

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 well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

The Coach House is a nursing home providing personal and nursing care for up to 65 people. The service supports people living with dementia and mental health needs. At the time of the inspection the service was supporting 55 people. The home is split into separate units. People have access to their own bedroom along with communal spaces including lounges and gardens.

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

The service was safe. People received support in line with their care and support plans. Individual risks to people were considered and reviewed. There were infection control procedures in the home that were followed. We found medicines were managed and stored in a safe way and people received this as prescribed.

People were happy living in the home and with the staff team that supported them. There were enough suitably recruited staff to support people. There were safeguarding procedures in place to ensure people were protected from abuse.

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.

Systems were in place to ensure people's care was monitored, audits were consistently completed and reviewed to drive improvements where needed. Lessons were learnt when things went wrong. Staff felt supported and listened to and had the opportunity to raise concerns.

We were notified about significant event within the home in line with regulatory requirements and the previous rating was displayed.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was good (Published 10 July 2019).

### Why we inspected

We received concerns in relation to an incident in the home where someone did not receive support in line with their care plan. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The

Coach House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# 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 Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by 1 inspector.

#### Service and service type

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

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

The inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since our last inspection, including notifications the provider had sent to us. We also gathered feedback from the local authority. The provider was not asked

to complete a provider information return prior to this inspection. This is information we require providers to send us 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 used all of this information to plan our inspection.

#### During the inspection

We spoke with 3 people who lived at the home and 2 relatives. We also spoke with the registered manager, the deputy manager, 2 registered nurses, 3 care staff and a member of the activities team. We looked at the care records for 6 people. We checked the care people received matched the information in their records. We looked at records relating to the management of the service, including audits and recruitment checks carried out within service.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- People were safe living at The Coach House. One person said, "I feel safe yes. The staff are always available and help me when needed. They have supported me to get a walker so I can safely get around by myself." A relative said, "People are safe here. The home is secure and the staff look after them well."
- Individual risks to people were assessed, monitored and reviewed. When incidents occurred, care plans were updated and risk assessments reflected any changes.
- When people had known risks such as, epilepsy, sore skin or required a specialist diet, there were detailed plans in place to ensure staff had guidance to follow. Staff were aware of these plans, and we saw these were followed.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

### Systems and processes to safeguard people from the risk of abuse

- Safeguarding procedures were in place staff were aware of these and followed them when needed. We saw these procedures were displayed around the home.
- Staff told us they had received safeguarding training and knew how to recognise and report potential abuse. One staff member said, "I would raise any concerns with a nurse or the manager. I am confident they would take action. I would report any suspected abuse or concerns."

### Staffing and recruitment

- There were enough staff available for people and they did not have to wait for support. One person said, "There are enough staff. There is always someone in the lounges if you need help and, in your room, they will come quickly, I never have to wait." Staff we spoke with also confirmed there were enough staff.
- We saw when people requested support from staff they acted promptly. Staff were available for people in communal areas and when we heard call bells, staff attended to these in a timely manner.

- There was a system in place that was regularly reviewed to ensure there were enough staff available for people.
- Staff received the relevant pre-employment checks, including references and Disclosure and Barring Service (DBS) checks before they could start working in the home to ensure they were safe to do so. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- Medicines were managed and stored in a safe way. One person said, "I have my tablets each day when I need them, the nurses do those. I have pain relief when I need it, they ask me if I need it and I tell them how I am feeling."
- When people had 'as required medicines' there were protocols in place stating what this medicine was for and when this should be administered. Records confirmed people received this in line with these.
- Staff completed safe medicine administration training and their competency was regularly checked to ensure they were safe to do so.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using Personal Protective Equipment (PPE) effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- There were no restrictions placed on visiting and visitors could access the home freely.

#### Learning lessons when things go wrong

- Lessons had been learnt when things went wrong. There were 'lessons learnt' statements in place when incidents had occurred within the home. These detailed what had happened and actions taken to reduce the risk of recurrence. Staff were aware of these incidents and confirmed the actions were discussed in meetings.



# 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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

### Continuous learning and improving care

- There were systems in place to ensure the care people received was monitored. Audits were consistently completed within the home, they covered areas such as care planning, medicines management, infection control and safeguarding concerns.
- Where areas of improvements had been identified, action had been taken to drive improvements. Action plans were in place identifying what needed to be completed and when this action had been taken. Clear rationale was documented when the action had not yet been completed.
- Quality audits confirmed the registered manager reviewed systems to identify -potential trends. For example, incidents and accidents involving falls. The registered manager considered this information and reviewed whether any changes to the environment or people's care was needed.

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

- Staff felt supported to by the management team. They told us they had the opportunity raise concerns by attending staff meetings and supervisions.
- Staff understood their roles and responsibilities and there were clear lines of delegation.
- The registered manager had notified us about events that had happened within the service, as required.
- The rating from the previous inspection was displayed in the home in line with regulatory requirements.

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

- People and relatives spoke positively about the home and the care they received. One person said, "I am happy here. I go out and have my food prepared for me. It's not home but it's the next best thing." A relative told us, "Its excellent."
- Staff and professionals involved with their care worked closely with people to ensure they received good outcomes and the care and support they required.
- A positive culture was reflected by the management team across the service which was reflected by staff.

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

- People felt listened to. People had the opportunity to attend residents' meetings where they could discuss the home and make suggestions. We saw these were displayed around the home, in the form of a 'you said' and 'we did'. This highlighted the actions taken in response to the views of people.

- Feedback was also sought in the form of surveys. The registered manager identified the response to feedback from people and families was not always responsive. They were in the process of implementing coffee mornings where people and relatives could attend and gather feedback .

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 and met by the registered manager. When needed they worked openly with people and their families to ensure information was shared.

Working in partnership with others

- The service worked closely with other agencies to ensure people received the care they needed. We saw when needed professionals were involved with people's care including speech and language therapists and mental health teams. The plans these professionals had put in place for people were followed within the home.