Choicecare 2000 Limited

The Coach House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection was unannounced and took place on 18 and 31 May 2016. The Coach House is registered to provide accommodation with nursing and personal care for up to 66 people including people with mental health needs and dementia. On the first day of the inspection there were 57 people living at the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.
The provider had not always carried out appropriate recruitment checks before staff started working at the home. Staff knew how to recognise and report potential abuse. Risks were assessed and managed, giving consideration to people's changing mental health needs. People's medicines were stored and managed safely and people received their medicines as prescribed by their GP or consultant.

People felt the staff team had the skills and knowledge required to support and care for them. Assessments of people's capacity had been carried out, and where people's rights and freedoms had been restricted this had been done lawfully. People were happy with the variety and quality of food and drink provided and were supported to access relevant healthcare professionals when required.

People felt they were supported by staff who were friendly and approachable. People diverse needs were understood and met by staff who knew them well. Staff supported people in a way that maintained their privacy and dignity and were aware of people's personal and health needs.

Staff had a good understanding of people's life histories as well as their needs and preferences. People were happy with the way they were involved in their care and support planning. People knew how to complain and the provider had a system in place to manage complaints.

People and staff told us they felt the home was well managed. People, relatives and staff were invited to give feedback and contribute to the development of the home. The registered manager was supported by the provider to monitor the quality of care provided. There were systems in place to monitor the effectiveness of the service and these were used to drive improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Improvements were required to the recruitment checks carried out for new staff members. Staff knew how to identify if people were at risk of harm or abuse. Risk had been appropriately assessed and managed, giving consideration to people's changing mental health needs. People received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

People were supported by staff who had the skills and knowledge to meet their needs. People were asked for their consent before care and support was provided. People were supported to maintain a healthy diet according to their needs and had access to healthcare professionals when they needed them.

Is the service caring?

Good

The service was caring.

People were supported by staff who were friendly and approachable. People's diverse needs were understood by staff and met. Staff supported people in a way that respected their privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People were involved in their care planning where possible and received care that was relevant to their needs. People were supported by staff who knew them well. A range of activities were available. People knew how to raise concerns and there was a system in place to deal with complaints.

Is the service well-led?

Good

The service was well-led.

People and staff felt the home was well managed. People, relatives and staff were invited to give feedback and contribute to the development of the home. There were systems in place to monitor the quality of care provided and these were effective in driving improvement.

The Coach House

Detailed findings

Background to this inspection

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

This inspection took place on 18 and 31 May 2016 and was unannounced.

The inspection team consisted of two inspectors, a pharmacist inspector, a specialist advisor who was a nurse with specialism in mental health and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who use this type of service. As part of the inspection we looked at the information we held about the service. This included statutory notifications, which are notifications the provider must send us to inform us of certain events, such as serious incidents. We also contacted the local authority and the clinical commissioning group (CCG) for information they held about the home. This helped us to plan the inspection.

During the inspection we carried out observations of the care and support people received. We used the Short Observational Framework for Inspection (SOFI) to observe how care was provided for people who were unable to speak with us. We spoke with six people who lived at the home, eight staff members, the clinical lead and the registered manager. We looked at eight records about people's care and support, 16 medicine records and systems used for monitoring the quality of care provided.

Requires Improvement

Is the service safe?

Our findings

Staff told us that they were required to have pre-employment checks before they were allowed to start work at the home. We spoke with the office manager who told us about the recruitment process and how they ensured they employed people with the relevant skills and experience. However, we looked at four staff recruitment files and saw that appropriate checks had not always been carried out before people were able to start work. Two of the four staff member's files we looked at had references in place, however these were not from the staff member's most recent employers. Other checks had been carried out including proof of identify and Disclosure and Barring Service (DBS) checks before they were able to start work at the home. By not carrying out full checks on staff member's previous employment the provider was at risk of employing unsuitable staff. We spoke with the registered manager about this, who acknowledged our concerns and advised improvements to the recruitment process would be made with immediate effect.

People told us they felt safe. One person said, "I feel safe here." Another person told us, "I feel safe; the staff look after me well." People were supported by staff who had received training in how to keep people safe. Staff were able to tell us how they would recognise potential signs of abuse and were aware that the service had a whistle blowing policy in place and knew how to report concerns. One staff member told us, "I would bring it to the manager's attention and if the situation was being caused by the manager I would go to the head office or report it to safeguarding and CQC."

Risks to people had been identified and assessed and risk management plans were in place for staff to follow. The home provides a caring environment for residents with mild, moderate and severe mental health problems, with a mixed variety of mental health problems, for example psychosis and associated behavioural problems. People's care records contained information about their past history of risk, for example one resident had behavioural issues. This was documented accordingly and staff were directed to allow the person to wander with a purpose, while encouraging the person to maintain a safe environment. For example, encouraging them to walk in a different direction, where there were fewer obstacles that could cause potential falls for the person. Risk assessments had been regularly updated to meet people's needs and were reviewed when risks according to needs of the residents had changed or become apparent.

People told us there were staff available to assist them when required. One person said, "They are staff available, they come and sit in my room and keep me company." We saw there were sufficient numbers of staff on duty to meet people's needs. We observed people being responded to in a timely manner, including those requesting support. Staff told us they felt there were enough staff available to respond to people needs and to keep people safe. One staff member said, "I think staffing levels are ok, we have enough staff to respond to people's changing needs." We found there were sufficient staff to support people in all aspects of their daily living, for example assisting people with interests and activities, offering support at meal times and spending time actively engaging people in conversation.

People told us they were happy with the way they received their medicines. One person told us, "I get my tablets when I need them." Another person said, "Medication is always on time, I've never had any issues." We looked at the medicines records for 16 people and found people had received their medicines as

prescribed by their GP or consultant. We looked at the systems in place to manage medicines and found people's medicines were stored securely and at the correct temperatures. There were systems in place to ensure the administration of medicines was recorded accurately and we found the amounts recorded reflected what had been administered. Protocols were used by staff to determine when to administer 'as required' medicines which helped to keep people safe. However, we found some recording inconsistencies when a person had been offered their 'as required' medicines. For example, pain relief or an inhaler used to treat conditions such as asthma. We spoke with the registered manager about this and thy understood why this would be good practice and advised that changes, to ensure consistent recording, would be made with immediate effect. Staff demonstrated a good knowledge of people's medicines and the systems used to manage them. We found that staff who supported people with their medicines had received training to ensure they were competent to do so.

Good

Is the service effective?

Our findings

People told us they felt staff had the skills required to care for them. One person told us, "The staff are able to help me with anything I need." Staff told us that they had induction into their role when they started working at the home and that they received on-going professional development. One staff member said, "I was given a two week introduction, after the two weeks, I was asked if I needed more time to have a greater understanding of residents, building and policies and I said no, as my introduction was good." Staff also received regular support and supervision from the management team. One staff member told us, "I have supervision every three months, I am happy with the support I get." Staff had received specialist training in mental health which helped their understanding of people's support needs, for example supporting people with their anxieties and behaviours. The registered manager told us they and the senior nursing staff carried out assessments of staff member's competencies on an annual basis and encouraged staff to be honest when they made errors, through a positive supportive working environment.

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. All of the staff we spoke with understood the requirements of the MCA and had received training in this area. They also understood the importance of supporting people in such a way that encouraged them to make decisions for themselves and also the need to act in people's best interests. Staff shared with us examples of how they involved people in making choices, for example offering people and choice of clothes when supporting them to dress, and giving people time and space if they were not ready to receive support. The provider had carried out assessments of people's capacity and this was recorded clearly, meaning staff had access to accurate guidance about people's capacity to make certain decisions.

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). MCA DoLS require providers to submit applications to a 'Supervisory Body' for authority to deprive people of their liberty. We saw that applications had been authorised by the supervisory body and that the provider was complying with the conditions. We saw that where appropriate, people's relatives had also been involved in decision making about the application for authorisation to restrict people's rights and freedom.

People told us they enjoyed a range of food and drinks. One person said, "We have some really nice lunches." Another person told us, "The dinners are nice, I had all meat yesterday." People told us they were able to have a hot breakfast if they wanted one. We observed people being offered hot and cold drinks throughout the inspection and people were also able to request hot drinks whenever they wanted them. Where people required a specialist diet, for example diabetic, we saw staff were aware of this and encouraged people to eat and drink to maintain their health. Culturally appropriate meals were provided for people where required and staff told us people were able to order a take away meal if they chose to. One staff member told us, "The food is nice, but if the resident does not like the food the cook finds an

alternative."

People were supported to access healthcare professionals when they needed them. Staff were able to explain how they supported people with their on-going health needs and how they, or the nursing staff, would contact a relevant health care professional in relation to potential physical or mental health deterioration. One staff member told us, "If there are signs or symptoms of a resident not being well, I contact the General Practitioner or in emergency I would not hesitate to contact 999, paramedic services." People's care records detailed appointments with their GP and hospital appointments and these were also documented in the nursing diary, so staff were aware. People had also been supported to attend optician and dentist appointments. One staff member told us that people who needed to be were weighed monthly, and we saw that this was reflected in their care records. Staff were able to share with us the action they would take if a person was found to be consistently losing weight. One staff member said "I would report it to the manager and the GP would be informed so they could make a referral to the local dietician services."

Good

Is the service caring?

Our findings

People told us staff were friendly and approachable. One person said, "The staff here are nice, they help me if I need anything." We saw staff treated people with kindness and spoke warmly to them. Staff told us they understood people needs and responded where appropriate. One staff member said, "It's about getting to know people and understanding their responses. They might not want to do something right now, but if you give them space and ask again later, they will often get involved." Staff knew peoples' individual communication skills, abilities and preferences. One staff member told us, "It can be hard to predict people's mood, but people do show how they feel, then I know whether to ask them to get involved, like laying the table for example." We observed people interacting comfortably with staff, and people were confident to approach staff if they needed them.

Staff showed compassion when supporting people and we saw they took time to comfort and reassure people if they became anxious. Staff shared with us how they dealt with situations for example, when people become agitated or hostile. One staff member said "I try and find out why the resident is getting agitated and try and provide reassurance." We observed that staff responded quickly when people asked for assistance, for example when asked by a person, "Can I have some milk?" staff quickly assisted the person with their request.

People and their relatives were involved in decisions about their care and support. We saw people asking for support when they needed it, and staff responded without delay. Staff supported people to be independent where possible. One staff member told us, "I think it's important to only provide support if a person needs it, I encourage them to do as much for themselves as possible." Staff told us that they liked spending time with residents to ensure they received the support they required. One staff member told us, "I feel rewarded by working at this home, through promoting residents independence where ever possible. We work as a good team."

People's diverse needs were understood and met. Staff supported people to express themselves in the way they preferred and cultural diets were available for people who had specific cultural needs. Local religious groups visited the home when requested and staff were aware of people's individual spiritual requirements. We saw staff had taken steps to learn basic phrases of people's chosen language to assist with communication and encourage the person to express their needs. Most of the staff had worked at the home for several years which had enabled them to build up close therapeutic relationships with people. Staff knew how people wanted to be supported and we observed staff sitting with people and prompting them to express how they were feeling in a discreet manner.

People were supported by staff who knew how to maintain their privacy and dignity. Staff shared examples with us of how they protected people's privacy by knocking on people's doors, closing curtains and bedroom doors when supporting people with personal care. We saw staff knocked on people's doors before they entered during the inspection, which showed their privacy was being respected by staff who supported them.

Good

Is the service responsive?

Our findings

People told us they received the care and support they wanted. We saw staff were aware of people's care plans which had been regularly reviewed and updated according to people's changing needs. The home accommodates people who have long term mental health associated problems, and most people did not have the capacity to make formal decision in relation to their care. We asked a staff member how they involved people and their relatives in planning their care and they told us, "We do our best to try and work with the person or their family members, where appropriate we discuss and review with relatives."

We looked at people's care records and saw they were tailored to people's individual needs and contained a good amount of information about them and their preferences. Staff member's knowledge reflected this and they were able to share with us information about how people liked to spend their time and their interests. For example, a person being encouraged to go to the cinema as they enjoyed films. We observed staff calling people by their preferred names and this helped people to feel more comfortable.

There was a range of activities taking place on a daily basis for people to take part in. People had options in terms of group activities which gave consideration to their mental health conditions. On the day of the inspection we saw art activities took place in the morning and bingo in the afternoon. People told us they enjoyed the activities offered. Staff told us how they encouraged people to get involved in activities that interested them and we saw examples of staff supporting people to engage with other people, activities and meal times. We also observed one person playing the piano and there was a positive response from other people who responded to the music by smiling and joining in.

People told us they would tell a member of staff if they had a concern or problem. One person told us, "If I have a complaint I can tell any of the staff." Staff were aware of the provider's complaints procedure and shared with us how they would record and report complaints. One staff member told us, "I would always talk to the person and see if I could work things out, if not I would escalate to the manager." Staff shared with us changes that had taken place following feedback from people. For example, changes to the meals offered, and the entertainment offered in the evenings. We spoke with the registered manager who told us they aimed to encourage an environment where people could chat honestly about things they were unhappy about. They told us, "It's about being open and engaging with the residents at the earliest opportunity. We have to learn from people's experiences."

Good

Is the service well-led?

Our findings

People told us they thought the home was well run and the registered manager and senior staff were approachable and supportive. We saw that people, relatives and staff were able to give feedback about the home and offer ideas for improving the care provided. Staff told us that they received good support and supervision from senior staff and were positive working at the home. One staff member told us, "The manager is very supportive, it's a rewarding job." Staff were motivated and told us they felt the registered manager provided good leadership. One staff member said, "There is clear leadership from the manager and the clinical lead. They don't dictate, they care, I find them very supportive." Another staff member told us, "The team is great; it's a happy place to work. Everyone is there for each other."

The registered manager told us the provider was approachable in relation to any ideas they had within improving service development and specifically in relation to improving standards and maintaining them. Staff we spoke with understood the leadership structure and lines of accountability within the service; they were clear about the arrangements for whom to contact out of hours or in an emergency.

Residents and relatives meetings were held to encourage people and their family members to give feedback about the home. We saw minutes from meetings where feedback had been given, and details of the actions taken by the staff team in response. For example, during one resident's meeting people had said they were unhappy that cooked breakfasts were no longer available on a certain day. We saw that a cooked breakfast was now available on a Wednesday as suggested.

There was a registered manager in post who managed the home on a daily basis. We spoke with the manager who had a good understanding of their responsibilities as a registered person. They shared with us how they had been striving to improve the effectiveness of the service and maintaining high standards of care, through communication with people and staff. We found they had maintained the requirements of their registration by notifying us and the local authority of any serious incidents or events relating to the service, as required by law. We found that incidents had been properly investigated and all concerns for people's safety had been acted upon quickly by the management team. The registered manager shared with us learning from recent incidents and said, "We will always investigate and learn from events. We recently worked with the Clinical Commissioning Group (CCG) and they will help us make improvements." We saw the provider had recently made changes to systems used for monitoring people's skin integrity, following advice and support from the CCG.

The provider had a quality assurance system in place to make sure people were provided with high quality care. We saw that the registered manager and provider carried out audits in areas such as health and safety, environment, medicines and care plan reviews to monitor the quality of care provided. We found these were effective in driving improvement and raising standards.