

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?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

The Coach House Residential Care Home is registered to accommodate a maximum of three people. It specialises in providing support to older people who require minimal assistance with their personal care. The service does not have a hoist and therefore only provides accommodation to people who can transfer, for example from bed to a chair either independently or with minimal support from staff. All the accommodation is located on the ground floor. There is level access to a patio and garden to at the rear and side of the property. At the time of our inspection three people were living at the service.

The registered provider managed the service. A registered provider, are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. Although everyone spoke highly of the provider they had not ensured they had kept up to date with changes in legislation and good practice guidelines. The provider was aware they needed to make amendments to their policies, procedures and documentation and whilst we did not assess any harm had occurred as a result of these shortfalls, this is an area of practice we identified as needing to improve.

Everyone told us they were happy with the care they were receiving. One person told us "It's absolutely home from home". A relative told us "I do believe she is very well looked after here. There's nothing else I can say really they are absolutely wonderful. It is a marvellous place, I cannot fault anything, we were very lucky to get a place, there is a waiting list and that says it all". Feedback the provider received about the service included the comment 'My friend is extremely happy here, the staff are so friendly and caring and will do anything for you'.

People's health and wellbeing was continually monitored and the provider regularly liaised with healthcare professionals for advice and guidance. One person told us "If I'm unwell they ring the doctor for me. They look after me so well, I can't fault them". Feedback the provider had received from a relative included 'My relative has lived at The Coach House for nearly a year and it is the happiest and healthiest they have been in a number of years'.

People received medicines on time and records of people's health and emotional wellbeing had been maintained. One person told us "They get my prescriptions for me and I always get my medicines on time in the morning and in the evening".

Staff were responsive when people needed assistance. Comments we received from people included "There's always someone here and they come quickly if I need any help", and "There are no rules here. I can do what I want when I want. If I want a late breakfast I can have it. If I fancy a bath I just have to ask". This person's relative told us "It's very personalised the care here. It's all about what mum wants, that's what makes it so special".

Meal times were relaxed and sociable. People spoke highly of the quality of the food on offer which was

homemade from fresh ingredients. One person told us "The food is beautiful and really, really nicely presented. Sometimes there are four or even five vegetables. A relative told us "One day mum was off her food and they went out and bought her lobster and salmon because that is what she fancied. There are not many places that would do that".

People's privacy and dignity was respected and upheld. Staff knocked on people's doors and waited for a response before entering the room, and referred to people by their preferred term of address.

People felt safe. One person told us "Most definitely I feel safe and secure here". A relative told us "We've stopped worrying now because we know she is safe here".

People's independence was promoted; they were supported to remain mobile and were encouraged to do as much as they could for themselves. People had opportunities for social engagement and stimulation. They were supported to maintain relationships with people that mattered to them. Visitors were made to feel welcome and people could invite their friends and relatives to spend time with them in the service and join them for meals.

People's needs had been assessed and planned for. Plans took into account people's preferences, likes and dislikes and were reviewed on a regular basis. Staff worked in accordance with the Mental Capacity Act (MCA) and associated legislation ensuring consent to care and treatment was obtained. People were supported to make their own decisions and arrangements were in place to ensure where people lacked the capacity to do so relevant legislation would be followed.

People were supported by sufficient numbers of suitably qualified and experienced staff, all of whom held a nationally recognised qualification in care. The recruitment and selection procedures in place ensured that appropriate checks were undertaken before staff began work. The provider knew what action to take if they suspected abuse had taken place and felt confident in raising concerns.

Risks to people were identified and managed appropriately and people had personal emergency evacuation plans in place in the event of an emergency. Accident and incidents had been recorded and action had been taken to reduce the risks of reoccurrence.

People, their visitors and staff had confidence in the leadership of the service. The provider was approachable open and transparent and had ensured there were processes in place to respond to complaints appropriately.

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.

Staff understood their responsibilities in relation to protecting people from harm and abuse.

Potential risks were identified, appropriately assessed and planned for. Medicines were managed and administered safely.

The provider used safe recruitment practices and there were enough skilled and experienced staff to ensure people were safe and cared for.

Is the service effective?

Good 

The service was effective.

People spoke highly of staff members and were supported by staff who received appropriate training and supervision.

People were provided with a nutritious diet that met their needs.

People's health was monitored and staff responded when health needs changed.

Staff had a firm understanding of the Mental Capacity Act 2005 and the service was meeting the requirements of the Deprivation of Liberty Safeguards.

Is the service caring?

Good 

The service was caring.

Visitors were welcomed and people were supported to maintain relationships with people that mattered to them.

Care was delivered in a professional, caring and kind manner.

Staff knew people well and people were treated with dignity and respect.

Is the service responsive?

Good 

The service was responsive.

Staff responded quickly when people's needs changed, which ensured their individual needs were met.

There were opportunities for social engagement and involvement in regular activities.

There was a complaints procedure in place and people felt comfortable raising any concerns or making a complaint.

Is the service well-led?

The service was not consistently well-led.

The provider had not made sure they kept up to date with good practice and changes in legislation.

There were systems in place for monitoring, evaluating and assessing the quality of the service.

The provider was accessible and approachable and people spoke highly of their leadership.

Feedback about the quality of the service was regularly sought to help drive improvement.

Requires Improvement 

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 checked 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.

One inspector completed this inspection and visited the service on the 21 July 2016.

Before the inspection we asked the provider to complete a provider information return (PIR). A PIR is a document completed by the provider which provides statistical information about the service and a narrative detailing how the provider ensures people receive a, safe, effective, caring, responsive and well-led service.

Before our inspection we reviewed the information we held about the service. This included a provider information return and notifications which had been submitted by the provider since the last inspection. . A PIR is a document completed by the provider which provides statistical information about the service and a narrative detailing how the provider ensures people receive a, safe, effective, caring, responsive and well-led service. A notification is information about important events which the provider is required to tell us about by law. The Coach House Residential Care Home was last inspected on 14 November 2014 at which no concerns were noted.

We spent time observing how staff interacted with people and spoke with two people, one person's relative the provider and one member of staff. We also reviewed records which included staff training records and policies and procedures. We looked at three people's care records and medicine administration records. We also 'pathway tracked' people living at The Coach House Residential Care Home. This is when we looked at their care documentation in depth and obtained their views on how they found living at the service.

Is the service safe?

Our findings

People, their relatives and other visitors told us they felt people were safe living at The Coach House Residential Care Home. Comments we received from people in relation to their safety included "Yes I feel safe, I've never thought otherwise", and "Most definitely I feel safe and secure here". A relative told us "We've stopped worrying now because we know she is safe here".

Systems were in place to protect people from abuse and keep them free from harm. The provider was knowledgeable in recognising signs of abuse and the related reporting procedures. The provider told us they would contact the local authority should they suspect abuse had taken place and would have no hesitation in reporting any concerns they may have.

A range of assessments were in place to assess risks to people such as falling, developing pressure sores and falling out of bed. Each risk assessment considered the level of risk, and provided staff with guidance as to the actions they needed to take to reduce the risk. We saw one person used a frame to assist them to walk, and this was placed within reach so they were able to move without asking for assistance. Records confirmed accident records had been completed when people had fallen and the provider had discussed the circumstances that had led to the fall with the individual and the steps they could take to reduce it happening again. Records indicated the action the provider had taken in response to these falls for example, by removing a bed spread that draped onto the floor and replacing it with a shorter one to make sure the person did not trip over it. This person told us they had also tripped over their foot stool on one occasion. They told us they understood there was a risk that they could trip over it again and the provider had discussed this issue with them. However, they made it clear that despite the fact they knew there was a chance they may trip over it again, they liked the foot stool and did not want it removed from their room. The provider had respected their decision.

People received their medicines safely. The provider administered medicines and had received relevant training. Medication Administration Records (MAR) charts had been completed to indicate whether people had taken their medicines and any errors had been investigated. One person told us "I get my medication and they supervise me taking them". Another person told us "They get my prescriptions for me and I always get my medicines on time in the morning and in the evening".

There were sufficient numbers of staff on duty to meet people's needs. People and their relatives told us they felt the service had enough staff to meet people's needs and our observations were that people's requests for assistance were answered promptly. One person told us "(Providers name) is always here, she's marvellous. They all are. There's always someone here and they come quickly if I need any help. I've got a call bell here in my room and another in my bathroom. I've used them a few times and they came straight away each time". The provider delivered care five days a week and an experienced member of staff delivered care two days a week. The provider lived on site and was available if needed during the night. The provider and staff member were supported by a further member of staff who also lived on site. This staff member knew people well and would deliver care in the absence of the provider in an emergency.

The recruitment of staff was safe. Staff recruitment records confirmed the provider had undertaken all checks, such as Disclosure and Barring Service and obtained all relevant information. This included references, application form, offer of employment and work history.

There were systems in place to ensure the health and safety of the premises and equipment. We observed that all areas were clean and hygienic. One person told us "It's always clean. They do my room every day". Another person told us "It's very clean here and my room is cleaned daily". The fire alarm system, hot water system and appliances were checked to make sure they remained safe and did not pose a risk to people. The provider ensured the on-going maintenance and renewal of the premises. They told us if anything needed repairing they wrote this in the maintenance book and they took action to make sure the repairs were made in a timely way. Records we looked at confirmed this.

Risks to people were identified and managed appropriately and people had personal emergency evacuation plans in place in the event of an emergency. Accident and incidents had been recorded and action had been taken to reduce the risks of reoccurrence.

Is the service effective?

Our findings

People had their assessed needs and preferences met by staff with the necessary skills and knowledge. Staff had received training in areas such as fire safety, mental capacity, diversity, food hygiene, safeguarding, infection control, management of hazardous substances, health and safety and medication. Additional guidance and support was provided by health care professionals to staff to meet people's other specialist care needs for example from the community nurses had shown the provider how to support one person to administer insulin. A comment we received from one person about the competencies of staff included "I've no concerns about that at all. They are very competent. I am looked after very, very well". A relative told us they felt that staff were competent and had a good understanding of their loved one's needs. They commented "I do believe she is very well looked after here. There's nothing else I can say really they are absolutely wonderful".

Processes were in place to ensure that new staff had the competencies they need to meet people's needs. One member of staff that had started work in the service since the last inspection. They had completed an induction programme to ensure they had the competencies they needed to undertake their role. This included shadowing the provider whilst they got to know people's needs, preferences and choices. They had regular meetings with the provider at which they had the opportunity to discuss how they were getting on, talk about any work related issues they had and request additional training so that they could develop as a worker. Training records confirmed staff had completed training that was essential in meeting the needs of older people such as dementia awareness and end of life care. The provider and staff had obtained a nationally recognised qualification in care and had all worked with older people for many years.

People were supported to maintain good health and received on-going healthcare support. The provider understood the importance of ensuring people had regular healthcare checks ups such as for hearing and eye tests and attending GP or hospital appointments. The provider worked in partnership with district nurses and other community health care professionals on an as and when needed basis. It was clear they had a firm understanding of people's current healthcare needs and made relevant referrals when needed. One person had diabetes which was controlled by insulin. Records showed this was managed well and that the person was visited by the diabetic nurse on a yearly basis or as and when needed. Comments we received from people about their health care confirmed that health care support was sought when needed. One person told us "I've spoken to the nurses and (provider's name) knows all about that. I will be having regular contact with them and they will be coming in to see me when the time comes". They also told us "If I'm unwell they ring the doctor for me. They organise my hearing and eye tests, in fact I've got one due and they'll take me if I need them to. They look after me so well, I can't fault them". Feedback received by the provider from a relative stated 'Any specific requests that have been made by the family have always been met with a positive response and if there has ever been a problem (e.g. health issue). The owner is on the phone right away with her calm, confident and reassuring voice'.

People received a varied and nutritious diet which they enjoyed. Food was homemade from fresh ingredients and people were able request an alternative meal if they did not want the meal that was planned. People were asked each day what they would like for their meals the provider knew people's likes,

dislikes and dietary needs. The provider regularly encouraged people to comment on the meal choices available and what they liked. People told us mealtimes were relaxed and informal and people could choose to eat their meals at the dining table or in their own rooms. One person told us "The food is very good and I think everyone would agree with that. Sometimes I eat in here (their room) but I usually prefer to eat in the dining room". Another person told us "The food is beautiful and really, really nicely presented. Sometimes there are four or even five vegetables. We definitely get our five a day. Sometimes I don't feel like eating much so they ask me what I'd like and make me it, like the other night I had poached eggs". A relative told us "One day mum was off her food and they went out and bought her lobster and salmon because that is what she fancied. There are not many places that would do that. Another time she said she fancied some fresh orange juice and now they always offer her it".

People's weight was monitored and their food and fluid intake was recorded. Where people experienced weight loss or weight gain, input was sought from the relevant health care professional and guidance provided for staff to follow. One person who was recorded as having a low body mass index (BMI) when they moved in had put on weight and was now within the 'normal' range for their build.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. The provider told us, they always assumed capacity and had not needed to complete any MCA assessments or submit any DoLS applications for people who lived at the service. They also told us they had not needed to arrange for any best interest decisions to be made, but they knew how to go about this and who to contact should the need arise.

Is the service caring?

Our findings

Staff had a caring and compassionate approach to their work with people. The provider had managed the service for a long time and knew people and their personal histories extremely well. They demonstrated an understanding of the preferences and personalities of the people they supported, with whom caring relationships had been developed. Everyone we spoke with spoke highly of the care people received and the attitude of staff. One person told us "It's absolutely home from home". They went on to say "I was really poorly one day and staff sat with me the whole time. I thought that was really nice of them to do that, they are very caring". Another person told us "The staff here are very kind. The other big part of it is the other people who are here; we all get on and it's important to have people you can talk to, it could be hard going otherwise". A relative told us "It is a marvellous place, I cannot fault anything, we were very lucky to get a place, there is a waiting list and that says it all". Feedback the provider received from relative about the service included the statement 'This is a thoroughly lovely home' Another included the statement '(Provider and staff member names) are very welcoming people'. A further stated 'My friend is extremely happy here, The staff are so friendly and caring and will do anything for you. The owner was even kind enough to take her to her relatives at Christmas and bring her home again'.

The provider was caring and ensured people's privacy and dignity was respected. They were able to explain how they protected people's privacy and dignity when they delivered care, for example, by ensuring doors were closed when delivering personal care. One person told us "They always help me into the bath and then close the door and leave me to it. I call them when I'm ready and they help me out ". We observed staff knocked on people's doors and waited for a response before entering and heard staff referring to people by their preferred term of address. Another person told us "They are respectful; they always knock and wait for to answer before coming in".

People were treated with kindness and support was provided at a level and pace that suited the individual and encouraged them to maintain their independence. One person told us "I'm quite independent still but I'm a bit slower these days. They are very patient with me and let me go at my own pace. They never rush me". Another person told us "I like to be independent. I can do what I want when I want". The provider told us one person liked to be independent

People were able to express their views and were involved in making decisions about their care and support. The provider told us they consulted people and with the person's agreement their relatives, about their care and treatment. One person told us "I have a care plan but I talk to (provider's name) every day anyway. They involve me in all decisions and my family too". Another person told us (Providers name) pops in every day for one reason or another and to check I'm ok. I speak with them all the time". A relative told us they were aware of their loved one's care plan and told us "There's a care plan and every so often we read and sign it at the bottom".

People were supported to maintain relationships with people that mattered to them. The provider explained they supported people to maintain relationships with their family and friends by making arrangements for visits at the service. They also supported people to send birthday and Christmas cards to

family members. Visitors were positively encouraged and welcomed. One person's relative told us they visited their 'loved one' regularly and confirmed they were always welcomed. They told us "We are always offered a cup of tea or coffee and if we visit in the afternoon we usually have freshly made cakes too". They explained family members and friends were welcome to join their relatives for meals. The provider confirmed this and told us one person did not receive regular visits from their family so they supported this person to invite their friends to visit and join them for meals and to celebrate the person's birthday.

People's personal appearance was maintained and respected by staff. People chose what clothes to wear and women who wanted to wear makeup were supported to do so.

Is the service responsive?

Our findings

People received care, support and treatment when they required it. They told us their needs had been assessed and they had been able to visit the service before making a decision to move in. The provider explained from time to time people came to stay at the service on a respite basis. People and visiting relatives told us staff listened to them and were responsive to their needs. One person told us "There are no rules here. I can do what I want when I want. If I want a late breakfast I can have it. If I fancy a bath I just have to ask". This person's relative told us "It's very personalised the care here. It's all about what mum wants, that's what makes it so special". Feedback received by the provider from a relative stated 'Whenever I visit my relative she is always dressed nicely, clean and tidy. She has a nice room which again is always clean and tidy and looks out on a pretty little garden. The staff are kind and friendly and treat my relative with dignity and respect'.

Plans of care had been developed from people's initial needs assessment, which provided staff with guidance on how to meet those needs. People and their relatives had been involved in the formation of the care plans and kept informed of any changes. One person confirmed they and their relatives had been involved in their assessment and planning and commented "They came to visit me. They asked all sorts of questions and asked me about my past". Care plans contained personal information, which recorded details about people and their lives. Each section was relevant to the person and areas covered included, mobility, nutrition, continence and personal care. Information was also clearly documented regarding people's healthcare needs and the support required to meet those needs. Most people only required minimal support or supervision with personal care, however guidance had been written to inform staff exactly which aspects of their care people required support with. For example, one person told us the only support they needed was to get into and out of the bath. Care plans were sufficiently detailed and provided staff with the information they needed.

People were able to tell the provider and staff how they wanted to be supported on a day to day basis and daily records detailed whether anyone's needs or preferences had changed. Everyone told us they were happy with the care they were receiving, one person told us, "Yes, I get all the help I need, it's really good here". Care plans were reviewed as and when people's needs changed. Daily notes were taken each day and were meaningful.

People were happy with the opportunities for social engagement and stimulation provided. People told us they enjoyed the company of the other people who lived at the service and the staff that worked there. The provider told us and people confirmed that people chose for themselves how to spend their time. The provider explained and people confirmed people were regularly offered the opportunity to go for a walk with a member of staff or sit in the garden, but that people usually preferred to spend time in their own rooms. One person liked to write letters and read. One person told me "They go to the library for me if I want them to and they get the books I want". The provider told us they offered people the opportunity to go out for walks with staff and encouraged them to come into the communal area to join in with activities such as games and quizzes. We saw people reading magazines, watching the television and socialising with family members.

For people who enjoyed spending time in their rooms, staff recognised the importance of ensuring their social needs were met and promoted. Staff told us that one person who preferred to spend time in their room liked to watch the television and they regularly went in and had chats with them and to check if they needed anything.

There were systems and processes in place to consult with people. People told us and records confirmed that the provider spoke with people on a daily basis. This provided people with the opportunity to discuss any concerns, queries or make any suggestions. The provider told us that any concerns and complaints would be taken seriously and would be acted upon. People were aware of who to speak to if they had any concerns or wanted to make a complaint. No one we spoke with had had reason to raise a complaint, but told us they would feel confident in approaching the provider with any concerns or problems. One person told us "I'm very happy with everything at the moment but if I wasn't then I would talk to whoever if might be on duty about it. If they couldn't do anything about it I'm sure they'd find someone who could or speak with (providers name) and they would put things right".

Is the service well-led?

Our findings

There was a management structure in place which provided lines of responsibility and accountability. The provider was in day to day charge of the service, supported by two members of staff. In the absence of the provider a member of staff provided day to day leadership and the provider was on call 24 hours a day. Everyone we spoke with told us the provider was approachable, the service was well-led and run efficiently. One person told us "(Provider's name) is amazing, really they are. Nothing is too much trouble. It's an amazing place and she is an amazing person". Another person told us "I'm happy with everything. I have a nice outlook onto the garden; I can watch the birds and I can do what I want. The food is nice and I'm sure they would sort out any problems for me".

Despite the positive feedback about the leadership of the service the provider had not ensured they had kept up to date with changes in legislation and good practice guidelines. Documentation seen referred to outdated legislation and the provider was not aware of some of the new regulations that had come into force which they needed to abide by. The provider told us they were aware they needed to make amendments to their policies, procedures and documentation and that staff were going to support them to do this. We did not assess any harm had occurred as a result of these shortfalls, but this is an area of practice we identified as needing to improve.

There were systems and processes in place to consult with people, relatives and staff. The provider showed us a range of compliments they had received since the last inspection and showed us a certificate they had been awarded for being the one of the 20 most recommended small care homes in the south of England. Feedback from people and those that mattered to them was overwhelmingly positive. Comments received included 'I am very happy with the care I am receiving'. Another stated 'My relative has lived at The Coach House for nearly a year and it is the happiest and healthiest they have been in a number of years'. A further stated 'Fantastic nursing home, lovely surroundings. Very well managed by a caring and friendly team, excellent home cooked food. All visitors made to feel welcome, it's like home from home'. Another stated 'This is just the sort of place you would probably want to live if you needed care but didn't want to think you were living in a care home! More like a fabulous private guest house with the essential add-on of first class attentive care when required..... In summary, it's the sort of care home that we didn't think existed but thank goodness it does.'

Internal quality assurance checks, such as audits were in place to check the safety of the service and that medication records and care plans were up to date. The provider told us that in response to some feedback they had received from one person's relatives a ramp had been installed to improve the access into the garden.

The provider and a staff member spoke about the philosophy of the service being to provide a homely environment and promoting people to remain as independent as possible for as long as possible. The provider told us "We try and encourage people to do as much as they can for themselves". A staff member told us "We support people to remain mobile for as long as possible; we encourage people to keep moving, go for walks outside and if they can't do that then to at least walk around inside. It's so important for

people's well-being to keep moving and maintain some independence".

Policies and procedures were in place which provided guidance to staff members on all aspects of the service, such as infection control, data protection and confidentiality. Staff were aware of the procedures and used them for reference. The provider was aware of their responsibilities and had informed the commission of notifiable events appropriately.