

Miss Tania Mary Hilda Bradley

Coach House Nursing Home

Inspection report

Broome House
Broome, Clent
Stourbridge
DY9 0HB

Tel: 01562700417

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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

About the service

Coach House Nursing Home is a care home providing personal and nursing care to up to 17 people. The home provides support to both older and younger adults with physical disabilities. It also provides end of life care. At the time of our inspection 13 people lived at the home. The care home accommodates people in one building which is situated in large, private grounds. The grounds and gardens are well maintained which people have access to and there is a pond with ducks, geese and swans.

People's experience of using the service and what we found.

People told us they felt safe at Coach House Nursing Home. Staff were trained in safeguarding and understood their responsibility to protect people from avoidable harm and abuse. Risks to people's health and safety were assessed with guidance for staff to follow. Staff were recruited safely and there were enough staff to provide safe and effective care. Overall, medicines were ordered, stored and administered safely in line with people's prescriptions. Accidents and incidents were reported and recorded and there was a new system to audit these for trends or patterns. We were assured by the infection, prevention and control measures.

Assessments of need were carried out prior to people moving in. This information was used to develop care plans. Staff were allocated to work in pairs according to their knowledge, skills and experience and staff gave positive feedback about their training. The chef was aware of people's specific likes and dislikes, allergies and other dietary requirements and we received positive feedback from people and their relatives about the quality of food. Relatives gave positive feedback about people being well nourished. People received external, specialist healthcare support when they needed it. The Coach House Nursing Home provided a homely and warm environment and people were encouraged to decorate their bedrooms with personal pictures, ornaments and artefacts. Staff worked within the principles of the Mental Capacity Act. When people were identified as potentially being deprived of their liberty, applications were made to the authorising body.

People told us they felt cared for because staff were attentive and considerate when they needed support. Care staff told us the registered manager demonstrated the caring values of the home. People in bed looked well cared for and people told us staff were respectful when talking to them or providing them with care.

Care was planned in partnership with people and their views sought regularly, including through resident's meetings and reviews. The registered manager invested in accessible technology to support people and staff to communicate effectively with each other. Each person had a person-centred activity plan to ensure they were given opportunities to involve themselves in hobbies and interests of their choice. There was information about how people could raise a complaint displayed within the home. The registered manager worked with the local hospice to ensure training in end of life and palliative care was provided by someone with specialised skills and knowledge.

There were new systems to monitor the safety of the service. More time was needed for these processes to embed and become effective systems of quality assurance. Everyone we spoke with knew who the registered manager was. People were given the opportunity to make decisions and have choices about their lives at The Coach House Nursing Home during monthly 'residents meetings'. Staff felt motivated by the registered manager to provide high standards of care. The registered manager worked closely with the G.P practice and other health services including the local hospice, to improve experiences and outcomes for people, and ensure they received timely access to external healthcare.

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.

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

Rating at last inspection

The service was registered with us on 9 November 2020 and this is the first inspection. The last rating for the service under the previous provider was requires improvement, published on 26 July 2019.

Why we inspected

This inspection was prompted by a review of the information we held about this service. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well led findings below.

Coach House Nursing Home

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 team consisted of two inspectors and a specialist advisor.

Service and service type

Coach House nursing home 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. Coach House nursing home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

Notice of inspection

This inspection was unannounced.

Inspection activity started on 12 April 2022 and ended on 13 April 2022. We visited the location's service on

12 April 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and sought feedback from the local authority. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with six members of staff including the Registered Manager, clinical lead, chef, care staff and an agency member of care staff. We spoke with five people and four relatives about their experiences of care and reviewed a range of care records. This included three people's care plans, a number of medication records and monitoring charts, and a variety of records relating to the management and governance of the service.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at Coach House Nursing Home. One person said, "Yes, perfectly. It is a secure place. I can't imagine any of the staff making you feel unsafe." Another person told us they felt safe because of, "The way staff are."
- Staff were trained in safeguarding and understood their responsibility to protect people from avoidable harm and abuse. They told us they would challenge poor practice and report any concerns to a senior person. One staff member told us, "I would report it to the senior carer and if the senior carer did not do anything, I would report it to the manager. I would tell her she must do something and if not, then I would report to you(CQC). I put the person first in everything I am doing here."

Assessing risk, safety monitoring and management

- Risks to people's health and safety were assessed with guidance for staff to follow. Where other health professionals were involved in people's care, their recommendations were included in risk management records.
- We spoke with one person who was at risk of skin damage. They told us, "They have propped me up and they keep turning me over." Another person told us they felt confident in the way staff supported them to manage the risks around their medical needs.
- We found one person had no record of when their catheter was last changed or when the next change was due. This was rectified immediately, and their care plan updated .
- Risks relating to the environment and equipment in the home were assessed with systems to ensure these were regularly checked and maintained.

Staffing and recruitment

- Staff were recruited safely. References and Disclosure and Barring Service (DBS) checks were requested prior to new staff commencing employment. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. Some improvements were needed to validate references. The registered manager agreed to implement new processes for validation.
- We received positive feedback from staff about staffing levels which they felt enabled them to provide safe care, and carry out the tasks to minimise risks to people.
- People told us they did not have to wait long if they used their call bell to request assistance from staff. One person told us, "They come as quick as they can. Sometimes they are in the middle of dealing with someone else, but they come and ask you to give them five minutes, so you know what is going on and you don't feel ignored." Another said, "You press the bell and it is not many minutes at all."

Using medicines safely

- Overall, medicines were ordered, stored and administered safely in line with people's prescriptions.
- We identified improvements were needed to ensure eye drops and liquid medicines were routinely dated when opened and records relating to the administration of patch medicines followed manufacturer guidelines for safe rotation, and to check they remained in place.
- One person was prescribed a medicine that could have significant side effects. Their care plan informed staff of the signs that might indicate the medicine was having a negative impact on the person's health.

Learning lessons when things go wrong

- Accidents and incidents were reported and recorded. A new system was in place to review accidents and incidents in the home on a monthly basis, to help identify any trends or patterns. The registered manager recognised this system was work in progress and how it could be further improved to support effective analysis.
- Staff told us they discussed any accidents and incidents to improve practice. One staff member told us, "We do discuss it with each other and with our manager. Because we are a small unit, we can do that."

Prevention and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

The home was facilitating visits in line with government guidance.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments of need were carried out prior to people moving into The Coach House Nursing Home. This information was used to develop care plans.
- The registered manager only accepted people if she was confident staff had the skills to support them effectively and would complement the people who already lived at the home. They said, "I don't just take people who make enquiries. If I did, I would be full several times over. I don't take people [who experience distress or agitation linked to dementia] because we're not the right service. It wouldn't suit the people who already live here."

Staff support: induction, training, skills and experience

- Staff were allocated to work in pairs according to their knowledge, skills and experience. This ensured new members of staff were supported by those with more experience and people were supported by staff with the right skill mix.
- People's needs were met by staff who were competent and suitably trained. Staff told us their training was being refreshed at the time of our inspection visit. Comments included, "It is brilliant. We started training in the last month or so" and, "At the moment we are doing all refresher courses so that is quite good."
- Staff felt supported in their roles and said they had opportunities to talk about their work through informal meetings. One staff member explained, "Because it is like a home environment, we chat at various times. Maybe not formally, but if there is a problem we just go and chat."

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

- The chef was aware of people's specific likes and dislikes, allergies and other dietary requirements. These were recorded in people's care plan and in the kitchen. The chef explained the importance of the meal-time experience to encourage people to eat and drink well. They told us, "We eat with our eyes so if it looks nice, we are more inclined to eat it."
- People were happy with the quality and variety of the food offered to them. One person told us, "The food is great, you couldn't get better at the Ritz. It is served beautifully. They come round every day with a menu." Another said, "The food is good and there is a choice. [Name of cook] says if there is something you want, if she hasn't got it that day, she will get it the next day for you."
- Relatives gave positive feedback about people being well nourished. One relative told us, "I don't think [person's] ever been so well fed. They come round with a menu, [person] will have a cooked breakfast and lunch, then maybe sandwiches for tea. There's variety, and puddings. The food's nice. There's always a large container of juice by their bed within reach." Another relative said, "[Person's] definitely put some weight on,

not excessive, but [person] looks good in himself. When I was visiting on Sunday he was drinking a supplement."

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

- People received external, specialist healthcare support when they needed it and staff and management worked closely with other professionals to promote positive outcomes for people's care.
- Relatives gave positive feedback about access to specialised healthcare services. One person was admitted to the home with pressure sores. Their relative said, "Tissue viability nurses [TVNs] have been involved because [person] has pressure sores and is on two hourly turns. They got them involved early on." Another relative said, "They [staff] didn't like the catheter because they were concerned it was giving [person] UTIs. They got in contact really quickly with the G.P. They always manage to get G.P advice or support quickly. They came out and prescribed antibiotics."
- Staff told us any changes in people's health were shared with them during the handover between shifts. One staff member said, "We do have handover in the mornings, the night duty nurse will hand over to day staff if there are any changes or problems."

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

- The Coach House Nursing Home provided a homely and warm environment and people were encouraged to decorate their bedrooms with personal pictures, ornaments and artefacts.
- People had access to large outside spaces and most people enjoyed views from their bedroom windows of the surrounding gardens.
- The atmosphere was calm and people had different sensory stimuli in their bedrooms. One person had a sensory light and another person who was very frail and cared for in bed had calming music playing in their bedroom at a volume that didn't impact on other people.

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 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 MCA.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's care plans identified whether they had the capacity to consent to living at the home.
- When people were identified as potentially being deprived of their liberty, applications were made to the authorising body.
- Complex decisions regarding people's healthcare and treatment were made in partnership with relevant professionals involved in their care, to determine if the treatment was in their best interests.
- Staff worked within the principles of the MCA. People's right to refuse offers of care and support was respected, but staff ensured this did not impact on people's health and wellbeing. One staff member explained, "I would try and persuade them but if they definitely refused, then I would leave them and come back later. If it became a problem, I would discuss it with the nurse or with the manager. We had a

gentleman who did not want personal care one morning, but when we went back later, he said 'alright'."

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they felt cared for because staff were attentive and considerate when they needed support. One person told us, "It is a nice place. The staff are really good and really caring. They are always asking if you need anything and checking to see if you are okay." Another said, "What more could you ask for? I sit here and my lunch is brought to me and I only have to ring the bell if I want something. It is the best place you could be in I think."
- People told us staff were busy, but they enjoyed chatting with them as they went about their tasks. One person said, "The staff, I look forward to them coming in the morning." Another said, "They do stop and chat, laugh and joke. It is nice when you see them all laughing."
- Staff told us the registered manager demonstrated the caring values of the home. One staff member explained, "Our manager is very particular about the residents and wants them to feel at home. How she cares for people, the passion she has for the residents and the way she is, I like to work with her."
- One person told us they had recently been into hospital and commented, "When I came back on the Sunday [registered manager] was still here at 1.30am to help with my dressings and stuff. She had been working all day on the Saturday and she was still here helping. She is really good."
- One staff member explained how supporting people with their personal care was an important aspect of caring for them and respecting their individuality. They told us, "When they are at home and well, they dress up, do their hair and do their nails. We try to continue that, so they feel at home. They are still human beings and they have to feel themselves."

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

- Care was planned in partnership with people and their views sought regularly, including through resident's meetings and reviews. This gave people time to discuss the care and support they received and the opportunity to make decisions and choices about their lives at The Coach House Nursing Home.

Respecting and promoting people's privacy, dignity and independence

- People in bed looked well cared for. Staff had ensured they had enough pillows and blankets to maintain their comfort, their hair had been done and their nightclothes were clean. This attention to detail ensured people's dignity was maintained. One person told us, "I am nice and clean and fresh all the time."
- People told us staff were respectful when talking to them or providing them with care. One person said, "They seem respectful of you and they don't patronise you in any way."
- Relatives also gave us positive feedback. One relative said, "She's always dressed beautifully. She has clean clothes daily, the hairdresser every fortnight, her nails painted and a beautifully coordinated outfit. The room is beautifully clean. It's nice."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

- Care was planned in partnership with people and their views sought regularly, including through resident's meetings and reviews. This gave people time to discuss the care and support they received and the opportunity to make decisions and choices about their lives at The Coach House.
- People told us staff generally accommodated their preferred routines. One person told us how they enjoyed having a cup of tea in bed before being supported with their personal care in the morning.
- Relatives gave positive feedback. One told us, "My mother loves the chintz! They had the curtains done for my mum. They're flowery and chintzy which suits her."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Accessible information could be made available in alternative formats if people needed it.
- The registered manager invested in accessible technology to support people and staff to communicate effectively with each other. Large, portable push button call bells were used to help people with their dexterity, and ear sound amplifiers with microphones were used to support people with hearing loss.

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

- Each person had a person-centred activity plan to ensure they were given opportunities to involve themselves in hobbies and interests of their choice.
- Records were kept of the activities people had engaged with, whether they had enjoyed them and any benefits to their well-being. This meant activities could be regularly assessed to ensure they remained meaningful and stimulating for people.
- Photographs of activities showed people cared for in bed were encouraged to be involved, especially with the craft activities.
- The décor of the environment was interesting with objects and pictures to capture people's interest and stimulate conversations.
- People told us they were never bored because they were able to keep occupied doing the things they wanted to do. One person told us, "I like to read the magazines and watch the television and talk to people

when they come in. And I have phone calls."

- People's relationships with family and friends were encouraged and relatives were invited to attend some of the planned events such as afternoon teas.

Improving care quality in response to complaints or concerns

- There was information about how people could raise a complaint displayed within the home. This signposted people to other independent organisations who could support them with a complaint, such as Healthwatch and advocacy services.
- None of the people we spoke with had any complaints but felt they would be comfortable voicing them to the registered manager if needed. One person told us, "I don't see a lot of [registered manager] but she is always available and she always says if you have got something to say, just get in touch and I will come."

End of life care and support

- The registered manager worked with the local hospice to ensure training in end of life and palliative care was provided by someone with specialised skills and knowledge.
- People's choices for their end of life were recorded in their care plan, when they wished to share this with the provider. This included any cultural or religious support they may need at this time.
- One staff member explained the importance of good end of life care. They said, "If it is your last days, you have to enjoy it and feel warmth and that people care for you. To go peacefully, they need a quality of life before they go."

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the governance systems did not always support effective monitoring to ensure the delivery of high quality care.

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

- There were new systems to monitor the safety of the service. More time was needed for these processes to embed and become effective systems of quality assurance.
- Records were not always fully completed to enable effective monitoring to take place. For example, fluid intake and output records were not consistently completed to show that people with a catheter were being effectively monitored to identify early signs of an infection.
- Governance systems had not identified issues related to open dates on liquid medicine and eye drops and records of administration relating to patch medicines. We identified gaps in records which monitored a person's blood sugars. This was important because the person recently experienced issues with unstable blood sugars and additional monitoring was requested by their G.P.
- Formal assessments of medicine competency for nursing staff were not being carried out according to NICE guidelines and records of medicine competency and observation were not kept.
- We found no impact on the care people received as a result of these issues. The registered manager and clinical lead took immediate action during and after the inspection in response to our feedback.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Everyone we spoke with knew who the registered manager was. One person told us, "She is marvellous."
- People were given the opportunity to make decisions and have choices about their lives at The Coach House Nursing Home during monthly 'residents meetings'. Regular topics included menus, activities and the environment.
- Where people had raised any issues or made suggestions, a staff member was identified as responsible for actioning the request. One person told us they had asked for curry to be added to the menu and was happy their request had been responded to.
- The registered manager spoke with people and the relatives frequently, to gather ongoing feedback about the care and establish if there were any issues or concerns so these could be addressed quickly. One relative said, "The managers are absolutely approachable. I've dealt with [manager's name] mostly. She always comes to speak to us before we leave and if we've got any concerns."
- Staff felt motivated by the registered manager to provide high standards of care. One staff member told us, "The standard of care is good, and it is a relaxed place to work. It is more like a family run place rather than a big home where you can get lost. It feels secure because it is homely and if there is a problem you can

discuss it and it is sorted."

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

- We were notified of important events and incidents as required .and the manager understood their responsibility under duty of candour.

Continuous learning and improving care; Working in partnership with others

- Staff received core training in subjects relevant to their roles. The registered manager valued the importance of having specialist training in more complex areas of care and arranged for specific training in epilepsy and end of life care.
- The registered manager worked closely with the G.P practice and other health services including the local hospice, to improve experiences and outcomes for people, and ensure they received timely access to external healthcare. One relative said, "My parents always hated doctors, since being there they've seen more doctors and nurses in their whole life!"