Chartwell Care Services Limited

The Coach House

Inspection report

10 Woodward Heights
Grays
Essex
RM17 5RR

Tel: 01375396041

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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

Summary of findings

Overall summary

The Coach House is a 'care home'. 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 provides accommodation, personal care and nursing care for up to 13 people who have a neurological condition which has been acquired through a life changing event or diagnosis.

This was the service's first inspection since being newly registered on 14 December 2017.

The inspection was completed on 25 October 2018 and was unannounced. At the time of this inspection there were 13 people receiving a service.

The service had 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.

Suitable arrangements were in place to keep people safe. Policies and procedures were followed by staff to safeguard people and staff understood these measures. Risks to people were identified and managed to prevent people from receiving unsafe care and support. The service was appropriately staffed to meet the needs of the people using the service. People received their medication as prescribed and in a safe way. Recruitment procedures were followed to ensure the right staff were employed. People were protected by the providers arrangements for the prevention and control of infection and suitable arrangements were in place for learning and when things go wrong.

Staff had a thorough induction to carry out their role and responsibilities effectively. Staff had the right competencies and skills to meet people's needs and received regular training opportunities. Suitable arrangements were in place for staff to receive regular formal supervision. People's nutritional and hydration needs were met, including having their cultural requirements and preferences met. People received appropriate healthcare support as and when needed from a variety of professional services. The service worked together with other organisations to ensure people received coordinated care and support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People were treated with care, kindness, dignity and respect. People received a good level of care and support that met their needs and preferences. Staff had a good knowledge and understanding of people's specific care and support needs and how they wished to be cared for.

Care plans were in place to reflect how people would like to receive their care and support, and covered all aspects of a person's individual circumstances. Social activities were available for people to enjoy and

experience both 'in house' and within the local community. Information about how to make a complaint was available and people's representatives told us they were confident to raise issues or concerns.

Suitable arrangements were in place to assess and monitor the quality of the service provided. There was a positive culture within the service that was person-centred, open and inclusive. The service sought people's and others views about the quality of the service provided.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

The provider had appropriate systems in place to ensure that people living at the service were safeguarded from potential abuse.

Suitable arrangements were evident for managing and reviewing risks to people's safety and wellbeing.

There were sufficient numbers of staff available to meet people's care and support needs.

The provider's arrangements to manage people's medicines were suitable and safe.

Is the service effective?

Good

The service was effective.

Staff received a range of training to meet people's needs. Staff received a robust induction and regular supervision.

People's nutritional and hydration needs were met and the dining experience was positive.

People's healthcare needs were met and people were supported to have access to a variety of healthcare professionals and services as required.

The service was compliant with legislation around the Mental Capacity Act [2005] and the Deprivation of Liberty Safeguards [DoLS].

Is the service caring?

Good

The service was caring.

People and their relatives were positive about the care and support provided at the service by staff. Our observations demonstrated that staff were friendly, kind and caring towards the people they supported.

People and their relatives told us they were involved in making decisions about their care and these were respected.

Staff demonstrated a good understanding and awareness of how to treat people with respect and dignity.

Is the service responsive?

Good

The service was responsive.

Staff were responsive to people's care and support needs.

People were supported to enjoy and participate in social activities of their choice or abilities.

People's care plans were detailed to enable staff to deliver care and therapies that met people's individual needs.

Is the service well-led?

Good

The service was well-led.

The management team were clear about their roles, responsibility and accountability. Appropriate arrangements were in place to ensure the service was well-run. Suitable quality assurance measures were in place to monitor the service provided and to act where improvements were required.

The Coach House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 25 October 2018 and was unannounced. The inspection team consisted of two inspectors and a specialist advisor who had experience of caring for people with complex nursing needs.

We reviewed the information we held about the service including safeguarding alerts and other notifications. This refers specifically to incidents, events and changes the registered provider and manager are required to notify us about by law.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Not all people who lived at the service were able to talk with us. We spoke with three people who used the service, a qualified nurse, three members of care staff, the registered provider and the registered manager. We also spoke with three people's relatives.

We reviewed three people's care plans and care records. We looked at the service's staff support records for five members of staff. We also looked at the service's arrangements for the management of medicines, safeguarding, complaints and compliments information and their governance procedures.

Good

Is the service safe?

Our findings

People told us staff looked after them well, that their safety was maintained and they had no concerns. One person told us, "I feel very safe here, given my circumstances the staff do their best." Another person when asked if they felt safe, stated, "Yes" and gave the 'thumbs up' sign and smiled.

Staff told us they received safeguarding training as part of their induction and records confirmed this as accurate. Staff demonstrated a satisfactory understanding and awareness of the different types of abuse, how to respond appropriately where abuse was suspected and how to escalate any concerns about a person's safety to the management team. Staff were confident the registered manager would act appropriately on people's behalf and confirmed they would report any concerns to external agencies such as the Local Authority or the Care Quality Commission if they felt the management team were not responsive.

Where risks were identified to people's health and wellbeing, staff were aware of people's individual risks. For example, staff could tell us who had poor swallowing reflex and was at risk of choking, who had a Percutaneous Endoscopic Gastrostomy [PEG] tube in place and the arrangements in place to help them to manage this safely. The latter is used to provide a person with nutritional intake when normal oral intake is not possible. During our inspection we observed that several people's freedom of movement was restricted using a lap belt when they were sat in their wheelchair. This was solely intended to minimise the risk of falls and to promote and maintain people's safety and wellbeing. Risk assessments guided staff on the measures in place to reduce any risks during the delivery of people's care. Staff's practice reflected risks to people were managed well to ensure their wellbeing and to help keep people safe.

Information available identified people who could become anxious and distressed; and which could cause them to behave in a way that may challenge others. Detailed risk management strategies were in place to enable staff to manage the person's behaviour safely and to improve the person's quality of life without restricting their freedom and liberty. Staff spoken with had a good understanding and knowledge of the risk management strategies in place to ensure theirs and others safety and wellbeing.

The registered manager confirmed staffing levels at the service were determined and funded by the Local Authority or local Clinical Commissioning Group and included two people who received one-to-one support. People's comments about staffing levels were positive and there were always sufficient numbers of staff available to meet their needs. Relatives told us there were always sufficient numbers of staff available to provide the support required to meet their family member's care and support needs. Observations showed people received care from a consistent staff team and the deployment of staff was suitable to meet people's needs in line with information documented within their care plan.

Staff recruitment procedures were thorough and in line with the registered provider's policy and procedure. Relevant checks were carried out before a new member of staff started working at the service. These included processing applications, including a full employment history and exploring any gaps, obtaining written references, ensuring the applicant provided proof of their identity and undertaking a criminal record

check with the Disclosure and Barring Service [DBS]. Prospective employee's equality and human rights characteristics were also recorded and considered when recruiting staff. Information was recorded as part of good practice procedures relating to the interview to demonstrate the outcome of the discussion and the rationale for the appointment.

The medication rounds were evenly spaced out throughout the day to ensure people did not receive their medication too close together or too late. Our observations of staff practice showed staff undertook this task with dignity and respect for the people they supported. We looked at the Medication Administration Records [MAR] forms for six out of 13 people using the service and these showed each person had received their medication at the times they needed them and were kept in good order. Suitable arrangements were in place to ensure staff who administered medication were trained and competent to undertake this task safely.

People were protected by the prevention and control of infection. The service's infection control and principles of cleanliness were monitored and maintained to a good standard. The premises were clean, odour free and staff used appropriate Personal Protective Equipment [PPE], such as gloves and aprons. Staff told us and records confirmed staff received suitable infection control training and understood their responsibilities for maintaining appropriate standards of cleanliness and hygiene; and followed food safety guidance.

When concerns are raised or things go wrong, the approach to reviewing and investigating the reasons was satisfactory and there was evidence of learning from these events. For example, prior to our inspection concerns were raised with the Care Quality Commission about poor medication practices relating to one person using the service. A full investigation was completed, areas for improvement highlighted and lessons learned.

Good

Is the service effective?

Our findings

Staff told us they received regular training opportunities and this provided them with the skills and knowledge to undertake their role and responsibilities and to meet people's needs to an appropriate standard. One member of staff told us, "100% I feel I have received the training I need to support people. If it was an issue I could go to the manager and they'd put the training into place." Training provided included both mandatory and specialist training relating to the needs of the people they supported. For example, staff had received training relating to epilepsy, pressure ulcer management, dysphagia from the Speech and Language Team and end of life care.

Staff received an 'in-house' orientation induction and were given the opportunity to shadow a more experienced member of staff. Staff were also required to undertake and complete the Skills for Care 'Care Certificate' or an equivalent robust induction programme where they did not have previous care experience or had not attained a National Vocational Qualification [NVQ] or qualification undertaken through the Qualification and Credit Framework [QCF]. The Care Certificate is a set of standards that social care and health workers should adhere to in their daily working life. Staff told us they felt supported and valued by the registered manager and the organisation. Supervisions had been completed at regular intervals allowing staff the time to express their views, to reflect on their practice and key-worker role and to discuss their professional development. Staff confirmed this was a two-way process.

Staff demonstrated a good understanding of people's individual nutritional needs and how these were to be met. Staff were aware who had swallowing difficulties or dysphagia, required their meals to be pureed and required a thickening powder to aid their swallowing difficulties and to minimise the risk of aspiration. The service considered people's cultural requirements. One person told us they had provided instruction and guidance to staff about their cultural requirements needs and preferences. Staff spoken with were aware of this and confirmed the traditions of the person's culture and preferences were followed.

The nutritional needs of people were identified and where people who used the service were at nutritional risk, referrals to a healthcare professional such as the GP and Speech and Language Therapist [SALT] had been made. Where instructions recorded that people should be weighed at regular intervals, this had been followed to ensure their nutritional and hydration needs were being monitored and any concerns were picked up at the earliest opportunity.

Staff worked well with other organisations to ensure they delivered good joined-up care and support. The registered manager and staff team knew the people they cared for and liaised with other organisations to ensure the person received effective person-centred care and support. This was particularly apparent where people's healthcare needs changed and they required the support of external organisation's and agencies.

People told us their healthcare needs were well managed. Relatives confirmed they were kept informed of their member of family's healthcare needs and the outcome of any healthcare appointments. Care records showed that people's healthcare needs were clearly recorded, including evidence of staff interventions and the outcomes of healthcare appointments.

People using the service lived in a safe, well maintained environment. People's diverse needs were respected as their bedrooms were personalised to reflect their own interests and preferences. People had access to comfortable communal facilities, comprising of a large lounge and separate dining area. Adaptations and equipment were in place to meet peoples assessed needs. For example, most people used a variety of mobility aids to enhance their mobility and ceiling hoist tracking systems were available.

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 the 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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 and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff had a good knowledge and understanding of MCA and Deprivation of Liberty Safeguards (DoLS). Staff were observed during the inspection to uphold people's rights to make decisions and choices. Information available showed that each person who used the service had had their capacity to make decisions assessed.

Good

Is the service caring?

Our findings

People were happy with the care and support they received and told us that staff were kind and caring. One person told us the care and support they received at the service was good and their care and support needs met. Another person told us they liked the staff that supported them each day. Additionally, relatives spoken with were very complimentary about the care and support provided for their family member. One relative told us, "The care [name of person using the service] gets is absolutely fine, I have no concerns or worries." A second relative told us, "I was [name of person using the service] full time carer, his care here is brilliant. The past few months since it [The Coach House] has been taken over, [name of person using the service] is much happier now."

Our observations showed people received good person-centred care. People valued their relationships with staff and spoke favourably about individual staff members. People told us they had a good relationship with the staff who supported them and staff were observed to have a good rapport with the people they cared for. There was much good humoured banter during the inspection which people appeared to enjoy. During our inspection we saw that people and staff were relaxed in each other's company and it was clear staff knew people well.

Staff understood people's different communication needs and how to communicate with them in an effective and proactive way. For example, people who could verbally communicate and those who only communicated using non-verbal cues. Some people were observed to benefit from specific assistive technology, such as laptops and electronic tablets to aid their communication with staff. One person used a 'talking spell checker' and another person used 'eye gaze' technology to enable the person to control their laptop with their eyes. Staff were seen to sit next to people and to talk with them. Staff provided clear explanations to people about the care and support to be provided in a way that the person could easily understand.

The registered manager confirmed that people's relatives advocated on their behalf and at present no-one had an independent advocate. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves. People were encouraged to make day-to-day choices and their independence was promoted and encouraged where appropriate and according to their abilities.

Staff provided good examples of what dignity meant to them, for example, knocking on doors, keeping the door and curtains closed during personal care and providing explanations to people about the care and support to be provided. Our observations showed staff respected people's privacy and dignity. Staff knocked on people's doors before entering and staff were observed to use the term of address favoured by the individual. Additionally, people were supported to maintain their personal appearance and to ensure their self-esteem and sense of self-worth. People were supported to wear clothes they liked, that suited their individual needs and preferences. Staff were noted to speak to people respectfully and to listen to what they had to say. The latter ensured that people were offered 'time to talk', and a chance to voice any concerns or simply have a chat.

People told us their personal care and support was provided in a way which maintained their privacy and dignity. Care and support was provided in the least intrusive way and people were treated with dignity and respect. The care records for one person identified that in line with the person's cultural requirements only female care staff were to attend to their personal care needs. Staff were aware this was how the person liked their care to be provided and staff ensured their preferred gender of staff for personal care was followed.

People were supported to maintain relationships with others. Several people had an electronic tablet and could stay in touch with their family and friends through digital video chat and voice call services. People's relatives and those acting on their behalf visited at any time. Staff told us people's friends and family were always welcome. Relatives confirmed there were no restrictions when they visited and they were always made to feel welcome.

Good

Is the service responsive?

Our findings

People using the service and those acting on their behalf told us they received good personalised care and support that was responsive to their needs. Recommendations and referrals to the service were made through the Local Authority and Clinical Commissioning Group. An initial assessment was completed by them and together with the registered provider's assessment, this was used to inform the person's care plan.

The registered provider used a computer based care planning system. People's care plans included information relating to their specific care needs and how this was to be delivered by staff. People's care plans also recorded detailed evidence relating to people's preferred routines. Care plans were regularly reviewed and where a person's needs had changed these had been updated to reflect the new information. For example, prior to our inspection concerns were raised with the Care Quality Commission about poor medication practices relating to one person using the service. Following a full investigation, staff received additional training and the person's care plan and risk assessment was updated to reflect revised arrangements to ensure any future risks to the person was minimised. Staff had access to an electronic tablet to upload clinical and daily care records to the system. This ensured information recorded was up-to-date and accessible to all staff. Staff told us they were made aware of changes in people's needs through handover meetings and discussions with the qualified nurses and the registered manager. This meant staff had the information required to ensure people who used the service would receive the care and support they needed.

It was evident from our discussions with the registered manager and staff that efforts were made to ensure people using the service had the opportunity to take part in social activities of their choice and interest, both 'in house' and within the local community. One person told us they regularly went shopping and were due to attend a comic convention in London and would be supported to do this with a member of staff. Others enjoyed therapeutic interventions such as aromatherapy and massage. One person liked to listen to gospel music whilst they remained in bed and during the inspection this was heard to be playing.

The service had a complaints procedure in place for people to use if they had a concern or were not happy with the service. People spoken with knew how to make a complaint and who to complain to. People and those acting on their behalf told us if they had any concerns they would discuss these with staff on duty or the registered manager. The complaints log showed since the service was newly registered December 2017, there had been three complaints. A record was kept of all issues raised, action taken and the outcome.

Although no one living at the service was receiving end of life care, the registered manager provided an assurance that people would be supported to receive good end of life care to ensure a comfortable, dignified and pain-free death. The registered manager had facilitated end of life care training to staff. Furthermore, they told us they worked closely with relevant healthcare professionals and attended a manager's support group at a local hospice.

Good

Is the service well-led?

Our findings

People living at the service and their relatives were very complimentary and positive regarding the management of the service. Staff told us the service was well-led and managed. One staff member told us, "The service is well led, a lot more is in place than it was before." The registered provider visits the service weekly and the registered manager told us, "He has been a fantastic support, is at the end of the phone and sometimes we speak daily. We have a regular meeting every Tuesday and I also have the support of others from within the organisation if I need it." Staff told us they felt respected, valued and supported. One member of staff said, "I can't ask for a more supportive manager, she's always there and supported me." Another staff member told us, "I find the manager and senior management team approachable; I feel I can be honest and open." A person using the service told us, "I can talk to the registered manager if I need to."

Records showed clear and effective governance and management arrangements were in place. The registered manager could demonstrate to us the arrangements in place to regularly assess and monitor the quality of the service provided. This included the use of questionnaires for people and those acting on their behalf. In addition to this the registered manager monitored the quality of the service through the completion of several audits. This included an internal review by the registered provider.

Quality assurance arrangements were robust and identified what was working well and areas for improvement. Audits were completed in areas including infection control, health and safety and medication. Data relating to clinical information, for example, the incidence of pressure ulcers, infections, weight loss and gain, accidents and incidents was collated and all of the above information was recorded within the service's action plan. Where areas for improvement and corrective action were identified, these had been addressed. For example, where gaps on MAR forms had been identified, the registered manager was proactive in identifying this as an issue and a new electronic medication system was being considered that would help eliminate these and provide a better auditing tool.

A 'Service Improvement Plan' was in place following an internal review carried out by the registered provider. This highlighted areas for improvement, for example, to the service's deep cleaning and accident and incident records. Information available showed satisfactory arrangements outlining required improvements, were being implemented within the service. A monthly action plan was also in place with clear agenda items discussed between the registered provider and registered manager, detailing what was working well and areas for improvement.

Staff confirmed regular team meetings were held and minutes of these meetings were available to confirm what we were told. Various subjects were discussed and any concerns identified were taken back to the registered provider by the registered manager. Staff told us, "The nurses went to the manager about their workload. The provider and manager listened and responded by giving us team leaders, which has helped us."

The registered manager monitored staffs practice against the organisations values, such as providing, dignified and compassionate care, achieving better outcomes for people using the service, to respect

people as individuals and to strive to continuously improve. Staff confirmed and records showed these were regularly discussed during team meetings or during supervision, where issues relating to staffs' practice were identified.

The service involves people who use the service, their family, friends and other supporters in a meaningful way. Staff told us how families and advocates are involved in care planning on a regular basis. The registered manager told us, "I have an open-door policy and families can come in whenever they like." Records showed 'relative' satisfaction surveys were undertaken shortly after the service was taken over in December 2017 and satisfaction questionnaires are due to be sent out in November 2018. Information available showed the service welcomed feedback even if it was unfavourable. For example, a team leader told us there had been concerns expressed about medication running low before being reordered and this presented a potential risk for people using the service. The registered provider and manager reviewed this and it no longer was an issue.

Records showed health and safety checks and servicing of equipment relating to the environment had been completed. Records showed the service had received an inspection by Essex Fire and Rescue in December 2017, where it had been found to be non-compliant in two areas and at the time of this inspection these actions remained outstanding. The registered provider stated the works should have been undertaken as part of the sale of the home by the previous organisation. Additional information provided, showed the registered provider had been in contact with an external contractor in October 2018 to undertake the works.

There was evidence to show the service worked collaboratively with other services and professionals to support care provision and joined-up care.