Select Health Care (2006) Limited

The Coach House

Inspection report

60 Goldthorn Hill
Wolverhampton
West Midlands
WV2 3HU
Tel: 01902 343000
Website: www.selecthealthcaregroup.com

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Ratings

Overall rating for this service	**Requires Improvement**
Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

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, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 30 July 2014. The inspection was unannounced, which meant the provider and staff did not know we were coming.

There was a registered manager in post at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

At our previous inspection in December 2013 the provider was not meeting the requirements of the law in relation to the safe management of medicines, staffing levels and

Summary of findings

staff training. Following this inspection the provider sent us an action plan to tell us the improvements they were going to make. During this inspection we looked to see if these improvements had been made.

The home provides accommodation and nursing for up to 66 people who have mental health needs. There are three units at the home; Jasmine, Poppy and Primrose units. There were 59 people living at the home when we visited.

All people we spoke with were complimentary about the service and its staff and were happy with the support they received. People told us there were enough staff to meet their day to day needs and described staff as kind and caring. There were some gaps in staff training, which the manager demonstrated they were addressing.

Staff were aware of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), which help to support the rights of people who lack the capacity to make their own decisions or whose activities have been restricted in some way in order to keep them safe. The impact on people living at the home of recent changes in the definition and extent of DoLS had been considered. The manager had taken appropriate action in relation to people affected by these changes.

Staff demonstrated an awareness of what could constitute abuse and that matters of abuse should be reported in order to keep people safe. Staff were aware of the provider's whistleblowing policy and said they would use it if they felt there were any issues they were concerned about within the home.

We found that the home did not have appropriate forms to record any instances of restraint which occurred, in order to safeguard people who had been restrained. The manager was made aware and said he would implement a suitable recording system.

People were involved in their care planning and received a thorough initial assessment so that staff could understand their needs. We saw staff delivering support to people in the way described in their care records and which met their needs and respected their privacy and dignity. The home gathered people's views and fedback to people about what improvements they had implemented as a result of people's suggestions.

People who were living at the home, staff and an external professional praised the improvements implemented by the home's manager. People told us they liked the management team and found them approachable. This meant that people felt confident in raising issues with the home's management team.

People's health and well-being were supported by staff arranging appointments with external healthcare professionals when required, such as a G.Ps and mental health professionals.

We found improvements, since our last visit, in the way medicines were managed at the home. However, we saw that some improvements were still required. We saw that people did not always receive the prescribed doses of their prescribed medicines and there were inadequate instructions for nurses as to when 'when required' medicines should be given to people. This meant that people were not always protected from the risks associated with medicines.

We saw that one person needed specific foods to meet their cultural requirements in connection with their diet. We found that these foods were not always provided to this person. We also found that staff serving food were unaware of one person being diabetic and therefore needing a diabetic appropriate diet. We saw that staff offered people plentiful fluids throughout the day.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

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 consistently safe.

People were not always protected from the risks associated with the management of medicines.

There were enough experienced and skilled staff to support people safely.

Staff demonstrated they were skilled and professional in dealing with incidents.

Requires Improvement

Is the service effective?
The service was not always effective.

Staff used people's preferred communication methods to interact effectively with them.

People's health was monitored and they received appropriate appointments with external healthcare professionals to support their well-being.

People were not always provided with food which reflected their wishes or supported their health.

Requires Improvement

Is the service caring?
The service was caring.

People were positive about the staff who cared for them. We saw that interactions between staff and people were caring and considerate.

Staff supported people in a way which preserved their dignity and privacy.

People told us, and we observed, that they were provided with stimulating activities which they enjoyed.

Good

Is the service responsive?
The service was responsive.

People's records were up to date and accurate, and staff demonstrated that they knew how to meet people's needs.

We found that people, their relatives and representatives were involved in planning their care.

People felt confident in how to raise issues with staff or the management team.

Good

Is the service well-led?
The service was well-led.

People were positive about the management team at the home.

Good

Summary of findings

The provider undertook various audits in order to improve the experiences of people living at the home.

Staff told us they felt supported by the home's management team and praised the manager's input into improving people's experiences.

The Coach House

Detailed findings

Background to this inspection

The visit was undertaken by an inspector, a pharmacist inspector and a specialist nursing advisor who had experience of nursing for people with mental health issues. The visit took place on 30 July 2014.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before our inspection, we reviewed the information included in the PIR along with information we held about the home. We contacted the commissioners of the service and the local authority to obtain their views on the care provided in the home. We looked at information we held about the home, such statutory notifications. These are notices which the provider must send to us to inform us of certain matters, such as a person living at the home sustaining a serious injury.

We informally observed how staff interacted with the people who used the service. We observed people having their lunch and during individual tasks and activities.

We spoke with eight people who used the service. We also spoke with the manager and five other members of staff. We spoke with a visiting mental healthcare professional.

We looked at seven people's care records to see if their records were accurate and up to date. We looked at two staff files and records relating to the management of the service, including quality audits.

Is the service safe?

Our findings

At our inspection in December 2013, we were concerned about the management of medicines at the home. We asked the provider to send us an action plan outlining how they would make improvements.

We checked to see if the necessary improvements had been made to the way the service was now managing medicines. We looked at what arrangements the service had in place for the recording, safe keeping, safe administration and disposal of medicines. We found that the home had improved greatly since the last inspection in the way they managed medicines. However, we found that further improvements were needed in order to ensure that medicines were managed safely.

We found that the service was not always able to demonstrate that people received their medicines as prescribed. This was particularly evident with inhalers that had dose counters as the counters showed that people had not received the prescribed dose of their inhaled medicine. This meant that people's medical conditions were not always being treated appropriately by the intervention of medicines.

We found that the service had a recording system in place to record the administration of topical preparations that were administered by the care staff. When looking at these records we found that the care staff were recording when the topical preparations had been applied but were not recording the reasons for when they had not been applied. This meant that the service was not able to demonstrate that the topical preparations were being administered as prescribed.

We looked through the records for people who had been prescribed medicines on a 'when required' basis to see if there was enough information to inform the nursing staff on how these medicines should be administered. We found that the information available to the staff for the administration of when required medicines was not robust enough to ensure that the medicines were given in a timely and consistent way by the nurses. The lack of information about how medicines should be managed could result in people not getting their medicines when they need them.

We found that where people needed to have their medicines administered by disguising them in food or drink the home did not have all of the necessary safeguards in place to ensure that these medicines were administered safely.

We found that fridge and room temperatures, where medicines were stored, were recorded and medicines were mostly being kept at the required temperatures so that their effectiveness was not compromised . Exceptions to this were recordings in June 2014 which showed occasions when the room temperatures exceeded 25 degrees Celsius The manager agreed to investigate this further.

These issues were a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

At our inspection in December 2014 we found concerns about staffing, the staffs' ability to respond to people and gaps in staff training. We asked the provider to send us an action plan outlining how they would make improvements.

Through our observations and discussions with people, we found that there were enough staff with the right experience and skill to safely meet the needs of the people living in the home. Most people we spoke with told us they received the support they needed from staff in a timely way. One person told us, "There is enough staff. They're pretty quick".

The manager told us he had increased staff numbers to meet people's needs. One staff member told us, "I've seen improvements. Less agency and better staffing levels". We also saw records which showed that the management team had held supervision meetings with staff about ensuring they responded appropriately in meeting people's needs. A visiting mental healthcare professional told us, "In the past it did seem short staffed. New staff have joined and it all seems happy and comfortable". This meant staffing levels had improved in the home and staff were able to better meet people's needs.

We looked at staff records and saw that some training, which had been lacking for staff during our last inspection, had still not been completed. The manager showed us planned dates for this training which was due to take place in the near future, including training in nutrition. We spoke with staff to test their knowledge of nutrition. Staff

Is the service safe?

demonstrated knowledge in this area and told us they felt confident in this area. Staff told us they received adequate training for the roles they carried out. We saw staff delivering skilled care and support.

We saw an incident occur between two people who lived at the home. A member of staff intervened using approved techniques in order to prevent a continuation of the incident and other staff came quickly to assist. The incident was handled professionally by staff with the minimum of intervention required. Staff also managed the situation following the incident appropriately and sensitively. The manager told us that the home did not use restraint forms to record incidents, but the incident had involved the member of staff placing hands onto the arms of the people involved to part them. Details of incidents, including those involving restraint, were written in people's daily journals. Full and appropriate restraint forms ensure that all aspects of restraint are appropriately recorded, included length and type of restraint, in order to safeguard people. The manager undertook to adopt an appropriate form for recording the use of restraint. Staff were trained in a recognised form of restraint and techniques in how to react proportionately to incidents.

Staff were aware of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA and DoLS help to support the rights of people who lack the capacity to make their own decisions or whose activities have been restricted in some way in order to keep them safe. The manager showed a clear understanding of the impact of a recent Supreme Court judgment on the definition and use of DoLS. He also demonstrated that he had appropriately reconsidered the circumstances of some service users in the light of this judgement and had taken steps to liaise with the local authority about supporting them.

We saw that, where appropriate, people's capacity to make decisions had been appropriately assessed. Where people were assessed as lacking the capacity to make certain decisions, decisions in their 'best interest' were made, involving the appropriate people. These decisions were correctly recorded in people's care records so that staff had the guidance they needed to support people in a way which promoted their rights. We saw that, where one person's care records showed their liberty was restricted due to the need for constant supervision by staff, an application for a DoLS had been applied for with the local authority.

Staff were aware of their duty to safeguard people. They were able to identify different types of potential abuse and were clear about the need to report these matters. Staff were aware of the provider's whistleblowing policy. Staff told us they would not hesitate to report matters of concern. They told us, "The residents come first". All people we asked told us they felt safe living at the home.

Is the service effective?

Our findings

All people we asked were positive about the effectiveness of the support they received. One person told us they had done "very well" recently and credited the support staff gave them for their progress.

We saw from one person's care records that they had cultural preferences in connection with the food they ate. During lunchtime, we saw that this person had not been provided with this preference of food. We spoke with the manager about this who undertook to address the issue.

We saw that people who had diabetes were offered food choices, such as diabetic puddings, which met the requirements of a healthy diabetic diet. We saw that people's records showed their food preferences or what diets they required to support their health and well-being. We found that most staff had a good understanding of people's dietary needs. However, we saw that one person, who had diabetes, was offered a sugared pudding, when a low sugar pudding option was available. We asked staff about this and they did not know that this person had diabetes. We raised this issue with the manager.

We saw that people had access to drinks throughout the day. Jugs of squash were accessible to people in communal areas. We heard people asking for hot drinks and saw them receiving these shortly afterwards. Some people were risk assessed so that they could access kitchenette areas to be able to make their own beverages.

We observed lunch being served in two dining areas of the home. People were offered a choice of two options during lunch. Staff checked with people that they were comfortable during the meal. People were asked if they would like a clothes protector and it was explained to them why this was being offered to them in a sensitive way. People were asked where they would like to eat and their choice was respected. A member of staff told us, "They can eat where they want to. It's their choice". There were enough staff to assist people during lunch and the atmosphere in the dining areas was calm.

People we spoke with were positive about the quality of food and the choice of meals. We saw that menus were displayed on dining room tables so people could see what was available. We saw that menus offered a good range of choice. People's preferences were assessed prior to admission and this information was provided to the chef so that menus could be adapted to take into consideration people's preferences.

We spoke with an external healthcare professional who was visiting the home. They told us staff cooperated with their input and said that the home had notably improved recently. They told us the atmosphere was calm and they observed fewer incidents which required intervention by the staff.

We observed that staff understood the importance of communicating with people effectively and used different ways of enhancing communications by, for example, the use of touch and ensuring they were at eye level with people who were seated. All staff we asked told us they received training which helped them meet the needs of people more effectively. We observed skilled interactions between staff and people. Staff told us they received training which involved the participation of people living at the home to enhance their understanding. They also told us that restraint training involved elements of mental health awareness. One member of staff told us, "I found this really useful. I don't have figures but it seems we have to safe hold less now". Another staff member said, "We don't have to safe hold as much" and "de-escalation works". This meant that staff's improved understanding of people and their needs meant they were able to use the least restrictive option possible when incidents occurred.

We looked at people's care records and saw that appointments were arranged with external professionals as appropriate in order to support their health. For example, we saw that one person, who had diabetes, received appointments to monitor their eye health. One person told us, "I'm going to the dentists [today]". We heard staff discussing arrangements for the visit with this person. We also found that a dentist visited the home to carry out treatment where this was deemed more appropriate to people's needs.

We found that people's health status was regularly monitored to help support their wellbeing. For example, each person received a monthly review which looked at their physical and mental wellbeing. These reviews included monitoring people's weight and skin health. This meant that certain health conditions would more likely be noted and appropriate referrals made.

Is the service effective?

All staff we asked told us, and records showed, that they received regular supervision meetings. Staff told us they could raise any issues they had or had noted about the home during these meetings and that they could talk about their training needs and performance. They told us managers were responsive to matters raised during these meetings. This meant that staff had an appropriate forum in which to discuss matters which might affect their performance or which might impact on people living at the home.

Is the service caring?

Our findings

All people we asked were positive about staff and described them as being caring. One person told us, “Staff are lovely”. Another person told us, “Pretty good. Staff are kind”. People told us that they liked the management team at the home. One person said, “We get on alright [with the manager]”.

We saw that interactions between staff and people were caring and positive. Staff were attentive to people’s needs. For example, despite being a warm day, a member of staff noticed that one person looked cold. They brought them a cardigan and offered them a seat in a warmer area of the room, away from an open door. Staff interacted appropriately and in a caring way to a person who showed they wished to be tactile with staff. Staff adjusted their interactions with people according to the person and the circumstances in a caring way. We saw people reacting positively to staff interacting with them in this way.

We saw that care was delivered in a way which supported people’s dignity. All people we asked told us that staff treated them with respect. We saw that one room had been converted for use by people when they had confidential meetings, for example, with outside professionals. We saw that the windows between the corridor and this room had been specifically covered to afford people privacy. We saw staff supporting people in a discreet way, ensuring conversations of a personal nature were sensitively conducted. We saw a staff member react quickly but sensitively to a person who required help with their presentation. We saw staff interacting with people in a respectful way which supported their dignity and privacy. Most people were well presented. Where people required encouragement with their presentation we saw this recorded in their care records.

We observed staff offering people choice and respecting the responses made by people. These included what people wanted to do and where they wanted to be. All people we asked confirmed staff sought their opinions and views on day to day matters and in the planning of their care.

Is the service responsive?

Our findings

All people we asked told us, and records confirmed, that people were involved in assessments of their care. We saw from records that people participated in a detailed initial assessment with staff to establish what their requirements were. People's input was recorded in a personalised way and showed that their individual needs were explored in detail. This meant that care planning was personalised and reflected the person wishes and needs. Where appropriate, input from relatives, representatives and external healthcare professionals was recorded and considered in people's care planning. We saw that people's care plans and risk assessments were regularly reviewed to ensure staff had the most up to date information about how best to support people. Where possible, people had signed important records relating to their care to show their involvement.

Care records contained accurate and up to date information about how staff should support people. This included people's likes and dislikes. Care records contained background information, such as family history, former occupations and hobbies which gave a personalised picture of each person. Care records were accessible to staff, so that they could refer to them as needed to help them understand people's needs. Staff interactions with people demonstrated they had knowledge of people and their needs. For example, one person's record said that they liked to be tactile with other people. Staff described this to us and we saw staff reacting appropriately and sensitively to this person's wish to be tactile.

The home employed two staff who organised activities for people. Activities were group based, such as a gardening club or individually organised to suit people. People were invited to join in activities, but if they decided not to join in, this decision was respected. One person told us, "You can take it or leave it". People we asked told us that they had activities which met their preferences on offer, if they wished to participate. The home had recently recruited an occupational therapist with mental health experience, to join the team. This would further allow the home to ensure it provides activities and occupations which benefit people and reflect their wishes and needs.

We saw that people were taking part in various activities. Some people were playing board games and other people were offered the opportunity to go out to local shops. One person showed us some bracelets they had been making. They told us the activities coordinator had shown them how to do this. Another person told us they liked gardening. They told us they had been working in the home's garden that morning and said, "I planted those" pointing out an area of planting. Another person told us they often socialised outside the home. They said, "We go to the pub or the park. They keep us busy". We saw that an up to date activities calendar was on display so that people knew what activities they could join. This meant that people had the opportunity to take part in stimulating activities which interested them.

The manager showed us new style care records which were going to be used at the home. The manager said these were being introduced so that personalisation of care planning could be further enhanced. We looked at one of the new style care records and saw that it offered the opportunity to ensure all aspects of the record would be person centred and tailored to the individual person.

All people we asked told us they felt confident in raising issues with staff and most people we asked said they would approach the manager with any issues they had. We saw that there was a robust complaints policy in place which outlined how the home should deal with complaints. This included timescales so that people knew when and how their complaint would be responded to. We looked at the home's complaints log and found that there had been no recent complaints. People we spoke with told us they had not had reason to raise a complaint with the provider.

Is the service well-led?

Our findings

People and staff were positive about the manager and told us that things had notably improved since he had started working at the home during the Summer of 2013. A visiting mental healthcare professional told us, "Things have especially improved after [the current manager] arrived here. Staff are more calm" and "[The current manager] has a background in mental health. He understands what the real issues are. He has a good rapport with the patients". One person who lived at the home described the manager as, "A very good man".

Staff told us they felt supported by the manager. All staff we asked were positive about the changes which had been implemented by the manager and told us the home had improved as a result. One staff member told us that all levels of management at the home were approachable and supportive. There was a clear management structure and staff knew how to escalate matters as required. For example, we asked staff about how they would report incidents or matters of concern. Staff were clear about which members of the nursing staff or the management team they would approach with issues. We found that staff were well organised and clear about their duties for the day. One staff member told us, "I would recommend this home to my friends to work in".

The provider sought feedback from people who used the service. We found that the home held regular residents' and family meetings. We looked at the records of these meetings and saw they discussed issues which affected people and were important to them. We saw that some suggestions people had made were taken forward to be actioned. This meant that people could influence how the home was run.

We saw a display in a corridor which showed what improvements people living in the home had suggested. These included, for example, how facilities could be improved. We saw the provider also displayed evidence of what they had done to respond to any suggestions made. This included, for example, the ordering of additional chairs for people to use in a particular area of the home. This demonstrated that the provider listened to people and also fedback to them what they did to try to improve people's experiences.

The provider had a system which meant incidents and accidents were reviewed to ensure risks to people were reduced. We found that, following incidents and accidents, completed forms were processed and assessed monthly in order to identify any trends. This would assist the provider to determine whether there were any overall issues which required addressing. We saw that people's risk assessments and/ or care plans were updated following accidents and incidents to minimise the risk of a reoccurrence.

We saw that the management team carried out various audits relating to care and health and safety. For example, we saw that the management team carried out a daily audit of the home. We saw that regular observations of care were carried out and staff received feedback following these in order to improve their performance or to recognise their use of best practice. We saw that the provider was introducing a new scheme of monthly audits which would better capture information about medications and accidents.

All staff told us, and records confirmed, that they had regular staff meetings to discuss matters which affected people who lived at the home. We looked at the meeting records of a senior care staff meeting. We saw that important matters were discussed, such as ensuring staffing levels were safe through to staff break times to ensure the welfare of people living at the home. This meant that staff teams were aware of potential issues; discussed and reacted to these.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place for the safe administration and recording of medicines.