

Completelink Limited

Prestwood Coach House

Inspection report

Wolverhampton Road
Prestwood
Stourbridge
West Midlands
DY7 5AL

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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?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Prestwood Coach House is a nursing home providing personal and nursing care to 32 people aged 60 and over at the time of the inspection, some of who were living with dementia. The service can support up to 40 people.

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

People were not always supported to have their needs met in a timely way by staff. People gave mixed feedback about whether there were sufficient staff to meet people's needs and engage with them in a meaningful and flexible way.

People were not consistently supported to receive their medicines as prescribed and in a safe way. Medicines were not consistently stored and disposed of in a safe way. Medicines records did not always contain clear guidance for staff to follow in relation to 'as required' medicines. The provider did not always take timely action where people had not received support with their medicines.

People's care files did not consistently contain clear guidance to enable staff to meet their needs. People's daily care notes did not always reflect they were supported with their care needs. People had access to health professionals, however professional feedback was mixed in relation to whether their guidance was always followed to support people's recovery.

People were supported to access regular meaningful activities however did not always have time to engage with staff outside of care tasks. Quality assurance tools were not effective at identifying where improvements were required at the service. The management team had not ensured systems were effective at sustaining quality and improvement.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. However, the policies and systems in the service did not always support this practice due to staffing constraints.

People were supported by staff who knew them well. Staff understood safeguarding and made referrals to the safeguarding team where required. People were supported by safely recruited staff. People were supported to maintain their independence. People knew how to complain and the registered manager acted on people's concerns.

People were supported to maintain a diet of their choice. People were supported to access a variety of activities both inside and outside of the home.

People found the registered manager approachable. The registered manager sought and shared people's feedback about the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 12 December 2018).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to people's safe care and treatment, staffing and the governance of the service at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will also request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Prestwood 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 Care Act 2014.

Inspection team

The inspection team consisted of two inspectors.

Service and service type

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

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received 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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and three relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, nurses and care workers.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at a variety of records relating to the management of the service, including quality assurance tools.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two healthcare professionals who regularly visit the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- People did not consistently receive their medicines in a timely way. For example, one person told us they now self-administered their medicines as staff had not always administered these in a timely way despite them requiring these medicines at specific times to manage their symptoms.
- During our inspection we saw morning medicines rounds were not completed until 12 midday. We then saw the lunchtime medicines round began at 13.00. Staff and the registered manager confirmed there was no system in place to monitor and record when medicines had been administered to ensure these were given in a timely way with sufficient gaps between doses. This placed people at risk of harm.
- Staff did not consistently take action when people did not receive their medicines. For example, people did not receive their prescribed night time medicines two days before our inspection. The registered manager confirmed they knew about this but had taken no action. This placed people at risk of harm.
- Medicines were not stored safely where people chose to self-administer their medicines. For example, we saw medicines were left on a table in a person's room and people did not have access to or were not using locked boxes to store their medicines in their bedrooms. Some people living at the service experienced periods of confusion and medicines being left unattended placed these people at risk of harm.
- People did not consistently have detailed guidance for staff where they were prescribed medicines 'as required'. For example, 'as required' medicine guidance did not always contain detail around why the medicine was prescribed. Whilst staff administering medicines were able to tell us why these medicines were prescribed generally, new staff were not able to provide individualised information around why people were prescribed 'as required' medicines.
- Medicines were not consistently disposed of following them expiring. We saw two medicines which had expired in July 2019 in the medicines fridge. Staff and the registered manager confirmed there was no system in place to monitor the contents of the medicine's fridge and dispose of medicines no longer required.

Systems were either not in place or robust enough to demonstrate medicines were managed safely. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately after the inspection in response to some of the concerns we had identified. They updated quality assurance tools to prompt staff to record both the start and finish time of medicines; ensured medicines were stored safely where people self-administered and new staff to the service were given clear guidance around medicines. Whilst these actions may reduce the future risk to people in relation to medicines, as new systems were implemented following the inspection we could not

inspect the sustainability or the effectiveness of these systems.

Staffing and recruitment

- During our inspection we saw whilst people's basic care needs were met, people had to wait for support. For example, people had to wait for support with personal care and medicines. One person told us, "We have to wait for the staff most days, but I am OK with this. We had breakfast late, but lunch won't be any later."
- People, relatives, professionals and staff gave us mixed feedback in relation to staffing. One person told us, "I don't know if there is enough staff. I think they could do with an extra couple of people to come have a chat with me." One relative said, "Staffing has improved as you used to have to wait for staff to help [my relative]."
- Staff were not always able to be flexible in their approach and did not have time to sit with people. For example, people and staff told us and our observations confirmed staff were not able to spend time with people outside of completing their direct care. One staff member told us, "Staff have time to speak to people when they are supporting them with washing or eating but it is mainly around tasks."

There were not sufficient and effectively deployed staff to meet people's needs in a timely way. This placed people at risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff told us they were recruited safely. Staff had received checks from the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with people.

Assessing risk, safety monitoring and management

- Risk assessments contained guidance for staff to follow however, risk assessments were not consistently reviewed and updated. For example, one person's risk assessment contained contradictory guidance around how to support them with their fluid needs. Despite this, regular staff understood people's needs.
- People's equipment was clean and maintained. For example, we saw people had individual slings and hoists were serviced as required.

Systems and processes to safeguard people from the risk of abuse

- People felt safe and able to raise concerns with staff.
- Staff received training in safeguarding and understood the different types of abuse and how to report them.
- Where safeguarding concerns had been raised we saw they had been reported to the local authority safeguarding team and investigations had been completed by the management team.

Preventing and controlling infection

- Staff understood how to reduce the risk of infection. For example, staff used protective personal equipment including aprons and gloves when they were supporting people.

Learning lessons when things go wrong

- Accidents and incidents were reviewed by staff and actions were taken to reduce the risk of reoccurrence. For example, following a person falling, staff put a motion sensor in place to alert them when the person required support with walking.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment did not always support good outcomes.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to and during them receiving support. However, support was not always offered in line with evidence-based guidance as during our inspection people had to wait for care and support. It was also unclear whether people consistently received support in line with their care plans as this was not always documented within their care notes. For example, staff had not recorded whether a person had received support for their pressure care.
- People's sexuality, gender, culture and religion were considered as part of the assessment process and was recorded within their care plans.
- People were supported to access equipment and technology to promote their independence. For example, people had motion sensor mats in place to alert staff when they needed support and reduce the risk of them falling.
- People had oral health care plans which gave staff clear guidance around how to support people to maintain their oral health care needs.

Staff support: induction, training, skills and experience

- Staff did not consistently receive an induction and orientation when they returned to the service following not working there for a prolonged period of time.
- Staff told us they completed training to help them meet people's needs. One staff member told us, "We get regular training and updates."
- Staff received supervision and appraisals. One staff member told us, "We have yearly appraisals with [the registered manager]. We bring up things we would like to do such as training."

Supporting people to eat and drink enough to maintain a balanced diet

- People had a varied mealtime experience. For example, people sitting in armchairs did not have condiments on their tables, whereas people sitting at dining tables did. We also saw, and people confirmed there was not always a sufficient time gap between people's breakfast and lunch.
- Despite this, people gave overall positive feedback about the food. One person told us, "The food is very good, in fact I have put on a bit of weight. We can have cereal, toast or cooked breakfast and there is plenty to drink."
- Where people required support with eating and drinking, staff provided this support to enable people to receive a balanced diet.
- People were supported to access professional support to maintain a healthy diet where required or where risks of choking had been noted. For example, people had received support from speech and language

therapists.

Adapting service, design, decoration to meet people's needs

- The provider was making improvements to communal areas within the service. However, there were multiple areas of the home which required updating and maintenance. For example, the handrails and plasterwork were chipped in places.
- People had access to communal areas within the home. However, the dining and lounge area were not large enough for all residents to use should they all wish to. The provider had plans in place to improve this, we will check this at our next inspection.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff had a handover with other staff where they shared changes in people's needs and professional guidance. This enabled staff to have up to date information about people's changing needs.
- People were supported to access health care professionals where they required. For example, people were visited by physiotherapists to support them with movement.

Ensuring consent to care and treatment in line with law and guidance

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

We checked whether the service was working within the principles of the MCA.

- Records showed people had consented to their care and staff sought consent prior to delivering care.
- Staff had training on the MCA and had an understanding of capacity.
- We saw people's capacity had been explored and incorporated into their care and support plans. Where people lacked capacity, best interests decisions had taken place involving the person, those important to them and professionals where required.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people did not always feel well-supported.

Respecting and promoting people's privacy, dignity and independence

- The registered manager had not ensured the deployment of staff supported people to receive care in a flexible way that did not rush them. One person told us, "There is a lot of times in the day when you are sat on your own. Staff usually have to rush off and do something else. I occasionally feel rushed when they are helping me."
- People did not consistently receive support that promoted their dignity. This was because people told us and our observations confirmed people had to wait for support. For example, one person had to wait over an hour to receive their medicines which caused them to miss the morning activities. This did not promote their wellbeing.
- People were supported to maintain their privacy. For example, staff closed doors and curtains whilst providing personal care.
- People were encouraged to maintain their independence. One person told us, "The staff are kind. they help me wash my own face."

Ensuring people are well treated and supported; respecting equality and diversity

- Staff gave reassurance to people when they were upset. However, staff did not always have the time to support people in a meaningful way outside of care tasks.
- People told us they were fond of the staff and we saw positive interactions between people and staff around care tasks. One person told us, "[Staff] make me laugh and cheer me up."
- Staff knew about people's backgrounds and life histories. One person told us, "The staff are nice and kind. They know me quite well."
- Staff had received equality and diversity training and people's religious, cultural and social needs were considered during care planning and delivery.

Supporting people to express their views and be involved in making decisions about their care

- People told us they and where they wished, their relatives were supported to make decisions regarding their care. One person told us, "We do a review occasionally. [Staff] ask would you like more time or choice and they get this sorted. They will make changes. You get the things you asked for, it's really good."
- Information was shared with people about accessing external health professionals and community organisations should the wish to access these.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were involved in choices around their care planning.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were involved in reviews of their care, although these were not always regular. For example, people were supported to engage with health professionals and be involved in their future care planning.
- People had personalised care plans which explored their preferences and life histories. For example, where people had requested female staff to support them, we saw this was actioned.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People gave consistently positive feedback about the variety of activities. One person told us, "I have been out with [the activities coordinator] and I really enjoyed this. We have trips to the village and exercise classes." We also saw people had planted seeds and grown vegetables in accessible flower beds to eat with their meals or to sell for fundraising for the home.
- People were supported to maintain relationships which were important to them. For example, one relative joined a person for meals daily. They told us, "Staff have always been really welcoming. I'm treated like one of the family."
- People were encouraged to remain part of their local community. For example, people donated items they had collected during the harvest festival to the local food bank.

Improving care quality in response to complaints or concerns

- People and their relatives felt able to complain. One relative told us, "If there is anything I tell the staff and they sort it out immediately."
- The provider had a complaints policy in place and we saw complaints had been responded to in line with this.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider met the accessible information standard as they supported people to access information in a variety of different formats on their request.

End of life care and support

- People had end of life care plans in place which explored how they wished to be supported and what was

important to them at the end of their lives.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management was inconsistent. Oversight at the service did not always support the delivery of 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

- Systems were not in place to effectively monitor and assess the quality of the service, to drive and sustain improvements and to ensure compliance with the regulations. For example, during the inspection we raised multiple concerns with the registered manager which had not been identified prior to our inspection. Whilst the registered manager acted following our inspection to implement improvements these were reactive to our visit and did not evidence a proactive commitment to quality monitoring.
- The registered manager had not assured there was a system in place to drive and sustain improvements at the service. The service was inspected in April 2018 and rated as inadequate overall with multiple breaches in regulations. At the last inspection we saw improvements had been made, the rating had improved to requires improvement and the service was no longer in breach. At this inspection we saw some improvements had not been sustained and the service had repeated breaches in relation to people's safe care and treatment, staffing and good governance. This is the fourth consecutive inspection where the service had not achieved a rating of good.
- The provider's quality assurance tools had failed to identify where people's care plans contained contradictory and out of date information. People's care plans should have been reviewed monthly and this was often inconsistent. There was no robust system in place to check reviews were being completed regularly.
- The provider's quality assurance tools had not identified medicines were not always managed safely. We saw medicines audits were not completed consistently and did not check all aspects of medicines management, such as the safe storage of medicines in people's bedrooms. We saw where medicines audits had identified concerns, actions had not always been taken in a timely way. This placed people at risk of harm.
- The provider had no system to assess the quality of people's daily care notes. We found people's daily notes did not consistently reflect their planned care. This meant the provider had no system in place to ensure people consistently received care in line with their planned needs. This placed people at risk of harm.

Systems were either not in place or robust enough to identify and sustain improvements to the quality of care and documentation at the service. This placed people at risk of harm. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Since the last inspection the registered manager sent notifications to the Care Quality Commission (CQC) and relevant authorities as required.

Working in partnership with others

- Feedback from professionals we spoke with was mixed in relation to how staff followed their guidance to promote people's recovery and wellbeing. Despite this, we saw the service engaged with professionals where people required additional support with their healthcare needs.

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. For example, we saw they offered an apology to people and those important to them when things went wrong.

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

- People gave positive feedback about the registered manager and told us they were approachable. One person told us, "[The registered manager] is fair. If I have to ask for something they always arrange to get it done."
- The management team worked with us during the inspection to address areas of immediate concern we raised in relation to medicines.

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

- The provider sought feedback from people and their families during reviews and resident meetings. We saw where people had given feedback, changes had been made to improve people's experience. For example, one person had given feedback about the menu and we saw changes had been made as result of this.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	People were not consistently supported in a timely way with their care needs. People did not have the opportunities to regular meaningful engagement with staff outside of their care takes.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	People were not consistently supported to receive their medicines safely. We saw medicines were not always stored safely and disposed of when they expired. Timely action was not always taken following people not receiving their medicines as prescribed. New staff administering medicines were not consistently clear of their role and responsibilities in relation to medicines. This placed people at risk of harm.

The enforcement action we took:

We asked the provider to send us an action plan of improvements they had made at the service.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	There was not a robust approach to quality at the service. People did not consistently have regular reviews of their care files. Quality assurance tools had not effectively identified where people's care files contained out dated information about their care needs. There was no system in place to review people's daily notes to ensure they received care in line with their planned needs.

The enforcement action we took:

We asked the provider to send us an action plan of improvements they had made at the service.