

## The Coach House Nursing Home

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### Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

This inspection took place on 27 October 2015 and was unannounced. This meant that the manager and staff did not know we would be visiting the service.

The Coach House is a care home providing nursing care for up to 42 older people. This may also include palliative and respite care. The care home is a large detached property situated in its own grounds in the village of Sharow, close to the centre of Ripon. The service has

three lounges, a large dining room, garden and private parking facilities. Accommodation is provided over three floors by two passenger lifts. Local shops and amenities are located in the village or within Ripon town centre. On the day of the inspection there were 36 people living at the service.

The service had a registered manager, who had been registered with us since October 2010. A registered

# Summary of findings

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 and their relatives told us they felt safe at The Coach House. Staff knew the correct procedures to follow if they considered someone was at risk of harm or abuse. They received appropriate safeguarding training and there were policies and procedures with regard to reporting allegations of abuse to support them in their role.

The registered manager had worked at the service since 1991. There were enough qualified and skilled staff at the service and staff received ongoing training and management support. Staff had a range of training specific to the needs of people they supported.

Medicines were managed safely. Staff had received the appropriate training and we saw staff offered people explanation and reassurance when their medication was being administered.

People told us that the food was very good, with plenty of snacks and drinks available between meals if people wanted them. We saw people had access to regular drinks, snacks and a varied and nutritious diet. If people

were at risk of losing weight we saw plans were in place to manage this. People had good access to health care services and the service was committed to working in partnership with healthcare professionals.

People were offered choices, supported to feel involved. For example people were involved with choosing new furniture for the home. Staff knew how to communicate effectively with each individual according to their needs and people were relaxed and comfortable in the company of staff.

People were provided with a range of activities which met their individual needs and interests. Individuals were also supported to maintain relationships with their relatives and friends.

Staff were patient, attentive and caring; they respected people's privacy and upheld their dignity when providing care and support.

Staff followed the principles of the Mental Capacity Act 2005 to ensure that people's rights were protected where they were unable to make decisions.

The service was well-led. Everyone we spoke with was full of praise for the registered manager. Staff morale was high and there was a strong sense of staff being committed to providing person centred care.

There were good auditing and monitoring systems in place to identify where improvements were required and the service had an action plan to address these.

# Summary of findings

## 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 who used the service told us they felt safe. Staff knew how to protect people from harm. The service had detailed risk assessments and risk management plans in place to ensure people were supported safely.

There were enough staff to keep people safe. Staff had been recruited safely and were assessed during their induction period to ensure they were suitable for the role.

People's medicines were managed safely and they received them as prescribed.

Good



### Is the service effective?

The service was effective.

Staff had the skills and expertise to support people because they received on-going training and effective management supervision.

People received a nutritious, balanced and varied diet. They told us the food was good. External professionals were involved in people's care so that each person's health and social care needs were monitored and met.

The provider had appropriate policies and procedures in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff had received training and demonstrated understanding of the principles of the Act and people were supported to make decisions about their care, in line with legislation and guidance.

Good



### Is the service caring?

The service was caring.

People told us staff were caring. We saw genuine positive interaction between staff and people throughout the inspection. People were treated with dignity and respect.

People were supported to make decisions and choices about their day to day lives, such as daily routines, where they spent their time and what they ate and drank.

Good



### Is the service responsive?

The service was responsive.

People were involved in planning how their care and support was provided. Staff knew people's individual preferences and these were taken account of.

The provider responded to complaints appropriately and people told us they felt confident any concerns would be addressed.

The provider actively sought the views of people and collated them in the form of an action plan to improve the service.

Good



# Summary of findings

## Is the service well-led?

The service was well-led.

The registered manager, management team and owners were well respected by people who used the service, relatives, friend's, staff and professionals. The feedback we received was very positive about how the service was managed and organised.

The registered manager was clear about the responsibilities of their role. They provided staff with guidance and support which helped them to provide a good standard of care.

Effective systems to monitor, assess and improve the quality of the service were in place.

**Good**



# The 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 inspection took place on 27th October 2015 and was unannounced. This meant that the registered manager and staff did not know that we would be visiting. The inspection team consisted of one inspector and an expert-by-experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service. This included notifications regarding safeguarding, accidents and changes which the provider had informed us about. A notification is information about important events which the service is required to send us by law. We also looked at previous inspection reports. We were unable to review a Provider Information Record (PIR)

as one had not been requested for this service. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We asked the local authority (LA) commissioning team and clinical commissioning group (CCG) for feedback about the service. We also contacted Healthwatch. Healthwatch represents the views of local people in how their health and social care services are provided.

During the inspection we spoke with twelve people who used the service. We also spoke with two relatives to get their views on the service. We looked at communal areas within the service, and we saw a selection of people's bedrooms, with their consent.

We spoke to the registered manager, the deputy manager, three care staff and the chef. During the inspection we spoke with a visiting healthcare professional and we reviewed a range of records. This included four people's care records, including care planning documentation and medication records. We also looked at staff files, including staff recruitment and training records, records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider.

# Is the service safe?

## Our findings

We spoke to people who used the service who told us they felt safe. One person told us, “I don't know who decided I should come here but I am safe and well looked after.” Another person said, “I am quite sure that I am OK here, I am safe and the care is absolutely the best.” One person told us they always felt safe and said, “There is always someone you can call on.” A relative told us, “Mum was struggling at home, even with carers. Here we know she is safe and the standard of care is very good.”

People were protected from avoidable harm. Staff demonstrated a good understanding of how to safeguard people who used the service, they were aware of the types of abuse and how to report concerns. Staff told us they would always share any concerns with the registered manager and the provider.

The service had an up to date safeguarding policy, which offered guidance to staff. All of the staff we spoke with told us they had received safeguarding training. Training records we saw confirmed this.

The care records we looked at included risk assessments, which had been completed to identify any risks associated with delivering each individual person's care. For example, risk assessment were in place to help identify individual risk factors, such as safe manual handling, falls, nutrition, and maintaining skin integrity. These had been reviewed regularly to identify any changes or new risks. This helped to provide staff with information on how to manage risks and provide people's care safely.

Accidents and incidents were recorded. These were regularly reviewed by the registered manager to ensure that appropriate actions had been taken and to identify any trends or further actions that were needed.

There were emergency contingency plans in place to deal with adverse emergencies, for example power failure, and staff told us on call support was always available through the owners or the registered manager. Staff were trained in first aid to deal with medical emergencies and appropriate arrangements were in place for fire safety. There was an up to date fire risk assessment for the home. People had specific risk plans about how staff should support them to leave the building in the event of a fire.

There were enough staff available to meet people's needs. The registered manager explained they amended staffing levels based on the care needs of the people who used the service. We were given copies of rotas for 26 October 2015 through to 16 November 2015. We reviewed staffing rotas and saw during the morning there were seven members of staff on duty, including either the registered manager or deputy manager. Staffing levels decreased in the afternoon to either five or six care staff. Rotas showed that there were two care staff on duty on the premises each night. They were supported by ancillary staff daily such as a chef, kitchen assistant, housekeeper, domestic and maintenance staff. The owners told us they were present at the service daily as they carried out most of the administrative tasks for the service. A relative told us, “The staff are fairly constant so that they know my mother as well as I do and the standard of care is excellent.”

Staffing was consistent and at the levels the registered manager had explained to us. A member of staff told us, “There are always plenty of staff here.”

The service had effective recruitment and selection processes in place. We looked at two newly recruited staff files and saw completed application forms and interview records. Appropriate checks had been undertaken before staff began work; each had two references recorded and checks through the Disclosure and Barring Service (DBS). The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people.

We looked at the arrangements that were in place to ensure the safe management, storage and administration of medicines. The service used a monitored dosage system (MDS). We looked at medication administration records (MARs) and found these were up-to-date and completed correctly. The service monitored stock levels regularly. This meant if any errors were identified they could be rectified in a timely manner. There was an up to date medication policy and procedure in place at the service. We observed medication being administered; this was completed in a patient manner. People told us they were supported by staff to take their medicines. They told us that they always got their medicines when they should. One person said,

## Is the service safe?

“Medication is always given on time.” Another person said, “I am trusted to take my own medicine because I have been doing it for years, it is always in my room ready for me at the right time.”

We also looked at the arrangements that were in place for the safe management of controlled drugs. These are medicines that are liable to misuse and are called controlled drugs. Controlled drugs were stored in a suitable locked cabinet and we checked stock against the controlled drugs register. The stock tallied with the record. We noted that where people were prescribed PRN (as required) medicines, information was recorded about the circumstances under which the medicine could be administered.

We toured the premises during this visit. The provider told us that there had been some refurbishment work completed. We saw that the dining room had been re-decorated and re-carpeted. Samples of new furniture were shown that had been purchased for the dining room.

The home was clean and people made positive comments about the cleanliness of the home. We saw staff had access to personal protective equipment such as aprons and gloves. We observed staff using good hand washing practice. There were systems in place to monitor and audit the cleanliness and infection control measures in place. One person told us, “It is always clean here as the staff have high standards.”

# Is the service effective?

## Our findings

People we spoke with were complimentary about the staff. One person said, “It is absolutely lovely here. They (staff) cannot do enough for you.”

People received effective care. They told us staff had the skills and experience to support them to have a good quality of life and that their health care needs were met. One person said, “They always come in two’s to help me to stand and they help me to exercise my legs when I am in the bath.” Another person said, “I have cot sides so that I cannot fall out of bed, then two of them come to help me get up and dressed. They are helping me learn to walk again with a zimmer frame. They always talk and encourage me so that I am improving.”

People we spoke with told us they felt they received highly effective support to maintain good health and wellbeing. They told us care staff monitored their health very carefully and took prompt action when any concerns were identified. People living at the home and their relatives told us that there was good liaison with other health care professionals. One person said, “The nursing care here is excellent but they are also very prompt to call a doctor if you need one.” A member of staff we spoke with told us, “Residents can use the specifically allocated doctor or continue with their own if they prefer. We also have a local dentist and optician who will provide a service here or we can arrange for residents to go into Ripon for these services. We have a hairdresser too.”

During the inspection we spoke with a doctor who was visiting people at the service. They told us, “They (staff) have a good team here and they (staff) are good at liaising with us. The care here is very good and I have no concerns.”

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. The registered manager told us at the time of the inspection that there was no-one requiring an application for a DoLS authorisation.

When we spoke with staff they demonstrated a good understanding of the principles of the MCA with particular regard to day to day care practice ensuring people’s liberty was not unduly restricted.

We spoke with people about the quality of meals available in the home. Everyone we spoke with were positive and happy with the standard of food. Comments made included, “The meals are great, especially the gravy” and “We have choices for every meal and the food is always hot and well presented.” One person said, “The chef makes lovely soup” and another person said, “I am a vegetarian, the chef is wonderful and the food is very good.” One person told us, “The food is top class and you can talk to the chefs and tell them what you want to eat.” A relative we spoke with said, “They are always willing for me to have a meal with my wife and the food is good quality and nice and hot. Residents who need it get help with feeding.” Another relative said, “They ensure the pureed meal my mother receives still looks nice with separate meat, vegetables and potato and it looks and smells appetizing.” People we spoke with also confirmed as well as the main meals drinks and snacks were always offered. One person said, “They are free with drinks and always encouraging you to have something.”

We observed lunchtime and saw staff routinely sought consent and offered people explanations before supporting them with their meal. For example cutting up their food. People enjoyed the lunch time experience and told us they had chosen what they wanted to eat. We saw people were supported to have drinks and snacks throughout the day.

For those people who were at nutritional risk we saw completed the Malnutrition Universal Screening Tool (MUST) had been used. Those people who needed



## Is the service effective?

monitoring were weighed more frequently and their food and fluid intake recorded and monitored. If there were further concerns we saw in records that people had been referred to appropriate health professionals.

Staff reported good working relationships with local health professionals. People's care plans included information about people's access to chiropody, hearing specialists and opticians.

We observed throughout the day that both senior staff and care staff knew people well and had in depth knowledge about each person living or staying at the home. Staff were able to describe people's medical conditions, how they communicated with them and about the persons preferred daily routine.

The registered manager had a training matrix which enabled them to keep a track of when staff were due to attend refresher training. All of the staff files we checked contained up to date training records and certificates. Staff had completed mandatory training and additional training. Staff told us they could go on a variety of training. One member of staff told us, "We receive all the mandatory training we need but also specialist training such as I am currently doing dementia care training."

All the staff we spoke with told us that they received the support they needed to carry out their roles effectively. Comments included, "We not only receive very good support from both the registered manager and deputy manager but also from the owners." Staff told us they received regular supervision where they could discuss any issues in a confidential meeting with their line manager.

# Is the service caring?

## Our findings

People who used the service told us they were happy with the standard of care and support they received and all the staff were kind. One person told us, “The staff treat me with respect.” Another person said, “My daughter visited the home, then staff came to the hospital to see me. They told me how I would be cared for and about the daily routines so that I knew what to expect. When I arrived they were very welcoming and this morning when I was a bit bewildered when I woke up the staff introduced themselves and explained what was happening and made me feel at ease.” One person said, “This is heaven. I am so well looked after.” Another person told us, “If I was the one choosing a home for a relative I would be happy choosing this home.” A relative told us, “Should I need care in the future I would like to come here.”

We spoke with two people who had had moved from other care homes. Both said that they did not regret their move to The Coach House. One person told us, “This home is 100% better than the last home I lived in” and the other person said, “I like it here very much. The staff here are very nice.”

The atmosphere at the service was friendly and relaxed. We observed staff were not rushed and took time to talk to people. We saw when offering support the staff encouraged people to be as independent as possible even if it took longer. People living at the home and their relatives spoke highly about the good interaction they had with staff. For example while we were talking to one person who was in their room a member of staff popped in, just to let the person know that they were going off duty but would be back to see them the next day. A little later another member of staff came in, this time to say they were going to look after them for the rest of the day. These interchanges illustrated genuine care for the person concerned.

We saw that staff acted in a kind and respectful way and people looked well cared for and appeared at ease with staff. The home had a relaxed and comfortable atmosphere. We saw that staff crouched down to talk to people at eye level and they spoke at a pace that was comfortable for the person.

We saw that staff treated people with respect. We also observed care been taken to ensure people's dignity was maintained for example covering people's knees with a

blanket. We saw staff knocked on bedroom doors and awaited for a response before they entered. Discussions with staff showed a genuine interest and very caring attitude towards the people they supported.

Our observations indicated that people who used the service were able to spend their day as they wished. One person told us they preferred to spend the day in their room but came down to the lounge for some of the activities they were interested in. On a number of occasions we saw that staff explained to people what was about to happen and checked that people were in agreement with this. For example assisting people to move to the dining room when it was lunchtime. We saw people's bedrooms were personalised with their own furniture and possessions or family photographs.

One person living at the home told us, “Staff will come and sit with me for a while and chat.” A relative said, “The staff seem to get on well together and with the residents and the relatives. I often have a friendly chat with them when I am visiting.” People told us they felt included in how the service ran and they also said they were well cared for. One person we spoke with gave us a good example where people had been asked their views which related to the new furniture for the dining room. The person said, “I had to test all the chairs as (Name) said it is us residents that sit in them and they have to be comfortable.” Other people told us, “At Christmas we have a big party with all our families, presents and activities and a beautiful dinner.” One person told us about their experience at Easter and said, “We all got an Easter egg.” People told us they appreciated the way the staff put in the extra effort on their behalf.

People we spoke with told us they were aware that their care needs were discussed when they first took up residence but were unaware of any formal reviews taking place. Although people confirmed that staff at the home were always making sure that they were well cared for and that their care needs were being met. One person said, “When they are with me they chat about how I am getting on.” A relative told us, “There are no formal reviews but I can chat with staff each visit about my wife's care.” Another relative said, “We always talked with the staff so there was no need for a formal review but when mum's condition seriously deteriorated we did have a meeting with the family, staff including the manager and the GP to discuss how mum should be cared for at this last stage of her life.”

## Is the service caring?

The atmosphere throughout the service was welcoming and people who lived at The Coach House appeared relaxed and very much 'at home.' People we spoke with told us they liked living at the service and described staff positively.

People's confidential information was kept private and secure and their records were stored appropriately. Staff knew the importance of maintaining confidentiality and had received training on the principles of privacy and dignity and person centred care.

We were informed by the registered manager that there was no-one currently receiving end of life care. We were told that staff would follow the person's wishes as detailed

in a person's care record and all aspects of their care would be monitored and carefully followed by all care staff. Records would document the care the person was receiving and the involvement of others such as their GP and relatives.

We saw a letter of commendation the staff had received from a relative who made positive comments about the care their relative received in their final days before their death. The letter said, 'I cannot thank you enough for the wonderful care my mum received in the three years she resided at the Coach House' and 'I just wanted to say a big Thank you for the care and respect you gave my mum in her last days.'

# Is the service responsive?

## Our findings

People told us they felt the service was responsive. During the day some people stayed in their rooms but many were downstairs where a variety of lounge areas provided alternative places for people to sit. We saw there were quiet lounge areas for people to sit if they did not want to watch television, but for example wanted to read. We saw that there were group activities delivered each day such as crafts, bingo, group crosswords and so on, which many people enjoyed.

We saw that people enjoyed more individual activities such as knitting or crocheting. Although one person told us, “I used to knit and crochet, I never sat without something in my hands but here no-one does it.” We informed the management team of this who said they would look into this as several people at the home enjoyed this pastime.

All of the relatives we spoke with had no concerns with the provision of care and activities at the service. Although one relative did go on to tell us, “My mother can no longer participate but when she was downstairs I felt there was not enough on offer for more active residents.” The relative did not give us any examples of what activities their relative could have enjoyed when they may have been able to participate.

The home produced a weekly newsletter called ‘The Coach House Cryer.’ This provided people living at the service, relatives and visitor’s information about what was happening in that particular week. For example we saw information about Halloween and the upcoming firework display to be held at the home. There was also a Halloween quiz, memories written by people living at the service and events taking place that week. For example Bingo, chatting in rooms, group crossword, and a visit from a musician, holy communion and patchwork. People went on to tell us about other events that happen in the home. One person said, “At Christmas we have a big party with all our families, presents and activities and a beautiful dinner. At Easter we all got an Easter egg.”

We were informed by the owners and the registered manager that the home does organise mini bus trips out, but this is usually in better weather, although this had become more difficult over the last few years due to people’s health conditions.

Staff we spoke with told us they thought there were plenty of activities available to people living at the home. One new member of staff told us they had assisted people to play bingo the previous day. They said, “I have never played bingo in my life but I thoroughly enjoyed it as the residents were having a good time.”

We looked at the arrangements in place to ensure that people received person-centred care that had been appropriately assessed, planned and reviewed. Person-centred care is a way of helping someone to plan their life and support, focusing on what’s important to the individual person. During our visits we looked at the care plans and assessment records for four people. The care plans and assessments we looked at had been reviewed regularly and provided good information about people’s needs.

There was a handover meeting at the change of shift; where staff received verbal reports of each person. Changes to people’s needs were made known so staff were able to provide appropriate care.

The service had an up to date complaints policy. We saw the complaints record and there had been no complaints since the last inspection. The registered manager said they had an open door approach and if people approached them with any issues or concerns they resolved it as soon as possible. People we spoke with knew how they could make a complaint if they were unhappy and said that they had confidence that any complaints would be responded to. One person living at the home said, “I would go to the manager if I were unhappy,” another person said, “I’ll bend (name) ear if I want something changing.”

The provider completed an annual survey of people who used the service, their relatives, staff and other professionals to gather feedback on all aspects of the service provided including care, privacy and dignity, staffing, activities, food, quality of life and the environment. Results were published and with appropriate action plans put in place in response.

# Is the service well-led?

## Our findings

People told us that they knew the owners of The Coach House as they were in the home most days. People responded warmly to both the owners and the registered manager who had worked at the service for many years and knew each person well. People living at the home and their relatives also told us that the home was well run and had a stable staff team. This was because senior staff and several other members of staff had worked at the home for a long time, and because staff turnover was low.

Relatives were consistently positive about the service their family members received. One relative said, "It is fine. Everything is always well organised. Overall, the care my relative gets is very good. The staff here have the patience of saints."

The registered manager was supported by a deputy manager, nurses and care staff. We found the registered manager to be open and honest during the inspection. They were able to give us a good account of the service. They provided us with all of the information we needed, and it was organised and easy to follow.

The staff we spoke with were all complementary about the owners and the registered manager. Staff told us the manager was very approachable and supportive. One member of staff said, "We get good support from the manager. I love working here and I enjoy coming to work. We have a friendly staff team." Another member of staff said, "This is a brilliant home it is a family run business. It has exceeded my expectations. It is more homely. The staff team work really well together."

Staff attended staff meetings and told us they felt these were useful meetings to share practice and meet with other staff. We saw from records we looked at that staff team meetings had been held regular, which gave opportunities for staff to contribute to the running of the service. We saw minutes from the last staff meeting which had been held in August 2015.

The provider completed an annual survey of people who used the service, their relatives, staff and other professionals to gather feedback on all aspects of the service provided. Results were analysed with appropriate action plans put in place in response. We saw the results of the most recent survey which had last been sent out by the provider in October 2015. We noted the positive comments the service had received from relatives and professionals who visited the care home. Comments such as 'Treats people like human beings' 'Extremely caring and gentle' 'We are all very happy that mum is resident at the Coach House. She sometimes tells me that she wishes she was still at home, but recognises it is not safe for her to live on her own anymore. Then she says one does not think she could be anywhere better than where she is now. We agree'

We saw surveys that health and social care professionals had returned to the home. Professionals had also made positive comments such as: 'The care is lovely' 'One of the best homes we have got' 'In one case the home were very skilled in dealing with a client and relative who received exceptionally, sensitive approach. They invested time and skill to assist the couple.'

The registered manager explained there were a range of quality assurance systems in place to help monitor the quality of the service the home offered. This included formal auditing, meeting with the provider and talking to people and their relatives. Audits included regular daily, weekly, monthly and annual checks for health and safety matters such as passenger lifts, firefighting and detection equipment. There were also care plan and medicines audits which helped determine where the service could improve and develop.

There were procedures in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as the local authority safeguarding team, police and the health protection agency. Our records showed that the provider had appropriately submitted notifications to CQC about incidents that affected people who used services.