risk assessed against. However, risk assessments were in place for the majority of people.

Staff understood how to safeguard people from abuse; they had training in this area and were able to put this into practice. There was sufficient staff to ensure people were kept safe and the provider ensured that recruitment checks were in place. We felt that some recruitment checks could be more robust. We made a recommendation about safe recruitment practices.

People felt that the staff were caring and we observed people were treated with dignity and respect.

People's care plans demonstrated a commitment to person centred care. People were supported to make their own decisions; this was encouraged and reflected in their care plans. Care plans demonstrated that the principles of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) had been applied; however, this was sometimes inconsistent. We have made a recommendation about mental capacity and best interest decisions.

People's nutrition and hydration needs were catered for. A choice of meals was available and drinks were

made readily available throughout the day. Meal times were observed to be a pleasant experience.

Training was provided to meet the needs of people; this enabled staff to develop their knowledge to provide person centred care. Staff received regular supervision and appraisal and told us they felt supported in their roles.

People's wider support needs were met through the provision of daily activities provided by an activity coordinator.

The service completed investigations into incidents and accidents. Investigations were thorough and comprehensive and lessons learned were reflected upon and recorded. This meant that the likelihood of future similar incidents was reduced.

The service was clean and infection control measures were in place.

There was a complaints procedure in place which allowed people to voice their concerns if they were unhappy with the service they received. All complaints were acknowledged and responded to within their set timescales.

There was a range of quality audits. Some concerns we identified during our inspection had not been picked up in the management audits. Concerns that had been identified still required action to be taken to address them.

All of the people we spoke with told us they felt the service was well-led and that they felt listened to and could approach management with concerns. Staff told us they enjoyed working at the service and enjoyed their jobs.

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.

Gaps in recording of prescribed creams meant the provider could not be sure that creams had been applied.

Recruitment checks need to be more robust to ensure suitable staff were recruited to work within the service.

Not all risks had been assessed with a risk management plan in place.

The premises were well maintained and free from the risk of infection.

Requires Improvement 

Is the service effective?

The service was effective.

Care plans took into account the principles of the Mental Capacity Act 2005 and the provider had met their responsibilities with regards to Deprivation of Liberty Safeguards (DoLS).

People's nutrition and hydration needs were met.

Staff were sufficiently trained and supported to deliver effective care.

Good 

Is the service caring?

The service was caring.

Positive feedback was received from people who used the service and their relatives. They commended on the caring nature of the staff.

Staff had a good understanding of people's needs and was able to provide person-centred support.

People's rights to privacy and dignity were respected.

Good 

Is the service responsive?

Good 

The service was responsive.

People received person centred care which focused on their individual needs.

People had access to activities to meet their wider needs.

People, and their relatives, knew how to raise concerns and were confident the registered manager would listen.

Is the service well-led?

The service was not always well-led.

There was a strong commitment to continuous improvement with a range of quality assurance systems in place. However, some audits needed to be more robust and actions completed in a timely manner.

The service had a registered manager who understood the responsibilities of their role. Staff felt well supported by the registered manager.

The provider listened to and acted on feedback from people, their relatives and other professionals.

Requires Improvement ●

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 on 1 May 2018 and was unannounced. The inspection team consisted of one adult social care inspector and one adult social care assistant inspector.

Before the inspection, we reviewed the information we held about the service. This included notifications we had received. A notification is information about important events such as accidents or incidents, which the provider is required to send us by law. We contacted the local authority and spoke with two health professionals who visited the service.

During the inspection, we completed a tour of the building and spoke with the registered manager, deputy manager, one senior care worker, three care workers and the chef. We also spoke with two people who used the service and two of their relatives.

Before the inspection, we contacted five professionals who visit the service to seek their views and opinions, three of whom provided feedback. We looked at two people's care records, four staff recruitment files, staff training and supervision information and records about the management of the service, including quality audits, surveys and development plans.

Is the service safe?

Our findings

The service was not always safe. However, people told us they felt safe living at the service.

At the last inspection we had found improvements had been made in the management of medicines but did not review the rating of requires improvement until they could evidence a longer term track record of consistent good practice. We looked at the administration of medicines during this inspection. We found gaps in the recording of the application of prescribed creams. This meant that the provider was unable to confirm if the creams had been applied as prescribed. We observed the administration of other medicines and found this to be safe. Staff were knowledgeable about the process and procedures in place. Medicines were stored securely and access was restricted to authorised staff. Staff had received training in the management of medicines and their competencies were assessed regularly.

Systems were not always in place to identify and reduce risks to people living within the service. One person's file did not have a risk assessment or risk management plan in place around the management of their epilepsy. We found that staff had detailed knowledge of this person's condition. However, this was not recorded anywhere. This meant that new staff would lack knowledge about this person's condition and measures to monitor and record any concerns about them were not in place. The provider took actions to address these concerns during the inspection.

We saw that two people had bed rails in place to keep them safe. However, these people did not have a risk assessment to ensure that the risks were managed safely.

A lack of robust actions to reduce risk is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the records of four newly recruited staff to check the registered provider's recruitment procedure was effective and safe. Evidence was available to confirm appropriate Disclosure and Barring Service (DBS) checks had been carried out, which assured staff members' suitability to work with vulnerable adults before they started work. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. Employment references were obtained. However, gaps in employment were not identified. The provider told us they would take action to improve records in this area.

We recommend that the service consider current guidance on 'safe recruitment practices' and review their process in line with Regulation 19 and Schedule 3 of the Health and Social Care Act (regulated Activities) Regulations 2014.

There were arrangements in place to deal with foreseeable emergencies. Personal emergency evacuation plans were in place and available close to evacuation points. We discussed with the manager where improvements could be made to ensure key information was clear.

Accidents and incidents were thoroughly investigated and recorded. Each month accidents were analysed by the manager to identify trends and where appropriate, lessons learned could be implemented to improve future service provision. Action taken following accidents included moving one person to a new room which created a more suitable environment for them and would reduce the risk of accidents.

On the day of inspection we observed sufficient staffing was available to meet the needs of people. People we spoke with confirmed, "I like to talk to people and there's always someone around to speak with." We observed during the inspection staff having time to sit and chat with people.

Safeguarding and whistleblowing policies were in place at the service and staff we spoke with demonstrated knowledge of what to do if they had concerns. This meant the people who used the service were protected from potential abuse and neglect.

The implementation of infection control procedures was visible and this ensured people and staff were protected from the risk of infection. Staff had access to Personal Protective Equipment (PPE) including plastic aprons and gloves. The service was visibly clean and there were no unpleasant odours.

Is the service effective?

Our findings

The service was effective. People told us, "The staff seem well trained to do what they need to do" and "I am offered food and drinks all the time. The food is nice." A relative told us, "The staff are very good here."

At the last focused inspection we found that an effective system had been introduced to provide staff with the support and guidance they needed. During this inspection we found that this system continued to be in place and records observed showed that staff received supervision and appraisals in line with the provider's policy and this was tracked and monitored.

Staff told us that they felt supported in their roles. A staff member told us, "All the staff are approachable for support and the registered manager is here every day." Another said, "All staff are approachable, you can even take personal problems to the management and they support you."

Staff received training which provided them with the skills to meet people's needs. The staff we spoke with throughout the inspection were positive about the training provided. One member of staff told us, "I am being supported through my level 5 qualification; I am about 70% through it." Another staff member said, "I enjoyed doing the dementia training, it involved a lot of work but it was very good."

Care plans we looked at showed that people's needs were assessed and evaluated on an on-going basis. People's care plans gave information about their health needs and how they were to be addressed. We saw records which detailed community health professional's involvement, for example GPs, district nurses, dentists and chiropodists. Feedback from health professionals included, "Staff have shown sensitivity to individual needs, an example is accompanying a resident to the surgery for a more complex procedure. This was very helpful." Another health professional told us, "The manager and staff always ask for and act on our advice."

The premises were pleasant throughout and people's bedrooms were personalised with photos, pictures and belongings.

Care plans clearly identified people's capacity to make decisions under the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack 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. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards [DoLS].

We checked whether the service was working within the principles of the MCA. Records we examined showed that the restrictions were deemed to be in the person's best interests and the least restrictive option. Best interests meeting records evidenced that the decisions were made in consultation with staff and relatives. However, we found one person had a bed rail in place and a best interests meeting had not

been recorded.

We observed lunch at the service and found it to be a pleasant and calm experience within a relaxed setting. People were supported and encouraged to eat and seemed to enjoy their meals. The staff knew people's dietary requirements, including those who required a soft diet. The chef had detailed knowledge of each person. We were told that people had choice in what they wanted to eat and we observed a choice of two hot meals available with additional alternatives if required. People told us they were happy with the food. A relative told us, "The food is very good here, with big portions." The registered manager told us how people's cultural needs were met in various ways by the service. They said that one person enjoyed a particular meal that was a traditional dish in their country of origin. We observed this person enjoying this meal on the day of inspection.

Is the service caring?

Our findings

The service was caring. People we spoke with told us that the staff were caring. A person said, "The staff are very nice to me and very caring." Relatives we spoke with confirmed this and their comments included, "The best thing about this place is the staff. They are so good with the people."

People's friends and relatives were welcome to visit and there were no restrictions to the amount of time they could spend at the service. Relatives we spoke with said, "Yes I come here all the time and I am always made to feel welcome."

People's cultural and religious needs were considered when support plans were being developed. People had a one page pen picture at the front of their file. This document contained personal history information and cultural and religious needs. Further information about this was then detailed in their care plan. Staff training records showed that staff had recently attended equality and diversity training.

Staff evidenced that they had good knowledge of the people they cared for. Staff told us how they had time to sit and talk to people and get to know them. People's care plans recorded their life history. One file we looked at included a reminiscence workbook, which was part of the provider's dementia policy. This included information on family members, close friends, past employment, schools and activities enjoyed. This information enabled the reader to gain a better understanding of the person they were supporting. Care plans provided staff with information on how people communicated their needs and choices. A relative confirmed to us that staff communicated well with their relative. Discussions with staff evidenced that they had time and opportunity to read through these documents ensuring they had knowledge of the person to enable them to provide good care. One staff member told us, "When I was supporting one person to a hospital appointment, I was able to come in an hour before to read through the care plan and medical information before we went, so it was clear in my mind."

People's privacy and dignity was respected and promoted. Examples of this included that staff knocked on doors, ensured doors/curtains were closed when people were changing and stood behind doors (if suitable) whilst supporting with personal care tasks. Staff training records showed that some staff had attended dignity training. People and their relatives told us they felt their privacy and dignity was respected. A person told us, "They are very attentive and kind, they always knock when they enter my room." A relative told us, "I have always seen them treating people with dignity and respect and I come here a lot." A visiting professional confirmed, "I always see staff treating people with dignity and respect, I have never seen anything negative, even when working with behaviours that challenge."

Care files demonstrated that independence was promoted. Descriptions of care prompted staff to encourage the person do what they could for themselves. Staff were able to describe what people could and couldn't do for themselves and how they promoted their independence. This included encouraging people to wash their own face during personal care or put on certain items of clothing themselves.

Is the service responsive?

Our findings

The service was responsive. A relative told us, "I always see activities going on here. [Name] doesn't want to do any activities, they prefer their own company but staff sit and chat with them which they enjoy."

People were enabled to engage in activities both within their home and in the local community. There was an activities coordinator who worked at the service. Activities were both group based and individual including making a memory tree, autumn window making, Lego building, Halloween party, 1-1 chats, McMillian coffee morning, card making, balloon tennis, guess that song, whiteboard games and music. The service had good links with the local community. This included religious sermons being brought into the service.

The staff routinely listened to people to improve the service on offer. Meetings took place regularly for people who used the service and topics discussed at these meetings included; medication, training, rota and staff hours. Relatives were invited to attend regular residents meetings at the service. There were 11 attendees at the last meeting and discussions included food and activities. Actions identified during these meetings were formulated into an action plan and updated when completed.

The service was responsive to concerns or complaints raised. The provider had received nine complaints since January 2017. We found that the registered manager dealt with all complaints quickly and effectively, conducting a full investigation for each matter. The provider had a complaints policy and procedure in place and information on how to make a complaint was on display. The service had also received a number of compliments. These mainly consisted of thank you cards that were displayed around the service and in the staff office. Comments on these cards included, 'We cannot thank you enough for the way you looked after [Name]. They loved living here at The Coach House; you became family and close confidants'. Another card stated, 'I would like to thank you for making [Name's] final years so wonderful.'

Care plans included a section for social needs. This included key information about the person's social interests such as hobbies, any spiritual/religious needs, likes and dislikes, skills and abilities, strengths and important relationships. It was evident that staff had knowledge of people's interests through discussion and observation. For example, during lunch we observed staff sat with people and encouraged them to reminisce, prompting them with knowledge they had about people's history and likes and dislikes. We also observed staff visiting people in their rooms and sitting and chatting with people. This included discussions about their interests.

People's end of life preferences were recorded in the care plans we looked at. Information included whether a DNACPR (do not attempt cardio pulmonary resuscitation) was in place and also included an advanced care plan. This was person centred and included information about who was to be informed, the person's religion and funeral preferences.

Is the service well-led?

Our findings

The service was not always well-led.

Audits conducted by management had failed to identify all of the concerns that we found during our inspection. The lack of risk assessments and risk management plans in some people's files had not been identified. An audit undertaken on medication in the month prior to our visit had highlighted the concerns we found with medicated creams. Action taken to address these concerns had not been fully completed and the errors still continued.

Despite these gaps in the auditing system there was still a culture of continuous improvement that was being promoted within the service. The registered manager and deputy manager implemented a number of changes in response to our previous inspections. There was a quality monitoring system in place to help monitor and drive improvements to the care that people received. The management completed a number of weekly and monthly internal audits to ensure that they understood what was happening directly with people and establish how they could learn from any mistakes made. The registered manager assured us on inspection that their audits would be more robust and actions would be dealt with in a timely manner moving forward.

We found that the provider was failing to display their rating from our last inspection on their website. We are dealing with this outside of the inspection process.

People were positive about the registered manager and deputy manager and told us, "Yes I know the managers well. They come and talk to me a lot." A relative told us, "We're always kept very well informed of everything, the registered manager is visible I would say. I see her walking around."

All of the staff we spoke with felt able to approach the registered manager and said there was a positive culture in the service. Staff told us, "It's like a family and we all work as a team. All the staff are approachable and management are really supportive."

The registered manager had good communication with the staff team. Staff meetings were held regularly and separate department meetings were recorded including, seniors meetings and night staff meetings. Minutes of meetings reflected staff input and actions were recorded and updated when completed.

Feedback from people and their relatives was sought through meetings and annual surveys. Recent surveys completed by people and their relatives was summarised by the registered manager and produced into a feedback report. This report was displayed on entrance to the service and highlighted the predominantly positive responses received. It confirmed what actions had been taken in response to the feedback.

Feedback we have received confirmed the service had positive relationships with other professionals including, "We are always made welcome when we visit the service" and "When I go to The Coach House I like the atmosphere. The staff are all friendly and the residents always appear happy. There is usually some

activity taking place."

The manager understood the relevant legal requirements and had notified the Care Quality Commission of all significant events which have occurred, in line with their legal responsibilities.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The risk of harm to people was not always assessed, managed and reduced through the effective use of risk assessments. The safe management of prescribed creams required improvement as people could potentially be at risk of not getting their medicines as prescribed.