

Completelink Limited

Prestwood Coach House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

Prestwood 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. Prestwood Coach House is registered to provide care for up to 40 people.

At this unannounced inspection which took place on the 23 and 24 October 2018 they were providing nursing and accommodation to 24 people.

Prestwood Coach House had a registered manager in place who was present throughout this inspection. 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.

Following our last inspection in April 2018 we published our report in May 2018. At that inspection we rated the key questions 'Safe' and 'Well-led' as inadequate and the remaining key questions 'Effective', 'Caring' and 'Responsive' as requires improvement. We rated Prestwood Coach House as 'Inadequate' overall.

As part of the inspection, published in May 2018, we identified eight breaches in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to safe care and treatment, staffing, safeguarding people from abuse, consent, person centred care, complaints, governance and failure to make appropriate notifications.

Following the last inspection, we asked the provider to complete an action plan to show what they would do, and by when, to improve the services that they provided to people to at least 'Good.' We received this action plan in June 2018.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

At this inspection we found significant improvements had been made in all the areas previously identified. However, the provider had a proven history of non-compliance with the regulations and the improvements made need to be sustained over time.

However, owing to the history of non-compliance with the regulations we needed to assure ourselves that the improvements were sustainable over time. We recognised that the management team had introduced

changes to quality monitoring systems, but owing to the short time period from their introduction we could not be assured that the improvements were embedded fully into practice. We will consider this further during future planned inspections.

People were safe from the risks of abuse and ill-treatment as staff knew how to recognise and respond to concerns. Any concerns raised with the management team were acted on appropriately. The provider followed safe recruitment procedures when employing new staff members. People received their medicines, as prescribed, with the assistance of staff who were competent to safely support them. Risks associated with people's care and support were assessed and action taken to minimise the risk of harm. The provider followed effective infection prevention and control methods to minimise the risk of contractible illnesses.

People had access to additional healthcare services when they required them. People received support with their diet and hydration and had meals they found varied and enjoyable. Peoples individual rights were maintained by staff members who understood the law which informed their practice. People were asked for their consent for care and treatment and, if they couldn't make such decisions, the staff team and provider knew what to do to effectively support people. Staff members felt well supported and well trained to undertake their role. New staff members received a structured introduction to working at Prestwood Coach House.

People were supported by a caring and compassionate staff team. People received support at times when they were upset or distressed. People were supported to maintain their independence and their privacy was respected by those supporting them. People's private information was kept securely and only accessed by those with authority to do so.

People had care and support plans that reflected their individual needs and preferences. People's human rights and protected characteristics, like faith and disability, were identified and they received support, by staff members, to maintain aspects of their lives that were important to them. People took part in activities that they found to be enjoyable, stimulating and fun. People knew how to raise a concern or make a compliment. The provider had systems in place to respond to issues raised with them.

The provider understood their responsibility to make the necessary notifications that they were required to do so by Law. The provider's quality monitoring systems were effective in identifying and driving improvements when they were needed.

People were asked for their opinions on the service that they received and the provider had systems in place to respond to any feedback. People knew who the management team were and had a positive relationship with them. The provider had good ties with the local community which people benefited from. The provider learnt from incidents and accidents and, if necessary, worked with people, families and staff members to minimise the risk of reoccurrence if things had gone wrong.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People received their medicines, as prescribed, with the assistance of staff who were competent to safely support them.

People were protected from the risks of harm or abuse as the staff team knew how to recognise the signs and how to report concerns.

The provider had systems in place to identify and respond to the risks of harm associated with the environment within which they lived.

People received prompt support from staff members when they needed it. The provider followed safe staff recruitment checks.

Good ●

Is the service effective?

The service was effective.

People had their rights protected by staff members who were aware of and who followed current guidance. People had assessments of need which followed recognised best practice in health and social care.

People were involved in decisions about their care and support. People received sufficient food and fluids to maintain their well-being. People were assisted by staff members who felt supported and well trained to complete their role.

When needed, people were referred onto community based health professionals promptly. The environment within which people lived was clear, open and was suitable to meet their needs.

Good ●

Is the service caring?

The service was caring.

People had positive and empowering relationships with the staff members who supported them. People felt valued by those

Good ●

supporting them.

People had their privacy and dignity protected when they were assisted. People received support when upset or anxious. People were encouraged to maintain relationships that mattered to them.

People's diversity was respected by staff members. People were provided with information relating to their care in a way they understood.

Is the service responsive?

Good ●

The service was responsive.

People were involved in their individual assessments of care.

People received support from staff members who knew their individual preferences. People took part in a variety of activities they enjoyed and found stimulating.

People and their relatives were encouraged to raise any issues. The management team had systems in place to address any concerns, complaints or compliments raised with them.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

The provider had a proven history of non-compliance with the regulations and the improvements made needed to be sustained over time.

The provider had systems in place to monitor the quality of care provided and to drive improvements if needed.

People and staff members found the management team approachable and supportive. People were kept informed about the service they received and their views and opinions were valued.

The management team had good links with community based facilities which people benefited from. The rating from the last inspection was displayed in accordance with the law.

Prestwood 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 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.

The inspection site visits took place on 23 and 24 October 2018 and was an unannounced comprehensive inspection. Day one of this inspection was completed by two inspectors, an assistant inspector and one nurse specialist. Day two was completed by one inspector.

We reviewed information we held about the service in the form of statutory notifications received from the service and any safeguarding or whistleblowing incidents, which may have occurred. A statutory notification is information about important events, which the provider is required to send us by law.

We asked the local authority and Healthwatch for any information they had which would aid our inspection. We used this information as part of our planning. Local authorities together with other agencies may have responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care services.

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

We spoke with six people, three carers, two nurses, the head housekeeper, the head chef, the registered manager, a human resources officer and one director.

We looked at the care and support plans for five people including assessments of risk and guidance for the use of medicines. We looked at any records of quality checks, incident and accident reports and the providers on-going action plan. In addition, we confirmed the recruitment details of two staff members.

Is the service safe?

Our findings

At the time of our last inspection in April 2018 the 'Safe' key question was rated as Inadequate. We found that people were not safely transferred from one place to another, risk assessments were not always reviewed, people were left waiting for support, infection prevention and control measures were not effectively implemented, there were not enough staff to safely meet people's needs and we could not be assured appropriate action was taken when concerns were raised about people's safety. At this inspection we saw significant improvements had been made and therefore have rated this key question as 'Good.'

The provider had addressed concerns regarding the inappropriate moving and handling techniques that we witnessed at our previous inspection. The registered manager told us that they completed an investigation and encouraged staff member to be open and honest with them regarding what we had reported. As a result, they addressed with individual staff members any deviation from people's risk assessments and, where necessary, revisited their moving and handling training. In addition, extra equipment was provided for staff members to use to safely support people with their transfers. We saw people were safely supported to use specialist equipment including mobility aids and equipment to assist people with transfers. We saw one person being supported to move from a wheel chair to another chair. They were supported with their individualised sling and staff members spoke with them, reassured them, and gave clear information to the person at every stage of the transfer.

We saw that people had individual assessments of mobility and action was taken to minimise the risk of harm to people. For example, when people could leave Prestwood Coach House unassisted they had the option of taking contact details with them that could be used in case of an emergency. Staff members we spoke with could tell us about the individual risks to people and what they could do to mitigate the potential for harm. One staff member told us about one person's fluctuating ability to mobilise. They went through the different warning signs that this person could show and how they supported them. We looked at the care and support plan for this person which reflected the staff members understanding. We later saw this person being supported by staff members who had identified their ability on that day and supported them in accordance with the risk assessment. People had individual assessments of risk associated with their personal care and support. These included, but were not limited to, nutrition, hydration, mobility and activities. One person told us, "There is always someone here if I need them. It's reassuring."

People told us, and we saw, that they were supported by enough staff members to meet their needs. Throughout this inspection we saw staff members promptly supporting people when needed but also spending time sitting and chatting with them. The activities and interactions we saw were relaxed and staff members had time to spend with people.

Following our previous inspection, we saw the provider had taken action and increased their infection prevention and control quality checks. In addition, equipment that we saw was missing at our previous inspection had now been provided for staff members to use to safely support people whilst observing best practice in infection prevention and control. For example, we saw that people had been reassessed and provided with individual hoist slings for them to use which minimised the risk of communicable illnesses.

One staff member said, "We have seen a lot of improvements since the last inspection. Everything is more organised and new processes had been introduced for reporting any concerns. I feel the standards in cleanliness has improved." We saw regular checks were completed which included daily tasks such as cleaning rooms, replenishing the soap dispensers and regular deep cleans of rooms and the communal areas. As part of these checks the head house keeper and registered manager had identified repairs and replacements which needed to be completed within the building. For example, during a check it was identified that taps in the staff members toilet were chipped and this hindered effective cleaning. The provider had then replaced these taps. In addition, they had identified that several radiator covers needed to be repainted to allow effective cleaning. We saw this had been passed to the maintenance department to be included in their schedule of works. Staff members told us, and we saw, that they had access to appropriate personal protective equipment at the point of delivering care. For example, aprons and gloves were available in people's rooms and bathrooms.

Following our previous inspection, we saw that the provider had acted to review their reporting and recording of concerns regarding the potential for ill-treatment and neglect. We saw information was available for people, visitors and staff members on how to report concerns. We saw the provider had made appropriate notifications to the local authority to safeguard people. People told us they felt safe and protected from the risks of abuse and ill-treatment. This was because staff members had been trained to recognise the signs of potential abuse and knew what to do about it if they suspected anything was wrong. One person told us, "I feel safe at all times here." Staff members we spoke with told us that they had received training on how to recognise signs of abuse and what to do if they had concerns. One staff member said, "I would report anything to my manager straight away. There are posters all around telling us how to report concerns which include the relevant phone numbers." The provider and registered manager had systems in place to respond to any such concerns including passing information onto the local authority to keep people safe.

The provider and registered manager had systems in place to analyse any incidents, accidents or dangerous occurrences. The registered manager told us they completed this exercise following all reported incidents. They went on to say that this was to ensure all appropriate action had been taken to minimise the risk of reoccurrence. For example, following one person falling they were referred for an assessment and a different piece of mobility equipment was provided.

The provider and registered manager undertook regular checks of the environment within which people lived. When needed they acted to correct any issues to increase people's safety. This included regular fire safety checks and practice evacuations. Following one recent fire evacuation practice the registered manager recognised that the lift had been used contra to the fire risk assessment. As a result, they spoke with individuals concerned to raise their awareness of the risks and to minimise the potential for harm during such an emergency. People living at Prestwood Coach House had individual emergency evacuation plans which detailed the assistance they would need in such a situation. We saw regular checks had been completed and where improvements were needed an action plan had been developed which included timescales for completion.

Staff members we spoke with told us that they completed training in the safe administration of medicines and were assessed as competent before supporting people with their medicines. People were supported to manage their own medicines when they felt able. One person told us they managed their own medicines with staff members "keeping an eye on them" to make sure they were safe. When people managed their own medicines, the provider completed an assessment of risk which included the person's ability to keep themselves safe. Those who received support with their medicines told us they received them at the correct times and that they knew what medicines they were taking and why. One person said, "I get the right

medicines at the right time."

We looked at the medicines administrations records (MAR). The sample we looked at had been correctly completed without any omissions. We looked at the guidelines for people's "When Required" medicines. There were instructions available for staff members to follow including what to administer, when and the maximum doses per a 24-hour period. In addition, we looked at the administration of peoples medicated creams. In one instance we identified a missed signature and could not ascertain from the records if this person had their cream applied as prescribed. After talking with this person and the nurses we were satisfied this was a recording error which was rectified by the time we concluded our inspection.

The provider acted to learn from significant events which occurred within their establishment. For example, following a medicine error the provider worked with the person concerned to learn from the incident. As a result of the error the registered manager introduced additional safety measures which included 'do not disturb' tabards. These were worn during the administration of medicines. This was to minimise the risk of error owing to the staff member being distracted by someone approaching them during the administration of medicines. We saw staff members using these tabards as instructed.

The provider followed safe recruitment processes when employing new staff members. As part of their recruitment process the provider completed a check with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with others. In addition, the provider gained references regarding the suitability of prospective employees. The provider used this information to assist them in making safe recruitment decisions. The provider had systems in place to identify and address any unsafe behaviour by staff members including disciplinary action and retraining if required.

Is the service effective?

Our findings

At the time of our last inspection in April 2018 the 'Effective' key question was rated as 'Requires Improvement.' We found that people's capacity to make decisions could not be evidenced and we could not be assured that staff members training was effective. At this inspection we saw improvements had been made and therefore we have rated this key question as 'Good.'

We looked at how people's individual rights were protected. 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.

Most people told us, and we saw, that they could make decisions regarding their care and treatment when at Prestwood Coach House. One person said, "I can tell them (staff) what I want and they will help me out." When people were not able to make decisions for themselves the management team and staff members knew what to do to ensure any decisions were made for the person in their best interests. One staff member told us that they would engage the person as much as they could and then look at what they would have decided if they could still make the decision. They went on to say that, if necessary, they would engage family or an advocate to ensure the decision was the right one. We saw appropriate assessments of people's capacity to make decisions for a range of daily activities including medicines and staff call bell systems. These had been completed with the least restrictive measure being identified and implemented.

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 Mental Capacity Act. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider had made relevant applications and when required a repeat application had been made. Staff members we spoke with knew who was currently subject to authorised DoLS and how to safely support them. The provider's policies and practice supported people to have maximum control over their lives in this instance.

People told us they had their needs assessed when they first moved into Prestwood Coach House and staff supported them to meet these needs. One person told us about their weight loss and how staff members had been supporting them to maintain a healthy weight. When it was appropriate people had clinical assessments, which followed recognised best practice. These included the risk of weight loss, skin integrity and specialise medical interventions like PEG feeds. (Percutaneous Endoscopic Gastrostomy) is a way of introducing food, fluids and medicines directly into the stomach. These assessments were accurately recorded and included plans of care appropriate to the person they related to. The staff members we spoke with could tell us about these assessments and how best to support the person whilst following the plan of care. These meant that people received care that followed recognised best practice and was consistently delivered by a knowledgeable staff team.

People had access to other healthcare services when they needed it. These included, but were not limited to, GP services, specialists regarding eating and drinking, dentistry and foot health care. One person told us that they preferred to go to their GP rather than them come out to see them. They went on to say that they always used to go to the doctor's practice and that it is their personal preference to continue with this. They went on to say that the staff members supported them with their medical appointments. Staff members we spoke with knew the outcomes of any medical or specialist interventions and care and support plans were updated with any advice or guidance from external healthcare professionals. This meant that people received consistent care with any changing needs.

We saw staff members shared information that was appropriate to those living at Prestwood Coach House. This included a structured handover session between shifts and written updates which contained relevant information regarding people's care and support. Information relevant to people and their needs was effectively passed to promote the continuity of care.

People were supported with their meals by staff members when they needed and in a way, and at a pace, that suited their individual needs and preferences. Those we spoke with told us that they enjoyed the food and that it was freshly prepared each day. People had a choice of meals and if they did not desire what was on offer there was a range of other meals that they could choose. People told us that they could have their own food prepared by the kitchen staff if they wanted. The head cook told us that the meals had recently been changed following a survey where people had given their opinion of the menu. People we spoke with went on to say that they had access to a small kitchenette area in their rooms where they could store and prepare simple meals and snacks for themselves when they wanted. We saw people were encouraged to drink fluids throughout the day to maintain healthy hydration levels and that they had access to drinks which were refreshed regularly.

Should any person express that they had a specific cultural requirement for food then the kitchen and management team had systems in place to support them. The head cook told us that they understood people's cultural requirements, for example specific religious requirements, and would talk with the person or their family to ensure that they were meeting the person's needs. However, at this inspection they were not supporting anyone with any such specific cultural dietary requirements.

People told us they received care and support from a trained and competent staff team. One person said, "They (staff) are always talking to me about the latest training that they have completed. It is good to know that they keep themselves updated." Staff members we spoke with told us they felt supported and that they received the training they needed to perform their role. People received support from a staff team that felt well supported by their colleagues and the management team. One staff member told us they regularly received formal supervision. A supervision is a one-on-one meeting with a senior staff member. During these sessions they could discuss aspects of their work including any difficulties or training opportunities.

Staff members new to working in care were supported to achieve the care certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Staff members completed a structured introduction to their role when first commencing work at The Prestwood Coach House. This included training the provider had identified as essential. For example, one staff member told us that they had recently completed food hygiene and behaviours that challenge training. They went on to tell us that they worked several shadow shifts with a more experienced staff member. A shadow shift is where they support another staff member until a point where they feel competent and confident enough to support people themselves.

The nursing staff members we spoke with told us they had been supported to revalidate with the Nursing

and Midwifery Council (NMC). Revalidation is the process that all nurses and midwives in the UK need to follow to maintain their registration with the NMC.

The physical environment at Prestwood Coach House was suitable to meet the needs of those living there. Corridors, living areas and communal areas were light and accessible. There was lift access between floors and accessible outside areas for people to enjoy when they wanted. We saw people freely moving throughout Prestwood Coach House during this inspections site visit. The registered manager and staff members told us that should a person require additional signage to orientate themselves then this would be provided. For example, they showed us boxes and signs which people could personalise with memorable items to orientate themselves to their rooms should they need it. However, at this inspection they were not supporting anyone who needed any such prompts.

Is the service caring?

Our findings

At the time of our last inspection in April 2018 the 'Caring' key question was rated as 'Requires Improvement'. We found that people were not always treated with dignity and that they did not always have choice regarding their day to day activities of care and support. At this inspection we saw improvements had been made and therefore we have rated this key question as 'Good.'

People told us, and we saw, that they were treated with dignity and respect by a staff team that valued them as individuals. One person said, "I regard them (staff) as my friends." People went on to describe those supporting them as "Funny," "Polite," "Caring" and "Friendly." The staff members we spoke with described those living at Prestwood Coach House with fondness and respect. We saw one staff member assist one person to their chair. The staff member went at a pace that suited the person and chatted about things they knew they were interested in. When the person sat down the staff member continued with their conversation whilst ensuring the person had everything that they needed for their personal comfort. The staff member took their time and engaged the person throughout whilst showing respect and interest in the person as an individual.

People told us, and we saw, that their privacy was respected by the staff members supporting them. One person said, "I prefer to have my door open at all times but when I need some privacy it is always closed." We saw staff members knocking on people's doors and waiting for a response before entering. On entering people's rooms, we heard staff members say who they were and engaged the person in conversation before asking for permission to support them.

People were supported to maintain relationships with those that mattered to them. People told us, and we saw, that their families and friends could visit at any time they wanted. We saw friends and families were invited to take part in activities alongside those living at Prestwood Coach House. Throughout this inspection we saw people receiving visitors and if necessary private areas were available for people to entertain in.

People we spoke with told us they felt that they could make informed decisions about their care and support when they had the capacity to do so. For example, we saw one person deciding about a planned activity. They had declined one activity and another was presented to them. After consideration they decided to take part in this activity. This means that people had options presented to them in a way that they could make informed decisions that reflected their personal preferences.

People told us they were encouraged to do what they could with the assistance of staff members which promoted their independence. When people felt able and safe to do so we saw them freely moving around Prestwood Coach House or leaving independently for walks or visits with friends and families. People and visitors could help themselves to drinks in the communal area and if they required anything else this was provided. This encouraged people to be independent and staff were available should they require support.

We saw information which was confidential to the individual was kept securely and only accessed by those

with authority to do so. When people had the authority to access people's information this was provided in a private and confidential area.

Is the service responsive?

Our findings

At the time of our last inspection in April 2018 the 'Responsive' key question was rated as 'Inadequate.' At that inspection we identified that people did not receive personalised care and support. At this inspection we found improvements had been made and therefore we rated this key question as 'Good.'

Following our last inspection we saw that the provider had acted to review people's care and support plans. Where it was needed, we saw that individual pieces of equipment had now been provided to meet their individual needs. For example, specific moving and handling equipment had been purchased. People told us, and we saw, that they could access all areas of Prestwood Coach House where care and support was provided. This included individual bathrooms where equipment was available to assist them. One person told us, "I can ask for any help that I feel I need and it is always there. They (staff) are always very keen to write everything down. They are always asking me what help I need." One staff member told us, "At the time of our last inspection we felt quite disappointed. We are now doing what we should have been doing a long time ago. This is because of all the changes and improvements which has changed things dramatically for people."

The care and support plans we looked at, reflected people's individual physical, mental, emotional and social support needs. People told us that they were engaged in the development of their own personal care and support plans which were regularly reviewed and updated. We saw these accounted for any changes in people's health or care needs. For example, following a medical event for one person their care and support plan was updated to reflect their personal changes and the medical advice and guidance given. Staff members we spoke with could tell us about these changes meaning the person received consistent care and support which was personal to their needs. All the relatives we spoke with told us they promptly received information from Prestwood Coach House regarding any changes in the health and well-being of their family members.

The care and support plans not only contained the information that staff members needed to effectively support people with their needs but also information about the person's individual preferences and history. This included their likes and dislikes, people important to them and details about their lives so far. One staff member told us they had developed a book with one person regarding their life. They used this, along with pictures provided by family members, as a means of engaging with this person. We saw staff members using this book and chatting about things with the person that appeared to interest them.

Following our last inspection, we saw that the provider had acted to review people's individual communication strengths and needs. Specific needs individual to the person were now included in their care and support plans for staff members to follow. People told us information personal to them was presented in a way that they could access and understand. For example, we saw one person had a reduced level of speech. Staff members supported this person with their personal choices by showing objects of reference for the person to indicate towards and express their decision. Additionally, we saw that one person had started to revert to their first language. Staff supported this person by presenting pictures along with written information from their first language to support the person's understanding.

People had information presented in a way they could comprehend. At this inspection Prestwood Coach House was providing support for those experiencing hearing loss and reduced sight. The management team had effectively implemented the Accessible Information Standards. From 1st August 2016 onwards, all organisations that provide NHS care and/or publicly-funded adult social care are legally required to follow the Accessible Information Standard. The Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss.

People were supported at times of upset and anxiety. We saw one person started to struggle with something that they were doing. A staff member recognised this and offered to help. The person accepted a minimal level of help from the staff member before continuing with their activity. The staff member, in this instance, recognised a potential for anxiety and supported the person as they wished to minimise the potential for upset.

We looked at how people were supported to maintain their protected characteristics. This included people's ethnicity, religion, sexuality, disability etc. We saw that things important to people had been identified and recorded for staff to support them to maintain their personal identities. For example, we saw information regarding one person's cultural background was presented in a way that was personal to them. The staff members we spoke with could tell us about this person's history. This means that people were supported to maintain aspects of their lives which were important to them.

People and relatives told us they engaged in activities that they enjoyed and found interesting and stimulating. At this inspection we saw people taking part in a range of activities which included, external entertainers, visits to local areas of interest and inhouse crafts and activities. One person told us that they choose to spend time in their room but that they are always encouraged to take part in things that may interest them. We saw staff supporting people to take part in a number of table top activities including word and number puzzles. One person told us about taking part in baking and how they enjoyed eating the cake that they had helped to prepare. People and visitors were encouraged to take part in what they liked. A programme of activities was on display informing people what was going on, when and where for them to decide about what they wanted to engage in.

People, and visitors, we spoke with told us they had the information they needed should they need to express a concern, make a complaint or pass on a compliment. We saw the management team and provider had systems in place to encourage, investigate and feedback any concerns from people, relatives or visitors. We saw information was on display in communal areas informing people how to pass on any information that they wanted to.

Is the service well-led?

Our findings

At the time of our last inspection in April 2018 the 'Well-led' key question was rated as 'Inadequate.' At that inspection we found that people and staff did not feel listened to, records were not securely stored, quality monitoring systems were ineffective and the provider had not made necessary notifications. At this inspection we found improvements had been made. However, owing to the recent history of non-compliance with the regulations and the short time period since our last inspection, we needed to assure ourselves that the changes made could be sustained over time. Therefore, we have rated this key question as 'Requires Improvement.'

During our previous inspections completed in November 2015, November 2017 and April 2018 we found concerns regarding the management of Prestwood Coach House. During the inspection completed in November 2015 staff members told us that they did not have confidence that concerns raised with the management team would be taken seriously and people did not always know who the management team were. During our inspection in November 2017 we found similar concerns and that the management team had not been effective in addressing the issues raised with them. We visited again in April 2018 and found the provider was still in breach of regulations and had not made the necessary improvements needed to comply with the law. At this inspection we acknowledged that improvements had been made. However, owing to the history of non-compliance with the regulations we needed to assure ourselves that the improvements were sustainable over time. We recognised that the management team had introduced changes to quality monitoring systems, but owing to the short time period from their introduction we could not be assured that the improvements were embedded fully into practice. We will consider this further during future planned inspections.

At this inspection there was a registered manager in post who was present throughout. The registered manager and provider understood and complied with the requirements of registration with the Care Quality Commission. The registered manager had appropriately submitted the required notifications to the Care Quality Commission (CQC). The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.

We saw the provider and registered manager undertook regular quality checks to identify and drive improvements at Prestwood Coach House. For example, as part of an environmental quality check several pedal bins were identified as in need of replacement. We saw that this had happened. In addition, we saw that following the recent checks a programme of refurbishment was underway which included redecoration of individual bedrooms and communal areas.

The provider and management team identified learning from previous incidents and acted to reduce the potential for reoccurrence. For example, following a medicine error the management team worked alongside a staff member to identify the learning from the incident. The registered manager told us this was to assist in minimising its risk of reoccurrence. As a result, we saw changes had been made to the way people were supported with their medicines. The provider and management team at Prestwood Coach House took pro-active action to prevent situations from occurring. For example, following an alert regarding

the potential for limited supplies of a certain medicine the management team were working with a local pharmacy to ensure people received their medicines correctly.

The registered manager told us that they kept themselves up to date with developments in health and social care by subscribing to on-line updates and by revisiting essential training. In addition, they took part in regular managerial updates and attended regular meeting with colleagues within their organisation. They told us this is an opportunity to learn from their colleagues and to discuss issues and solutions with their peers.

People told us they knew who the registered manager was and that they saw them on a regular basis. Throughout this inspection we saw the manager engaging with people and their visitors. It was clear to us, by their interactions that people were familiar with the registered manager, and that they had a good relationship with them. People and relatives told us that there were regular meetings with the management team where they could discuss anything they wanted about living at Prestwood Coach House. For example, people requested more crosswords to be added to the newsletter. We saw that this change had been made.

We saw information was on display throughout the home which kept people informed about changes. This included an open letter to people and their visitors following the last CQC inspection which detailed what they were doing to make the necessary improvements. People and visitors had access to monthly newsletters specific to where they lived which informed them about key events and points of interest. For example, people asked for more information about the history of where they lived. As a result, a special edition contained a history of Prestwood Coach House including where the name Prestwood came from. People we spoke with commented on how interesting it was and that they were happy their request had been actioned.

People told us they were regularly asked for their views on the care and support that they received. We saw that a recent resident satisfaction survey had been completed and that the management team were working on analysing the results. However, these were not available at this inspection as the survey had only just been completed. People told us that they were engaged in other discussions regarding their residence at Prestwood Coach House which included menu's and activities. People felt engaged and informed about where they lived.

The local authority environmental health agency had recently completed their inspection of Prestwood Coach House's catering department and had awarded them five stars. This indicates that they were maintaining a high standard of food hygiene.

Staff members we spoke with told us they felt happy to question practice and to raise concerns if they needed. They felt they would be supported, by policies such as the whistleblowing policy, if they required it. Those we spoke with told us they felt comfortable when approaching any member of the management team to discuss any concerns that they may have had. Staff members told us that following the publication of our last inspection report they met to discuss the concerns and what could be done differently to improve the care experience for people. Staff members felt that their suggestions were listened to and valued. The provider had recently completed an employee survey which they published as part of a staff newsletter. This contained actions that they, as an organisation, were working on to complete which included increased communication with staff members.

The provider had established working links with the local community. These included, GP and specialist health professionals and local spiritual groups and charity organisations. People told us that they felt they retained their links with the community within which they lived. This included regular trips out into the local

shopping centres and places of interest. One person told us that following the harvest festival they would be taking part in donating items to a local food bank. They told us it was good to still be part of the community and to continue helping others who were experiencing difficulties.

We saw the last rated inspection was displayed in a communal area and on the provider's website in accordance with the law.