

Choicecare 2000 Limited

The Coach House

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 ●

Summary of findings

Overall summary

About the service

The Coach House is a nursing home providing personal and nursing care to 62 adults with mental health or dementia needs at the time of the inspection. The service can support up to 66 people.

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

The care people received was safe. Risks to people were considered and reviewed. There were safeguarding procedures in place and these were followed. Medicines were managed in a safe way. There were enough staff available for people. Infection control procedures were implemented. Lessons were learnt when things went wrong in the home.

The care that people received was effective. 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 support this practice. Staff received training that helped them support people. People received support from health professional and referrals were made when needed. People enjoyed the food available and were offered a choice. The environment was adapted to meet people's needs.

People were happy with the staff that supported them and were treated in a kind and caring way. People were offered choices, encouraged to remain independent and their privacy and dignity was maintained.

People received care that was responsive to their needs. The care they received was individual to their needs. Their likes and dislikes were considered. People had the opportunity to participate in activities they enjoyed. There was a complaints procedure in place.

There were audits in place which were effective in continually developing the quality of the care that was provided to them. Feedback was sought from people and relatives who used the service, this was used to make changes. There was a registered manager in post and staff felt supported and listened to

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

Rating at last inspection

The last rating for this service was Good. (23 August 2016)

Why we inspected

This was a planned inspection based on the previous rating.

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.

Details are in our safe findings below.

Good ●

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 well-led.

Details are in our well-Led findings below.

Good ●

The Coach House

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 visit was carried out by one inspector, an assistant inspector and a specialist advisor in Mental Health.

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 we had received about the service since the last inspection. 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 used all of this information to plan our inspection.

During the inspection

We spent time observing care and support in the communal areas. We observed how staff interacted with people who used the service. During our inspection we spoke with seven people who used the service, four members of care staff, two registered nurses and the deputy manager. We also spoke with a visiting health professional and, the registered manager and the area manager. We did this to gain people's views about the care and to check that standards of care were being met.

We looked at care records for eight people. We checked the care they received matched the information in their records. We also looked at records relating to the management of the service, including audits carried out within the home and staff recruitment.

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 now improved to Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- At our last inspection we found improvements were needed to ensure safe recruitment procedures were in place.
- At this inspection we looked at six staff files and saw pre-employment checks were completed before the staff could start working in the home. There was also a system in place to ensure the nurses working in the home held an appropriate qualification. This demonstrated the provider ensured staffs' suitability to work with people.
- There were enough staff available for people and they did not have to wait for support. One person said, "There are enough staff. If I am in my room and need them I will press the buzzer and one of the staff will come. It doesn't take them long they come quick."
- The provider had a system in place to ensure the correct amount of staff were working in the home.

Systems and processes to safeguard people from the risk of abuse

- There were procedures in place to ensure people were protected from potential harm. We saw when needed concerns had been raised appropriately by the provider and in line with these procedures.
- Staff knew how to recognise and report potential abuse. One member of staff told us, "It's protecting people who need that bit of extra help because they are vulnerable. We would report our concerns to the nurses and they would follow up with the manager. I am sure they would take action and follow this up."

Assessing risk, safety monitoring and management

- People felt safe living at The Coach House. One person said, "I feel safe as I can't get out by myself, the staff make sure I have everything that I need and they look after me well."
- Risks to people's health and wellbeing were considered, assessed and regularly reviewed.
- People's individual risks were considered. We saw when people needed specialist equipment it was provided for them and used in the correct way. For example, we saw people were sat on pressure relieving cushions when at risk of pressure damage.
- There were plans in place for emergency situations such as fire evacuation and these were personalised. Staff were aware of the plans that were in place for people.

Using medicines safely

- During our inspection a concern with the fridge temperature was highlighted. The registered manager took prompt action to resolve this to ensure medicines were safe to be administered to people.
- There were effective systems in place to store, administer and record medicines to ensure people were protected from the risks associated to them.

- We saw staff administering medicines to people. We saw they were offering them their prescribed 'as required' medicines. When people were prescribed 'as required' medicines there was guidance in place for staff to follow to ensure they had these medicines when needed.

Preventing and controlling infection

- There were infection control procedures in place and these were followed. The environment was clean and maintained.
- We saw staff used personal protective equipment such as gloves and aprons when needed. Staff confirmed this was freely available to them.
- The provider completed an audit in relation to infection control, the last audit identified compliance in this area.

Learning lessons when things go wrong

- The provider ensured lessons were learnt when things went wrong. For example, when audits by external professionals had taken place such as the local authority and the CQC. The provider had completed a compliance audit which identified areas of improvement. They used this information to bring about changes and make improvements.

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 has now 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

- People's physical, mental and social needs were holistically assessed.
- Their care plans contained detailed information to support specific health conditions and any individual requirements. Care was delivered in line with national guidance and best practice.
- People's gender, culture and religion were considered as part of the assessment process and was recorded within their care plans.

Staff support: induction, training, skills and experience

- Staff received an induction and training that helped them support people.
- Staff continued to receive training. One staff member said, "The training is very good. Before I worked here I did not have much understanding about people's mental health needs, but it's really helped me with my knowledge base." When staff needed specialist training, for example in management of behaviours. This was provided for them.

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

- People enjoyed the food and were offered a choice. One person said, "The food is lovely, I have a Weetabix each morning which I enjoy. I used to have this at home. There is a choice of meals each day and it is always hot. There is always something I like."
- At lunchtime, we saw people had a variety of meals. People were offered a choice of drinks with their meals and throughout the day people were offered a choice of drinks and snacks.
- People's dietary needs had been assessed and considered and when needed people's fluid, food intake and weights were monitored so that action could be taken if needed. When people required specialist diets we saw this was provided for them in line with recommendations that had been made from health professionals.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with other services to ensure people received care which met their changing needs. For example, during our inspection we saw there was a GP review for people living at The Coach House.

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

- The home was decorated in accordance with people's choices and needs. People had their own belongings in their bedrooms. There was a smoking area and separate outside area people could access if they wished.

- People could access bathrooms with assistive equipment such as bath hoists and there was dementia friendly signage to help people to orientate themselves around the home.

Supporting people to live healthier lives, access healthcare services and support

- People had access to healthcare professionals and their health was monitored within the home. Records we looked at included an assessment of people's health risks.
- We saw recorded in people's files when they had been seen by the GP or other health professionals such as Community Psychiatric Nurses or Social Workers. When people needed to be referred to health professionals for specific advice and guidance we saw this had been completed.

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 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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met. We found they were.

- We found when needed capacity assessment were in place for people and decisions had been made in people's best interests.
- Staff demonstrated an understanding in this area. One staff member told us, "It's when people can't necessarily make decisions for themselves and we have to work with them to do this correctly."
- The provider had considered when people were being unlawfully restricted and DoLS application to the local authority had been made. When people were being restricted the provider had considered how people could be supported in the least restrictive way.
- When people had conditions in place on their DoLS authorisations we saw these were being met.

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 now 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

- People were treated in a kind and caring way. One person told us, "The staff are good, they are there if I need them and can talk to them about anything."
- Staff offered empathetic care when people were anxious or distressed. For example, we saw one person was becoming anxious, staff quickly offered reassurance to the person and spent time with them offering support.
- Staff knew about people's preferences and backgrounds and were able to give detailed accounts of people.

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

- People were offered choices and made decisions about how they would like to spend their day.
- One person told us, "I am able to do as I wish. I was involved with how I like things doing and we review this with staff when we need to. I know I have a file with all this information in I don't need to see it as staff do things the way I like so I am happy."
- Throughout our inspection we saw staff offering people choices, such as where they would like to sit, what they would like to do and if they wished to participate in the activities that were taking place.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was promoted. One person said, "Staff let me have time by myself and are respectful when I am in my bedroom, they don't keep disturbing me."
- We observed staff knocking on people's doors and offering support to people in a discreet way.
- People were encouraged to be independent. One person said, "I am very independent. I do things for myself, like getting dressed in the morning. Sometimes I might put a t-shirt on that doesn't really match my trousers and the girls will have a quiet word. I go and change it as I know they are right."
- We observed people were encouraged to be independent. For example, people mobilised independently around the home with their walking aids, some people were observed discreetly whilst they did this. Records we reviewed reflected the levels of support people needed.

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

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff knew people well and knew their needs and preferences. People had care plans which were personalised, detailed and regularly updated.
- Staff had the opportunity to attend handover at each shift where they could share information and changes about people. Staff told us they found this useful and effective.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider met the Accessible Information Standard.
- People had care plans in place to ensure staff had information available how they communicated. When people used different formats to communicate this was available for them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had the opportunity to participate in activities they enjoyed. One person said, "I go out to the shop by myself to fetch the paper." There were activities coordinators in post.
- During our inspection we saw various activities were taking place, including a game of bingo. Displayed around the home were visual prompts of activities people could participate in both in the home and in the wider community.

Improving care quality in response to complaints or concerns

- People felt able to complain. One person said, "I would talk to the staff if I was worried or unhappy about something. I know they would help. I know I can complain more formally about things if I need to I have a booklet about this."
- The provider had a complaints policy which was displayed in the home in an easy read format.
- There had been no complaints since the last inspection.

End of life care and support

- Where people had chosen to, they had end of life plans in place that had considered their preferences and 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 Good. At this inspection this key question has now remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and staff spoke positively about the management team and the support they received. One person said, "There are lots of staff I can talk to, but I know I can go and see the manager in the office if I need to. I could catch him if I wanted as he is always walking about."
- The management team promoted a positive culture across the service which was reflected by staff.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Duty of candour requirements were understood by the registered manager.

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

- All staff understood their roles and responsibilities and there were clear lines of delegation.
- Staff felt supported by the registered manager. They had the opportunity to raise concerns by attending team meetings and individual supervisions.
- The registered manager ensured that we received notifications about important events so that we could check that appropriate action had been taken.
- The rating from the previous inspection was displayed in the home in line with our requirements.

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

- The provider sought the opinions of people who lived in the home. This was through meetings and satisfaction surveys. People were given the opportunity to attend meetings to discuss and share any concerns. We saw the feedback received was positive.

Continuous learning and improving care

- Quality checks were completed within the home. These included monitoring of health and safety, medicines management and people's health needs.
- We saw when areas of improvement had been identified the necessary action had been taken. For example, the health and safety audit had identified damage to windows that needed to be actioned.
- The registered manager used information from incident and accident forms to ensure trends in the home were monitored so that additional resources or action could be taken if needed.

Working in partnership with others

- The service worked collaboratively with other agencies to ensure people received the care they needed.