

Coach House (Carleton-In-Craven) Limited

The Coach House Residential 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?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

What life is like for people using this service:

Since our last inspection the provider had failed to effectively act on the recommendations and breaches identified to make sufficient and sustained improvements. The provider displayed a commitment to providing high quality person centred care but lacked the knowledge in some areas to implement safe systems to achieve this. The provider demonstrated their motivation to improve by working alongside the local authority and ourselves during and after the inspection.

The provider told us they would be seeking up to date policies which they could follow to demonstrate they worked within the law and used best practice to achieve positive outcomes for people in the future. The quality assurance system in place was not robust enough to ensure quality and safety. Formal ways of involving staff, people and their relatives were not in place. Systems to learn from accident and incidents to demonstrate continuous improvement were not in place. Risk assessments based on recognised evidence were not used to prevent people being at risk of avoidable harm. These systems need to work together to improve the safety and quality of the service.

People did not always receive effective care and support based on best practice. Where people's needs had changed the provider did not always consider their environmental and moving and handling needs.

People told us they felt safe and well cared for. Staff afforded people respect and dignity and delivered care and support with compassion. People enjoyed the opportunities available to participate in activities. They told us overall, they would like to see more activities and time to access the community.

More information is in detailed findings below. We identified two breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014 around governance and the environment. Details of action we have asked the provider to take can be found at the end of this report.

Rating at last inspection: Requires Improvement (report published 21 March 2017)

About the service: The Coach House Residential Home is a residential care home for up to 15 older people, some of whom may be living with dementia. At the time of the inspection 11 people lived in the service.

Why we inspected: This was a planned inspection based on the rating at the last inspection. Sufficient improvements had not been made since our last inspection which means the rating remains at requires improvement. This is the second consecutive time this service has been rated requires improvement.

Follow up: We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress.

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

Details are in our findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our findings below.

Requires Improvement ●

Is the service caring?

The service was caring

Details are in our findings below.

Good ●

Is the service responsive?

The service was not always responsive

Details are in our findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led

Details are in our findings below.

Inadequate ●

The Coach House Residential Home

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team: Two inspectors visited on both days.

Service and service type: The Coach House Residential Home is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was announced. We told the provider we would be visiting on both days.

What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority, clinical commissioning group (CCG) and other professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection we spoke with three people and four relatives to ask about their experience of the care

provided. 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.

We spoke with six members of staff including the registered manager who is also the owner (provider) and the co-owner. They are referred to as the provider in this report. We spoke with the chef, administrator and two care workers. During and following the inspection we spoke with three visiting professionals.

We reviewed a range of records. This included five people's care records and multiple medication records. We also looked at two staff files around staff recruitment. Various records in relation to training and supervision of staff, records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider. Some of this information was received following the inspection.

Is the service safe?

Our findings

Aspects of safety were not consistent enough to protect people from avoidable harm

Premises safety

At the last inspection in January 2017 the provider had failed to ensure the premises were safe and suitable in relation to fire safety. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Sufficient improvements had been made at this inspection around fire safety and the provider was no longer in breach of Regulation 12.

- Certificates to evidence checks of equipment and the environment were not always readily available. Some checks, such as an asbestos survey had not been completed. We worked with the provider during and following the inspection to ensure these were completed.
- Systems and processes to enable staff to carry out safety checks on items such as bed rails were not in place. We did not find that equipment was poorly maintained. However regular checks would help ensure any defects were quickly recorded and dealt with.

Assessing risk to people, safety monitoring and management. Learning lessons when things go wrong

At the last inspection in January 2017 we recommended that the provider implement best practice guidance in relation to individual risk assessments around manual handling of people.

- The provider was using a moving and handling tool; however, the tool had not supported them to recognise where people required more than one person to support them with being moved.
- The provider was not using evidence based risk assessments for areas such as falls, pressure care and nutrition. They were supported by the district nurse teams to understand risk; however, this support was infrequent. The provider agreed to complete their own assessment of risk in all areas of support where it was required.
- Staff understood where people required support to reduce the risk of avoidable harm. We found no evidence of harm to people because staff had appropriate knowledge to manage risks well.
- We worked with the provider during and after inspection to implement recognised risk assessment tools to assess and mitigate risks to people.
- Where accidents and incidents had occurred, the provider had not investigated the root cause and implemented changes to reduce the likelihood of a reoccurrence based on any lessons learnt.

We recommend that the provider develop their risk assessment and incident system to evidence action taken to meet the requirements of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- Records were kept when medicines were administered. We observed medicines administration was safe and people were supported with dignity in this area.
- The medicines system was not based on current best practice. For example; where people were prescribed 'as and when required' medicines there were no protocols to assist staff to understand when to administer such medicines.
- The provider's policy for medicines management was out of date and did not include current best practice guidance. Checks that were carried out therefore were not based on current best practice.
- People told us they were happy with the support they received with medicines. People were safely supported to be independent with their medicines where appropriate.

We recommend that the provider update their policy and practice in relation to medicines management to incorporate current best practice.

Staffing levels and recruitment

At the last inspection in November 2017 we recommended that the provider implement a formal system for calculating the number of staff required based on current best practice.

- The provider had failed to implement a system to assess people's dependency to understand the number of staff needed to support them. We worked with the provider during and after the inspection to implement such a system which led to an increase in the numbers of staff on duty. The provider agreed to continue to use the dependency system.
- Care workers were expected to carry out domestic tasks such as laundry, cleaning and cooking. The provider agreed to take into account the non-care duties when deciding staffing levels to ensure enough staff were deployed to deliver direct care.
- Staff had been recruited safely to ensure they were suitable to support vulnerable people.

Safeguarding systems and processes

- The provider had a safeguarding procedure to follow and staff had been trained to understand the signs of abuse and how to report incidents.
- We found two occasions where incidences had occurred which had not been reported to the local authority or the Care Quality Commission (CQC). The provider had sought appropriate medical support on each occasion.
- People and relatives told us they felt safe, one relative said, "My family member is kept safe and is well looked after."

Preventing and controlling infection

- The service was clean and staff had access to personal protective equipment to help prevent the spread of infection.
- The service smelt pleasant throughout.

Is the service effective?

Our findings

People's care and support was not always effective. This affected the provider ability to achieve good outcomes for people.

Staff skills, knowledge and experience

At the last inspection in January 2017 the provider had failed to ensure staff received appropriate training to enable them to fulfil their role. This was a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements had been made at this inspection and the provider was no longer in breach of Regulation 18.

- Staff were competent, knowledgeable and skilled and carried out their roles effectively.
- Staff told us they had completed an induction programme. The provider had a training matrix to monitor staff training completed and training required. There had been a turnover of staff which meant some still required their classroom induction. The provider confirmed following the inspection that this had been completed.
- Staff told us they had received support through supervision and appraisal.

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

- The environment is an adapted domestic property which is not renovated to accommodate people with complex mobility needs. People with varying degrees of mobility were supported. There is no passenger lift to access the upstairs of the property. A stair lift is available for people who can walk independently. One person, whose needs had changed, was living upstairs. They did not have the physical ability to access downstairs. There had been no re-assessment of how their care was delivered, or consideration given to the fact that the environment was no longer suitable for them.
- The only communal bathroom contained a bath hoist and was on the ground floor. Following our inspection, a visiting professional reviewed these bathroom facilities and reported they were not suitable for use. The circulation space within the bathroom did not allow for use of equipment and the numbers of staff needed to meet people's hygiene and care needs safely.
- Some of the bedrooms included ensuite facilities with a toilet and wash hand basin. However, due to the design of these areas some people were unable to access their sinks.
- The service supported people living with dementia. No assessments had been carried out to assess what alterations and adaptations, to include suitable use of signage and decoration, were required to assist these people to orientate themselves.

The premises and equipment were not always suitable for the purpose for which they were being used. This was a breach of regulation 15 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Assessments had been carried out, expected outcomes were identified and care had been regularly reviewed. Where people's health had deteriorated the provider had failed to seek a formal review of their needs. We instigated some reviews of people which demonstrated they required different services to meet their needs. The provider agreed that in future they would immediately seek professional reviews when people's needs changed.

Eating, drinking, balanced diet

At the last inspection in January 2017 we recommended that the provider consider ways of providing people with more choice and ensuring that dietary preferences were identified and catered for.

At this inspection one choice was available at mealtimes and if people did not like what was on offer they could request an alternative. Where people had specific dietary preferences such as vegetarianism this was catered for.

- People had access to sufficient food and drink throughout the day; food was well presented and people told us they enjoyed it.
- People did feedback that they ate lots of sandwiches at tea time and would prefer more variety at this meal. We asked the provider to offer people and their relatives opportunity to provide feedback about meals. The provider agreed to do this.
- Where people were at risk of poor nutrition professionals were involved where required.

Healthcare support

- Where people required support from healthcare professionals this was organised and staff followed guidance provided. Information was handed to other agencies if people needed to access other services such as hospital.
- It was difficult to find the last date people saw some professionals, for example the dentist. The provider told us they would implement a better system in the care plans so dates were easier to locate.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- Staff ensured that people were involved in decisions about their care and they knew what they needed to do to make sure decisions were taken in people's best interests. How to record such decisions was not understood by the provider. We worked with them during inspection to support their knowledge in this area. They agreed to implement appropriate records following the inspection.
- Where people did not have capacity to make decisions, they 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 supported this practice.

- Where people were deprived of their liberty the provider worked with the local authority to seek authorisation for this.

Is the service caring?

Our findings

The service involved and treated people with compassion, kindness, dignity and respect

Ensuring people are well treated and supported

- People were always treated with kindness and were positive about the staff's caring attitude. We received feedback from people and relatives which supported this. One person told us, "Staff are caring and kind I have no complaints. They all have a happy smile." A relative said, "Staff are caring in the way they talk to my family member. They have got to know their little ways and they have coped well with that."
- People did not have their life history recorded. This is a known way for staff to get to know people and to build positive relationships. The provider explained this was a piece of work they were planning to introduce.
- People told us staff knew their preferences and used this knowledge to care for them in the way they liked.
- Where people were unable to express their needs and choices staff understood their way of communicating. Staff observed body language, eye contact and simple sign language to interpret what people needed.

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

- Staff supported people to make decisions about their care and they knew when people wanted help. Where needed they sought external professional help to support decision making for people.
- Staff signposted people and their relatives to sources of advice and support or advocacy; and provided advisors or advocates with information after getting permission from people.
- We observed relatives working with the provider on numerous occasions where they discussed the best approach to support a person or ideas which may help. Relatives were involved where appropriate in designing the care and support for their family member.

Respecting and promoting people's privacy, dignity and independence

- Staff showed genuine concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against in any way.
- People's right to privacy and confidentiality was respected.
- People were afforded choice and control in their day to day lives. Staff were keen to offer people opportunities to spend time as they chose and where they wanted. One person was observed reading the newspaper privately in their room and another person spent time with family in a private area.
- We observed how staff treated people with dignity and respect and provided compassionate support in an individualised way.

Is the service responsive?

Our findings

People did not always receive personalised care that responded to their social needs.

Personalised care (including end of life care)

- People had access to planned activities half a day per week and a full day each fortnight. People and their relatives told us the activities were enjoyable and that people really liked them. Staff were responsible for activities provision at all other times. Staff told us it was difficult to do this with the other tasks they had to do. We saw they supported people on an individual basis to do puzzles and chat. People played dominoes and did quizzes. Overall people felt more activities were needed to prevent them feeling bored and isolated. People particularly wanted access to the community. We spoke with the provider about activities provision and they agreed to review this to enable people to have more planned, personalised and effective support in this area.
- Staff knew people's likes, dislikes and preferences. They used this detail to care for people in the way they wanted. One member of staff told us, "I know people very well, for example [name of person] eats lots in the morning and has no lunch and another person we know may miss dinner but will enjoy snacks all afternoon."
- The detail staff knew about people's preferences was not always recorded in their care plans. For example, a member of staff told us, "One person likes a warm bath and asks that the bathroom heater is switched on for at least an hour before her bath." We discussed this with the provider who agreed to capture the detail of people's preferences within their care plans.
- People's needs were identified relating to protected equality characteristics. For example, reasonable adjustments were made where appropriate; and the staff identified, recorded, shared and met information and communication needs of people with a disability or sensory loss, as required by the Accessible Information Standard.
- The provider worked with the Care Homes Improvement team from the NHS to ensure people's preferences around palliative support were recorded. A shared document was used to communicate these choices with the local hospital and GP.

Improving care quality in response to complaints or concerns

- People knew how to provide feedback about their experiences of care and the service provided a range of accessible ways to do this.
- People and relatives knew how to make complaints. They said they would be listened to. The provider told us they acted upon concerns in an open and transparent way, and used them as an opportunity to improve the service.

Is the service well-led?

Our findings

Leadership and management did not assure person-centred, high quality safe care and a fair and open culture.

Managers and staff roles, understanding of quality performance, risks and regulatory requirements. Continuous learning and improving care.

At the last inspection in January 2017 the provider had failed to implement systems and arrangements to ensure people received a safe and quality service. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we did not find sufficient improvement had been made and the provider remained in breach of Regulation 17.

- Following the last inspection, the provider had failed to act where recommendations were made or breaches were identified, in areas such as staffing, policy updates and quality assurance systems.
- Systems and arrangements were not robust enough to assess, monitor and improve the quality and safety of the service. For example; recognised tools to assess people's care needs were not in place. Where people's needs had changed the provider had failed to ensure people received formal reassessments of their needs. This had led to people living in an environment which was unsuitable to meet their needs.
- The provider had not ensured safety checks had been completed in all areas.
- The provider did not demonstrate they had the up to date knowledge to implement systems which demonstrated best practice and ensured compliance with legislation. For example; to ensure safe staffing, risk assessment, medicines management and the implementation of records in relation to the Mental Capacity Act. Policies remained out of date and did not reflect the up to date legislation or best practice guidance.
- There was a lack of systems in place to seek feedback from staff, people who used the service and relatives.
- The provider had failed to report serious injuries to the Care Quality Commission as required by law. This was a breach of the Care Quality Commission (Registration) Regulations 2009. This is being dealt with outside of this inspection.

The provider has failed to demonstrate sufficient improvement in their systems to reduce the likelihood of avoidable harm and remains rated Requires Improvement overall for the second consecutive time.

The lack of robust quality assurance meant people were still at risk of receiving poor quality care which may place them at risk of harm. This was a continued breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During and following the inspection the provider listened to the feedback and worked to start implementing safe systems to reduce the likelihood of harm and to improve people's experience of the care they received. This involved working with the local authority.

Leaders promote person-centred, high-quality care and good outcomes for people. Working in partnership with others and involving people using the service.

- The provider demonstrated a commitment to provide person-centred, high-quality care but there was a lack of systems in place to encourage feedback. Therefore, the provider did not show the actively sought to continuously improve the service.
- The service involved people and their relatives in day to day discussions about their care in a meaningful way. Relatives told us, "I find [name of provider] efficient. All the staff have compassion and understanding."
- The provider worked closely with visiting professionals such as district nursing teams.

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 15 HSCA RA Regulations 2014 Premises and equipment Equipment and premises were not always suitable to meet the needs of people using the service. Regulation 15 (1) (c)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were not fully established and were not operated effectively to assess and monitor risk, safety and quality. Appropriate systems were not in place to demonstrate learning and continuous improvement following feedback or incidences. Regulation 17 (1) (2) (a) (b) (e) (f)