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The Coach House Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Coach House was providing personal care to 19 people aged 65 and over at the time of the inspection. The service can support up to 21 people some of whom were living with dementia.

People's experience of using this service and what we found

People told us they liked living at the service. Feedback from relatives and visiting professionals was very positive regarding the level of care and support people received.

People told us they received safe care. Ongoing issues were identified regarding people's medication and this was in relation to people having their creams applied as per their GP's instructions. The provider continued to recruit staff safely. Accidents and incidents had been reviewed and appropriate risk assessments had been carried out to keep people safe.

Staff received training to support them in their role.. Staff they felt supported by their managers and managers had an open-door policy and welcomed staff feedback. People were supported to have maximum choice and people told us they were involved in decisions regarding their care.

People were supported to maintain a healthy and balanced diet. They enjoyed their food and had access to snacks if they wished. People were quickly referred to other healthcare professionals to support their health and well-being.

All feedback was very positive regarding how staff and managers had worked to create an environment where people felt they could live both happily and safely. Staff supported people to maintain their independence as much as possible, and where support was provided, this was carried out in a way which maintained people's dignity.

People were encouraged to participate in activities both internal and external to the home.

The provider welcomed feedback through various sources. They sent out regular questionnaires to gather people's opinions, to further improve the level of care and support provided. In addition, the provider carried out a range a monthly quality checks.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 16 June 2018).

This is the fifth inspection where the provider has been rated as requires improvement. At our previous inspection, we identified one breach of regulation. At this inspection not enough improvement had been made and the provider was still in breach of regulation.

Why we inspected

This was a planned inspection based on the previous rating.

You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

The Coach House Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector and one assistant inspector.

Service and service type

The Coach House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information available to us since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from commissioners and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our

inspections. We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection-

We spoke with one of the provider partners who is also the registered manager, the deputy manager, two members of staff, and the activities co-ordinator. We also spoke to one visiting professional who was present in the home during the inspection. We spoke with three people who lived at the service and one relative.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision; various documents in relation to the management of the service which included quality checks; premises safety checks and policies and procedures.

After the inspection

We continued to speak with the provider to confirm the inspection findings. We also contacted one visiting professional.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At our last inspection the provider had failed to robustly manage the administration of prescribed creams. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made and the provider was still in breach of regulation 12.

Using medicines safely

- Issues relating to applying people's prescribed creams had continued. For example, one person's creams had not been applied in line with their GP's instructions.
- One person's cream had not been applied for three days in a row as it was out of stock. Records were unclear as to when the cream had actually been applied.
- Some people were prescribed patches to support with pain relief. No record had been made of where each patch had been applied at each time. Patches of this type should be positioned in a different place at each application as per manufacturer's instructions and national guidelines.

Systems were either not in place or robust enough to demonstrate medication was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded during and after the inspection. They have introduced additional charts to record the application of people's medication patches.

- Other prescribed medicines were handled safely and in line with national guidance.
- People were supported to take their medication. One person told us, "I get support with my tablets, staff make sure I take my tablets."
- Staff were confident to administer people's medication. They had received appropriate training along with regular competency assessments.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- People, relatives and visiting professionals told us staff provided safe care. One person told us, "Yes I feel safe living here and I wouldn't want to go anywhere else." One visiting professional told us, "I think it's very

good. They're very safe."

- People were protected from abuse. The provider had a safeguarding policy in place. Staff received regular training in safeguarding and were confident in their ability to identify and report any safeguarding issues.
- Safeguarding incidents had been reviewed, logged, and notified to the appropriate authorities.
- Staffing levels were appropriate to meet the needs of people. Staff told us they felt staffing levels were appropriate.
- The provider had a robust recruitment system in place.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Accidents and incidents were recorded, investigated and reviewed appropriately. Further analysis was carried out to identify any themes or trends, so action could be taken to reduce the risk of any reoccurrence.
- Care plans included risk assessments, which supported staff to keep people safe. Risk assessments were reviewed on a regular basis.
- The provider had appropriate environmental risk assessments in place.

Preventing and controlling infection

- Infection control procedures were maintained. Enough gloves and aprons were available for staff to use.
- The premises were clean, tidy and free from bad smells.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question remained good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Prior to admission to the service, a full assessment was carried out for each person in line with best practice and guidance.
- People and their relatives were involved in the creation of care plans. Care plans contained a good level of detail regarding how staff should support and care for each person in the way they wished to be cared for. Care plans were reviewed on a regular basis.

Staff support: induction, training, skills and experience.

- Staff had the necessary skills and experience to care for people.. The provider confirmed refresher dates for Mental Capacity Act training had been arranged.
- Staff had received regular formal supervision sessions. One staff member told us, "If you go with your problems or if you want something doing, they're really good, they're a right good bunch."
- People said staff cared for them very well. One person told us, "I think the girls have the right skills – one especially, just seems to know – she's a lovely girl."
- The provider was very proud to share how they had recently introduced a carers apprenticeship scheme into the service. They hoped this would strengthen their staff team and support an ethos of 'home grown talent' in their effort to provide the highest level of care they could.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a healthy and balanced diet and had a selection of home cooked meals to choose from. they had a choice of food from the menu but could ask for something else if they didn't like what was on offer.
- People's weights were monitored on a regular basis. Any concerns with eating and drinking were referred to a dietitian or speech and language therapist.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The provider had good relationships with external healthcare professionals. A visiting professional told us, "If they (staff) are not sure, they're very good at asking for professional help."
- People had access to other healthcare professionals such as opticians, GPs and district nurses. One person told us, "If I am poorly, the staff organise for me to see my GP."

- People were supported to attend healthcare appointments. For example, hospital appointments. The registered manager told us, "When people go to hospital appointments, we always try where possible to have a male member of staff accompany men. People have told us this is important to them."

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

- The service was currently undergoing a series of refurbishment. Swatches of wallpaper in varying colours had been placed on the walls and people had been invited to choose their favourite one. The registered manager told us how important it was for people to choose themselves, stating, "After all it is their home, they should choose the colour scheme."
- People's rooms were pleasantly decorated and held lots of personal items which were important to them. One person told us they loved their room and having their personal belongings with them meant a great deal.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires, 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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Where people lacked capacity, records showed where decisions had been made in people's best interests.
- Staff were able to explain their understanding of people's capacity.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Without exception everyone told us how caring all the staff were. Comments included, "Staff treat me really nice, you can go and ask them things and they are really friendly." One visiting professional told us, "I struggle to think of anything about The Coach house that would be negative, I like its size and the family feeling."
- During the inspection there was lots of very kind, natural and genuine interaction between people and staff. People responded very well to this level of support.

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

- People (where able) told us staff discussed their care with them and they felt listened to.
- Care plans included people's religious beliefs and staff supported people to continue with their belief.
- Information about advocacy services was available.

Respecting and promoting people's privacy, dignity and independence

- People said staff treated them with dignity and respect and inspectors saw evidence of this throughout the inspection.
- Staff we spoke with were able to tell us the processes they would follow to ensure people's privacy and independence was maintained.
- People's right to privacy and confidentiality was respected.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received care and support based upon their personal needs, interests and any activities they wished to be involved in.
- The provider employed an activities co-ordinator. People enjoyed activities both internal and external to the service in either a group or one to one session.
- People were supported and encouraged to use the home's skype system. This meant they could speak to relatives who did not live near the home or who lived in other countries.
- The provider shared how much people had enjoyed watching the 'Tour de Yorkshire' bike race which had taken place last year. The race had passed by the front of the building and the provider had arranged for people to sit outside to have a good viewing position. The service also held a 'themed day' to celebrate this special occasion.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place. One formal complaint had been received since the last inspection and had been dealt with satisfactorily. A number of small low-level concerns were not formally recorded in line with the provider's own policy. The provider agreed to implement recording of all concerns immediately.
- People told us they had not raised any complaints. One person told us "Never complained, got nothing to complain about!"
- Numerous compliments had been received including, "Thank you for the most amazing care and attention by all staff past and present who go above and beyond to make sure everyone is looked after, " and "My mum spent her last years in The Coach House, happy, contented and well looked after by wonderful staff."

End of life care and support

- End of life care plans were very person-centred. Staff applied a high level of thought and compassion to ensure care plans were a true reflection of people's end of life wishes.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a process in place to check the quality of care and service provided. These checks were completed on a monthly basis and the registered manager used them as a tool to identify any themes or trends. Actions plans were then created to improve the level of care and service provided. However, the issues we found regarding people's medication in early May, had not been identified by the registered manager.

The provider responded immediately during and after the inspection. They introduced more frequent checks of people's MAR charts. They have also sought additional external training to support staff regarding the completion of MAR charts.

- The registered manager had notified CQC of incidents as required.
- Staff told us how much they enjoyed working at the service. Comments included, "I just get to hang out with the coolest people every day. It's an honour to spend time with these residents at this time of their lives," and "They're just fabulous, aren't they? We get to spend our days with them. It's a privilege to look after people, as well. It really is."

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager thoroughly investigated any matters which were identified. They worked in partnership with other agencies and ensured people and relatives were well informed. They were open and honest if things had gone wrong which included offering appropriate apologies.
- Staff spoke highly of the registered manager and deputy manager. They told us both were approachable and operated an open-door policy. One member of staff told us, "Yes, I think it's very well-led. I can honestly say that they genuinely care about the people living here. It's not just a business."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider held resident and relatives' meetings
- Staff had begun to have regular team meetings with their manager and they found these useful.

- The provider had sent out surveys to people, relatives, staff and visiting professionals over the past year. Feedback from the January/February 2019 was positive.

Continuous learning and improving care; Working in partnership with others

- The provider was a member of a local care association. They found this network of care providers to be a great support. Membership allowed for ideas and good practice to be shared which was in turn was taken back and adopted into the day-to-day care and running of each service.
- Feedback received from visiting professionals included, "[Registered Manager], is very open and honest and strives to improve the care," and, "I've been working closely with the home for the last several months. They are very keen to ensure that the quality of the home is paramount and readily engage with any advice or guidance."
- The provider used staff supervision sessions and meetings to help ensure staff were aware of how to provide good quality care.
- The provider had plans to work with Trusted Assessors. Trusted Assessors play a big part in ensuring people are discharged from hospital in a safe and organised approach.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure people received their medication as per prescriber's instructions. Regulation 12(2)(g)