

Ms Sharon Waters

The Coach House Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The Coach House is a residential care home for three people. At the time of our inspection there were two people living at the home. The third room was occupied by the providers mother.

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 Coach House provides care and support to older people who require minimal assistance with their personal care. The home does not provide nursing care or on-duty night cover. This is clearly documented in people's contracts. The contracts stated that people were not accommodated if, 'The resident needs help moving or needs care between 22.30 and 07.30. All the accommodation is located on the ground floor and there is level access to the patio and garden area.

At our last inspection in July 2016 we rated the service good. At the inspection we found that the provider had not kept up to date with changes in legislation and good practice guidelines. We saw that documentation referred to outdated legislation. This was identified as an area that required improvement. At this inspection we saw that the required improvements had been made.

At this inspection we found the evidence continued to support the overall rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. The provider and her partner told us that they had not undertaken any training since the previous inspection in 2016. We did not assess that any harm had occurred as a result of this shortfall, but this is an area we identified as needing to improve.

This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. At this inspection we found the service remained Good.

The service had a positive culture that was person-centred. There was an emphasis on individualised care. People were supported to have maximum choice and control of their lives and the provider supported them in the least restrictive way possible . People told us they did not wait when they needed assistance.

The provider was proud of the service and their work. They felt that the service provided a homely environment promoting people to remain as independent as possible for as long as possible. People were supported to maintain contact with their relatives. People received a varied and nutritious diet which was home cooked by the provider from fresh ingredients.

People had plans of care and risk assessments. Medicines were managed safely.

Further information is in the detailed findings below.

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 remains good.	Good ●
Is the service effective? The service had deteriorated to requires improvement	Requires Improvement ●
Is the service caring? The service remains good	Good ●
Is the service responsive? The service remains good	Good ●
Is the service well-led? The service had improved to good	Good ●

The Coach House Residential Care 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.

The comprehensive inspection took place on 15 January 2019 and was unannounced.

One inspector undertook this inspection.

The provider had completed a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed previous inspection reports and notifications received from the service before the inspection. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing any potential areas of concern.

During our inspection, we observed care and spoke with one of the people living at the service and one relative. We also spoke with the provider and their partner.

We looked at care records for both people including their medication administration records (MAR).

Is the service safe?

Our findings

People benefited from a safe service where the provider understood their safeguarding responsibilities. The provider had the knowledge to identify safeguarding. They had developed positive and trusting relationships with people that help to keep them safe. People told us that they, "Felt safe". The provider was clear about when to report concerns. She was aware of the requirement to inform the local authority and the CQC.

Risks to people were assessed prior to admission to the service. A risk assessment is a document that highlights a potential risk, the level of risk and details of what reasonable measures and steps should be taken to minimise the risk to the person they support. Where risks had been identified these had been assessed and actions were in place to mitigate them. For example, one person who was assessed as at risk of falls required assistance when walking on uneven ground.

Care was provided by the provider with occasional assistance of her partner. The Coach House provides care and support to older people who require minimal assistance with their personal care. The home does not provide nursing care or on-duty night cover. This is clearly documented in people's contracts. The contracts stated that people were not accommodated if, 'The resident needs help moving or needs care between 22.30 and 07.30. We saw that people were supported in a relaxed manner. There were enough staff to meet people's needs. People told us that they did not wait when they required assistance.

People's medicines were stored and administered safely. Medicines were stored securely following current guidelines for the storage of medicines. The medicines storage was locked when not in use. Each person had a medication administration record (MAR) detailing each item of prescribed medication and the time they should be given, this included details of medicines given as required (PRN). People told us that they were happy with the way their medicines.

The premises and gardens were well maintained and well presented. There were arrangements in place to ensure the service was kept clean. The provider understood the importance of food safety, including hygiene, when preparing and handling food.

The provider told us that accidents and incidents that took place at the service would be recorded if they occurred. Such events would be audited by the provider. This meant that any patterns or trends would be recognised, addressed and the risk of re-occurrence would be reduced.

Is the service effective?

Our findings

The provider and her partner demonstrated a thorough knowledge of people's needs. People's social history, background, interests and hobbies were included in their pre-admission assessments. We were told that, "The care is fabulous. It's a real family set up".

People spoke positively about the provider and told us they were confident that they knew them well and understood how to meet their needs. The provider and her partner told us that they had not undertaken any training since the previous inspection in 2016. We did not assess that any harm had occurred as a result of this shortfall, but this is an area we identified as needing to improve. People told us they did not feel they had been subject to any discrimination, for example on the grounds of their gender, race, sexuality or age.

People had enough to eat and drink throughout the day. One person told us that, "[Provider] gives me lots of cups of tea". People received a varied and nutritious diet which was homecooked by the provider from fresh ingredients. The provider monitored people's food and drink intake to ensure they received sufficient each day. We were told that, "There is definitely plenty of it [food]". People's weight was monitored to ensure that people maintained a healthy weight.

The provider said the service had good links with external professionals. The service worked with a wide range of professionals such as general practitioners, community psychiatric nurses, opticians and dentists to ensure people lived comfortably at the service and their medical needs were met. The provider knew people well and care records contained details of multi professional's visits.

People's needs were met by the design of the premises. All bedrooms were single occupancy giving people private space to spend time with their visitors, or to have time alone.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack 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. The provider understood their responsibilities with regards to the Mental Capacity Act 2005 (MCA). The provider told us that the home did not admit people who did not have capacity.

During our visit we saw people made their own decisions and their choices were respected. We saw that the provider had an understanding about consent and put this into practice by taking time to establish what people's wishes were. We saw that people's agreement was sought before they were given support.

Is the service caring?

Our findings

The caring ethos of the service was evident. There was a strong, visible person-centred culture. People received care and support from the provider and her partner who knew them well. They had a good rapport with people. The relationships between the provider and people receiving support demonstrated dignity and respect at all times. People were complimentary about her caring nature. We were told that, "The place is great" and "[Provider] is really caring". Everyone we spoke with thought people were treated with respect and dignity.

Care and support was compassionate and kind. Throughout our visit the provider and her partner interacted with people in a warm and friendly manner. We saw people were treated in a caring way by staff who were committed to delivering high standards.

We saw people laughing and smiling. The provider knew people's individual abilities and capabilities, which helped them to give person centred care. People's care was not rushed. The provider gave eye contact when talking to people. They spent time listening to them and responded to them.

The provider told us how they maintained people's privacy and dignity by knocking on doors, waiting to be invited in. Care was provided in a discreet and dignified manner. When people were provided with help in their bedrooms or the bathroom this assistance was always provided behind closed doors. The provider knew what people could do for themselves and areas where support was needed. Relationships between people and staff were warm, friendly and sincere.

Is the service responsive?

Our findings

People told us that the provider responded to their needs. People were able to tell the provider how they wanted their care to be provided on a day to day basis. People received support that was individualised and person centred.

People had their care and support needs assessed before they were admitted to the service. This ensured that people's needs could be met. The provider was able to talk about people's likes, dislikes and people important to them without referring to the care plan documentation. People were seen being treated as individuals and received care relevant to their needs.

People were occupied during our visit. We saw that people interacted with each other and the provider. Organised activities were not provided at the home. The homes statement of purpose stated that, 'Residents choosing to stay at the home are generally those who do not wish to participate in an activities programme.'

People were supported to maintain relationships with people that mattered to them and to avoid social isolation. Relatives told us that they were welcomed at the home at any time.

The service had a complaints policy and a complaints log was in place for receiving and handling concerns. People told us they were happy with the service, "[Name] has been really happy here".

End of life care was not currently provided at the service.

Is the service well-led?

Our findings

The provider was in day to day charge of the service. People knew the provider well and held her in high regard. It was apparent that people felt relaxed in the provider's company and that they were used to spending time with them. The provider knew people and their needs extremely well.

People's care records were kept securely and confidentially, in line with the legal requirements.

At our last inspection in July 2016 we found that the provider had not kept up to date with changes in legislation and good practice guidelines. We saw that documentation referred to outdated legislation. At this inspection we saw that the required improvements had been made and records and policies had been updated.

The provider understood their responsibilities to raise concerns, record safety incidents, concerns and near misses, and report these as necessary. They were fully aware of their responsibilities under the legislation and ensured that all significant events were notified to the Care Quality Commission. We use this information to monitor the service and ensure they responded appropriately to keep people safe. The provider said if they had concerns about people's welfare they liaised with external professionals as necessary, and would submit safeguarding referrals when they felt it was appropriate.

People had informal opportunities to feedback their views about the quality of the care they received. The majority of the personal care was given by the provider with occasional assistance from her partner. This meant that the provider met with people daily, giving people regular opportunity to share their views. People received a consistently good standard of care, because the ethos of the service was to put people first. People's comments were positive.

The provider did not have any formal quality assurance systems. Care records were maintained and up to date. The provider carried out regular repairs and maintenance work to the premises.

The service worked in partnership with other agencies to improve outcomes for people. The provider said relationships with other agencies were positive. Where appropriate the provider ensured suitable information, for example about safeguarding matters, was shared with relevant agencies. This ensured people's needs were met in line with best practice.