

Bleak House Limited

# Coates Garden House

## Inspection report

High Street  
Patington  
Humberside  
HU12 0RE

Tel: 01964630716

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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

Coates Garden House is a residential care home. It is set out over 2 floors and has 8 bedrooms. The service is registered to provide support to adults who may be living with a learning disability or autism. At the time of our inspection there were 8 people using the service.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### Right Support:

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. People were supported by staff to pursue their interests and were supported to achieve their aspirations and goals. People had a choice about their living environment and were able to personalise their rooms. The environment was well furnished and maintained and met people's sensory and physical needs.

### Right Care:

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. Staff had training on how to recognise and report abuse and understood how to protect people from poor care and abuse. There was enough appropriately skilled staff to meet people's needs and keep them safe. Staff and people co-operated to assess risks people might face and where appropriate, staff encouraged and enabled people to take positive risks.

### Right Culture:

We have made a recommendation; the provider reviews the governance systems in place at service level. Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. Staff turnover was low, which supported people to receive consistent care from staff who knew them well. People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff.

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

The last rating for this service was good (published 26 July 2017)

### Why we inspected

This inspection was prompted by a review of the information we held about this service and due to the length of time the service was last inspected.

You can read the report from the last comprehensive inspection, by selecting the 'all reports' link for Coates Garden 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.

<p><b>Is the service safe?</b></p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service well-led?</b></p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p><b>Good</b> ●</p>

# Coates Garden 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 2 inspectors. An Expert by Experience made calls to families the following day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Coates Garden House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Coates Garden House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed the information we had about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 3 people who use the service and 1 relative about their experiences of the care provided. We spoke with 6 staff including the registered manager, the assistant manager and 4 care staff.

We reviewed a range of records. This included 2 care records and multiple medication records. We looked at other records relating to the management of the service including recruitment, supervision, and systems for monitoring quality.

# 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. 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

- Risks to people's safety and welfare were assessed appropriately.
- People lived safely and free from unwarranted restrictions because the service assessed, monitored, and managed safety well. People told us, they went out on community leave when they wanted and could make their own meals and drinks.
- People's care records helped them to get the support they needed; they contained good quality information to support staff to meet people's care needs. Staff kept complete, legible, and up to date records, and stored them securely.
- Personal Emergency Evacuation Plans (PEEPS) were in place, they were detailed and gave good guidance for staff in evacuating the building.

### Systems and processes to safeguard people from the risk of abuse: Learning lessons when things go wrong

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. People told us, they felt safe.
- Staff had training on how to recognise and report abuse and they knew how to apply it.
- Staff recognised incidents affecting people's safety and reported them appropriately. The registered manager investigated incidents and shared lessons learnt.

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. Any conditions related to DoLS authorisations were being met.

### Staffing and recruitment

- The service had enough staff, including for one-to-one support for people to take part in activities and visits how they wanted. Staff told us, there was enough staff to keep people safe.

- Every person's record contained a clear one-page profile with essential information so staff could see quickly how best to support them.
- Safe recruitment and selection processes were followed.

#### Using medicines safely

- Medicines were managed safely. People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely.
- Staff ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured people's medicines were reviewed by prescribers in line with these principles.
- Staff followed effective processes to assess and provide the support people needed to take their medicines safely. This included where there were difficulties in communication and when assessing risks of people taking medicines themselves.

#### Preventing and controlling infection

- Some areas of the home required some minor repair work, the registered manager was aware of this and had an action plan in place.
- The service had effective infection, prevention and control measures to keep people and staff safe.
- Staff knew how to prevent the control/spread of infection by wearing appropriate personal protective equipment (PPE).



# 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. 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Whilst the inspection identified some areas where further improvements could be made, overall, the service was well managed and led. Regular audits were completed by the registered manager with action plans. However, there was limited evidence of provider involvement and review of action plans.

We recommend the provider ensures they have effective systems and processes in place to monitor the service.

- Systems were in place to review accidents and incidents and there was evidence of lessons learnt through supervisions, staff team meetings and outcomes of investigations. A staff member said, "We are always having meetings and they are very useful, you discuss everything from the residents, how we can improve, to how you are feeling."

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

- The registered manager worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights, and enabled them to develop and flourish.
- Management was visible in the service, approachable and took a genuine interest in what people, staff, family advocates and other professionals had to say. People told us, the service was good, and the managers and staff were very good.
- Staff felt respected, supported, and valued by the registered manager which supported a positive and improvement driven culture. A staff member said, "Moral is high, everyone gets on together and you look forward to going to work."

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

- The provider demonstrated an open and transparent approach and understood their responsibilities under the duty of candour.
- The registered manager was aware of their obligations for submitting notifications to CQC, as required by law.

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

characteristics; Working in partnership with others

- The provider engaged with people receiving care, their relatives, and staff. One person said, "We have meetings, and you can get involved in them, we say what we want, and staff always follow it up."
- Staff had regular team meetings and told us, they could discuss issues that were important to them and felt listened to.
- The service regularly worked in partnership with other health and social care professionals to ensure people received good care.