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Coach House Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection was unannounced and took place 9 November 2015.

Coach House Nursing Home is registered to provide accommodation, nursing and personal care for adults who have a dementia related illness for a maximum of 17 people. There were 15 people living at home on the day of the inspection.

There was a registered manager in place. However whilst they were not actively involved in the day to day running of the home there was a day to day manager in post. The manager was supported by one of the owners of the home. A 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 they felt safe and staff were available to support them. People were helped by staff to reduce the potential risk of harm and abuse. Medicines were given to people as prescribed or as they needed them. People felt they had staff that were always around and they did not have to wait for assistance. Staff at the home agreed they were able to look after people and meet their needs, without delay.

Assessments of people's capacity to consent and records of decisions had not been completed. The provider could not show where people had not been able to give their consent to care and treatment or that the relevant people had been consulted. People told us they liked the staff and felt they knew how to look after them. Staff also ensured they listened and responded to people's day to day choices about their care and support.

Staff were provided with training that they told us helped them understand and know how to provide care in areas like dementia care. Staff were supported by the manager and provider and told us they were able to speak to them for advice and guidance when needed.

People enjoyed the choice of meals and had been supported where further assistance or particular diets were needed. People had accessed other health and social care professionals when needed to support their health. People were helped to contact and arrange appointments with services which were not available within the home. They had regular visits from one local GP surgery when needed.

Staff knew the care needs of people who felt involved in their care and treatment. Staff were clear about the levels and expected care needs of people at the home. People's privacy and dignity were respected and staff were kind to them. People had been involved in the planning of their care and relatives were involved in supporting their family members care.

People were able to spend time doing the things they enjoyed and in an environment they liked. People and

relatives both felt that staff were approachable and listened to their requests. Staff also felt confident to raise any concerns on behalf of people.

The management team were approachable and visible within the home and people knew them well. The manager spent time with people and staff and people were positive about them. The provider had kept their knowledge current and they led by example. The provider and manager had made regular checks to monitor the quality of the care that people received and look at where improvements may be needed.

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.

People received their medicines in a safe way. People were cared for by staff who had the knowledge to protect people from harm. People were supported by sufficient numbers of staff to keep them safe, meet their needs and their provide medicines.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People's consent to care and their capacity had not always been considered for individual decisions. People's dietary needs had been assessed and they had a choice about what they ate. Input from other health professionals had been used when required to meet people's health needs..

Is the service caring?

Good ●

The service was caring.

People received care that met their needs. When staff provided care they met people's needs whilst being respectful of their privacy and dignity and took account of people's individual preferences.

Is the service responsive?

Good ●

The service was responsive.

People were supported to make everyday choices that met their needs. People spent their time as they wanted and staff supported people with group activities or outings.

People were confident that if they had concerns, they could raise these with staff. They felt they would be listened to, taken seriously and receive a response to the issues they raised.

Is the service well-led?

Good ●

The service was well-led.

Whilst the registered manager was not involved in the running of the home another home manager was in post. The manager and provider had monitored the quality of care provided. Effective procedures were in place to identify areas of concern.

People, their relatives and staff were complimentary about the overall service and had their views listened to.

Coach House Nursing 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 unannounced inspection took place on 9 November 2015. The inspection team comprised of one inspector. As part of the inspection, we reviewed the information we held about the home and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

During the inspection, we spoke with eight people who lived at the home and two relatives. We spoke with the owner, manager, one nurse and three care staff. We looked at two records about people's care, five medicine records, falls and incidents reports and checks completed by the provider.

Is the service safe?

Our findings

Four people that we spoke with told us that they felt safer now they lived at the home, as staff were always there to help them if needed. One person said, "I am safer here now rather than at home". Two people felt their home was secure and the staff were friendly and "looked out for them" in a supportive way.

All the care staff told us they kept people safe by helping people when needed and how many care staff a person needed to provide safe care. They were also clear about the signs of abuse that may occur and were confident to report concerns about people's safety to the manager or provider.

Three people told us about how they were involved and encouraged to manage their personal safety. Two people spoke about how they used their walking aids, and we saw staff support other people to walk or stand up from the chair where needed. One person told us their main risks were, "lack of balance and handling hot food", which they felt were managed well by care staff. Staff were aware of the level of support needed to help reduce people's risk. For example, the help people needed to monitor their health conditions or physical safety.

Where people had falls, accidents or injury the manager had monitored these as individual incidents and reviewed on a regular basis. The manager told us this helped to identify if there were any risks or patterns to people that could be prevented. For example, if a person may need advice or support from a specialist or additional equipment in support of their care.

All people we spoke with felt the staffing team were always available for them and if there was a delay for any reason they would also be told. Three people were also happy that when they used the call bell in their room when they needed staff they came without delay. One person said that staff were, "Ever ready" to care for them. Two relatives commented that staff were always around and available if they needed to chat to them. Staff told us they felt there were enough staff available to provide people's care and social support.

The provider ensured that nursing and care staff were supported by a manager, catering and housekeeping staff to ensure the right skill mix were available to manage and meet people's needs who lived at the home. We saw staff had time to respond to people's requests and spend time talking to people and checking they were comfortable or if they needed anything. All staff we spoke with said they worked as a team to cover shifts and that agency staff were used when needed to ensure that the correct number of staff were on shift. The manager and provider regularly reviewed the staffing levels to ensure people needs were met. This involved talking to people and staff for their views and opinions.

All people that we spoke with told us the nursing staff looked after their medicines and were supported to take their medicine when they needed it. One person told us about the medicines they used to manage their pain and that nursing staff could explain what the medicines were and how often they could have them. One person told us that their GP and consultant reviewed their medicines if they felt they had not been effective.

Nursing staff were responsible for administered medicines and told us how they ensured that people

received their medicines at particular times of the day or when required to manage their health needs. People's medicines had been recorded when they had received them. The manager told us they checked the medicines when they were delivered to the home to ensure they were as expected. Staff knew the guidance to follow if a person required a medicine 'when required'. Nursing staff had reviewed the information available to know if people's medicines were appropriate to meet their needs. For example, nursing staff had worked with the GP to alter a person's medicines to reduce the amount of times it was taken during the day which had reduced the amount of times the medicine had been refused by the person.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

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.

We looked at two people's care records and saw that capacity assessments had not been completed when a decision had been made for them without their knowledge. The decisions made did not show how the person's capacity had been assessed or that consideration had been given to alternative options that may have been available. For example, two people now had bed sides in place to keep them safe without their consent or capacity being assessed. Two people had the decision made by a relative; however the manager or the provider were not aware if they had the legal right to do so. The manager will need to ensure people are empowered to make decisions for themselves wherever possible and assess and protect people who may lack capacity.

While we saw staff listen and responded to people's day to day decisions and choices, the manager and three care staff we spoke with felt their understanding was limited in this subject. The provider had recently completed further training in this area and planned to make improvements to develop staffing knowledge and process to support people living at the home.

Where people had restrictions placed on their freedom they had been protected by the correct procedure being followed. Applications had been made to the local authority as required and the provider was waiting for the assessments to be completed.

All people we spoke with felt that staff knew how to look after them and support their health conditions. For example, by understanding how to manage their diabetes or Parkinson's. One relative was "Very confident" in how the staff understood their family members needs and how to provide their care.

Care staff demonstrated and we saw that they understood people's needs and how to respond accordingly. They told us about the training they had completed and what this meant for people who lived in the home. For example, how to provide care for people who were living with dementia and how to use a hoist. One nurse told us they were helped by additional training courses and support from the manager and provider who were both nurses. They told us this made them confident to assist people with who required additional support needs, such as specialist nutritional support.

Care staff felt supported and told us they would talk to the manager about their role and responsibilities, training or wellbeing requests. They also knew the owners and felt comfortable to approach them and that they would be supportive. One said, "Standards change and you have to keep up. [Manager] is good for advice and guidance".

All people that we spoke with told us there was a choice of food and were the types of meals they liked. One person said they enjoyed the, "Traditional meals and the puddings. They are my favourite".

People were supported by staff with their meal if needed or provided with a specialist soft or purred diet. People were not rushed at mealtimes and were able to choose to have their meal in the dining room, the lounge or in their rooms. Two people we spoke preferred a hot meal in the evening and a lighter meal in the afternoon, which was provided. Staff told us about the food people liked, disliked and who may be a risk of choking or losing weight.

People told us they got to see their GP, and visits were arranged if needed. People were supported with additional aids that promoted their wellbeing. For example, reading glasses and hearing aids. People also attended hospital appointments and we saw that care staff were able to accompany the person if required.

Staff were able to tell us how people were individually supported with their health conditions where they needed external professional support. One person told us they were receiving additional help with their sight. We saw records that showed where advice had been sought and implemented to maintain or improve people's health conditions. For example, ensuring people were supported to prevent the risk of developing skin ulcers by using pressure relieving equipment.

Is the service caring?

Our findings

All people we spoke with told us the staff were kind, caring and attentive to them. One person told us that there were, "Good care staff around" whenever they needed them. They also told us they enjoyed living in the home and one person said, "The atmosphere is good, cheerful". One relative we spoke with told us they were, "Really pleased with the care" and was "So much happier now", since their family member came to the home. All relatives told us the nursing and care staff were approachable and friendly with everyone. People told us that when their friends and relatives visited they were always welcomed by staff at the home.

The atmosphere was quiet and relaxed and people had developed friendships with both people living at the home and the staff. One person told us that the care staff, "Know me well enough now". People were comfortable with staff who responded with fondness. One person said, "I like to have a joke with them (staff)". One staff member told us, "Some like a bit of banter, although it's always done with respect". Three staff told us they got to know people and what they were interested in by spending time chatting with them. One staff said, "The more time you spend with the more you learn". Staff knew when people required emotional support which they gave. One person told us, "When I cry, the staff understand me and why. That's just who I am".

People had expressed their views about their care and five people told us they were involved in making decisions about what they needed day to day. One person said, "You say what you want. They don't ever rush you". Three people told us they felt involved in reviewing their care needs and were supported by staff in discussing their options.

People told us they remained in control of their day to day requests, preferences and routines. For example, the time they got up or went to sleep. One person said, "They (staff) are flexible with my needs. It depends on how I feel". One relative said they were always involved and felt the care was right for their family member. Nursing and care staff frequently checked and asked if people required anything. For example, when a person may like a drink or some company.

Two care plans we looked at recorded people's likes, dislikes and their daily routine. All staff we spoke with were able to tell us people's preferred care routines. For example, their preferred wake up time and daily routines. They said they respected people's everyday choices in the amount of assistance they may need.

Five people told us were supported to do as much on their own as they could to remain independent with their personal care. Two people told us about how much support they needed from staff and were happy that they were able to maintain their independence within in the home. Two people felt that staff would offer encouragement and guidance when needed. Staff told us about how it was important that people's levels of independence were maintained. However, they were aware that this may vary day to day depending on how well people felt.

People received care and support from staff that were respectful. Staff took time with people and three staff told us they worked at the person's own pace and never rushed care. Two people we spoke with were

comfortable with the level of privacy. Staff ensured people's privacy and were considerate when they spoke with people about their care needs. One staff told us they did this to ensure that "personal stuff" was not shared with others in the communal areas. Staff spoke respectfully about people when they were talking and having discussions with other staff members about any care needs.

Is the service responsive?

Our findings

Five people we spoke with told us they got the care and support they wanted. They also felt that any changes to their health had been recognised and acted on by staff. There were examples they provided that showed how they felt nursing and care staff had done this. This included, improving leg wounds, noticing ear infections and getting medicines to treat the condition and providing pain relief. One person said, "Anything wrong, they are spot on at recognising it". People's health matters were addressed either by nursing staff at the home or by referring to other professionals.

Two relatives told us they were confident that their family member's health was looked after by nursing staff who had the knowledge needed. They also felt staff provided updates if there were any changes or able to make suggestions that they felt their loved ones would prefer. Staff took time to talk with family members about how their relative had been. One relative said, "They contact me when needed".

Staff used observations and discussions with other staff to recognise any changes or concerns about people's wellbeing. Staff told us they felt this supported people and they would record and report any changes in people's care needs to nursing staff. Three of the staff we spoke with said they were listened to and the nurses then followed up any concerns.

People's needs were discussed when the nursing staff shift changed to share information between the team. The nurse leading the shift would share any changes and help manage and direct care staff. All staff we spoke with knew where people required wound dressings changed or had appointments they needed to attend. Three staff told us that they knew people well and were able to notice if people were unwell or their conditions changed. The staff also held a diary and communication book so appointments and reminders were available for all staff to refer if needed.

People's views about their care and their relatives input had been recorded and considered. One person told us, "I am asked about what I want. I'm not looking at the paperwork; my [relative] does that for me". We looked at two people's records which detailed people's current care needs which had been regularly reviewed and noted any changes. These showed the way in which people preferred to receive their care and provided guidance for staff on how to support the individual. For example, why a person may become unsettled and the best conversations topics for staff to use.

All people we spoke told us they chose how they spent their days, either in their room or the communal areas. One person commented that "they (staff) always encourage me to join in events or go out but I am happy in my room". Other people told us they enjoyed completing crosswords, reading and watching television. The manager had developed and implemented a timetable of group activities which some people enjoyed and took part in. For example movement to music. One person said they, "Could not do without the company and there is always something going on in lovely surroundings".

Three people we spoke with said they would talk to any of the staff if they had any concerns. However they told us they were very content and had no issues to raise. One person said, "Anything wrong there are spot on at putting it right". Another told us, "If something came up I would not hesitate to raise it. They aim to

please".

All staff we spoke with told us that they knew how to raise concerns or complaints on behalf of people who lived at the home. There had been no written complaints, but the manager was available and approachable and told us they would "Deal with it at the time". This reflected the views and opinions of the people, their relatives and staff. Throughout our visit people and relatives had been comfortable to approach care staff or the manager to talk about care and treatment.

Is the service well-led?

Our findings

The current registered manager was also a joint owner of the home. There had been a period of change within the homes management structure and they were no longer involved on the day to day running of the home. However, there was a clear management structure in place and all people and staff we spoke with knew who the current home manager and owners were. All staff told us they had access to information and support from the manager and the provider. The current manager had been supported by the staffing team who they felt all worked well together to ensure people were treated as individuals. The provider will need to take steps to ensure that their registration information is current and reflects the current registered manager status for this location.

Three people told us about how they felt living at the home and how they were involved and valued by the management and staff. One person commented that, "Senior nurses constantly ask you what you think" and that, "The secretary always finds time to follow things up with you." One person also told us that they had received regular updates about a request they had made and were happy with the progress so far. One relative commented that they felt the, "Service is second to none".

The manager had gathered people's and their family's views about the home and the care provided. They had done this by listening to people and providing opportunities to be involved. One person also told us they would gather any common views and thoughts of others and take these to the manager. They said, "Whatever the problem food or care they are always available". We saw that people knew staff and were happy to chat to them. One person said, "Anything you want you just have to ask".

The provider had also used questionnaires to get an understanding of the overall experiences of people. We saw the overall impression was that people were satisfied with the home and the care provided. Where two people had raised concerns these had been resolved with the input and support of the manager.

People received care and support from a consistent staff group so people were familiar with them. One person said, "Always nice to see the same faces". All staff we spoke with said they were part of good staffing team that was supported by the manager. They felt the support helped people to receive care from staff that had caring set of values. Two people we spoke with felt the staff were providing care that respected their independence and choice.

The manager told us they had regular and consistent support from the provider and felt they "Work well together" and added that "whilst we do not always agree we make decisions". The manager and provider aimed to continually improve the home for the people that lived there. The manager told us they made sure they were "Out on the floor" for a least one a day a week and provided care to people. They told us that working with the nursing and care staff and providing care direct with people helped them to understand what was happening in the home.

The manager and provider told us that they kept their skills and knowledge current and used external resources and training provided from the local authority. The provider had used this to improve their

knowledge in understanding the Mental Capacity Act and was confident in changing their current practice. They also referred to external guidance and organisation such as The social care Institute for excellence and the Nursing and Midwifery Council. They had used this to make changes to ensure the nursing staff were up to date with their registrations and requirements.

All aspects of people's care and the home environment were reviewed and updated. For example, the manager and provider spoke with people and their relatives, looked at people's care records, staff training, and incidents and accidents. Resources and support from the provider were available and general maintenance to the home was in progress