

Goldthorn Lodge Limited

# Coachmans Cottage

## 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?

Good ●

# Summary of findings

## Overall summary

This was an announced inspection carried out on 25 January 2019.

This was the first inspection of Coachmans Cottage.

Coachmans Cottage is registered to provide accommodation for personal or nursing care to a maximum of three people with learning disabilities or a related condition. Nursing care is provided. Two people were living at the service at the time of inspection.

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 building conformed to the model of care proposed from 2015 and 2016 guidance that people with learning disabilities and/or autism spectrum disorder which proposed smaller community based housing. The care service has been developed and designed in line with Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and/or autism spectrum disorder using the service can live as ordinary a life as any citizen.

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were protected as staff had received training about safeguarding and knew how to respond to any allegation of abuse. There were other opportunities for staff to receive training to meet people's care needs. A system was in place for staff to receive supervision and appraisal and there were robust recruitment processes being used when staff were employed.

Staff were aware of the whistle blowing procedure which was in place to report concerns and poor practice. There were enough staff available to provide individual care to people. Staff had a good understanding of the Mental Capacity Act 2005 and best interest decision making approaches, when people were unable to make decisions themselves.

People were involved in decisions about their care. They were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible, the policies and systems in the service supported this practice. Some information was made available in a format that helped people to understand if they did not read. However, more information could be made accessible to promote the involvement of the person. This was actioned straight after the inspection.

Staff knew the people they were supporting well. Support plans were in place but they did not provide guidance detailing how people wished to be supported. We have made a recommendation that support plans should be more person-centred and reflect the personalised care provided by staff.

Staff upheld people's human rights and treated everyone with great respect and dignity. They had developed good relationships with people, were caring in their approach and treated people with respect. Care was provided with patience and kindness.

People had access to health care professionals to make sure they received appropriate care and treatment. Staff followed advice given by professionals to make sure people received the care they needed. Systems were in place for people to receive their medicines in a safe way.

People were encouraged to maintain a healthy diet. They were provided with opportunities to follow their interests and hobbies and were introduced to new activities. They were supported to contribute and to be part of the local community.

A range of systems were in place to monitor and review the quality and effectiveness of the service. People had the opportunity to give their views about the service. There was regular consultation with people and family members and their views were used to improve the service.

## 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.

Systems were in place for people to receive their medicines in a safe way.

Staffing levels were sufficient to meet people's needs safely and flexibly and appropriate checks were carried out before staff began work with people.

People were protected from abuse as staff had received training with regard to safeguarding.

### Is the service effective?

Good ●

The service was effective.

Staff received the training they needed and regular supervision and support.

The necessary information was passed between staff to make sure people received appropriate care.

People's rights were protected because there was evidence of best interest decision making. This was required when decisions were made on behalf of people and when they were unable to give consent to their care and treatment.

People were supported to eat and drink according to their plan of care.

### Is the service caring?

Good ●

The service was good.

Staff were patient, kind and interacted well with people.

Staff were aware of people's backgrounds and personalities. Good relationships existed and staff met people's needs in a sensitive way that respected people's privacy and dignity.

People were encouraged and supported to be involved in daily decision making.

Staff supported people to access an advocate if required.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People were supported to be part of the local community. They were encouraged to take part in new activities and widen their hobbies and interests.

A complaints procedure was available but it was not in a format that people may understand to help them complain.

Staff were knowledgeable about people's needs and wishes. Records provided information about people's care and support requirements but they did not contain the detail of how care should be provided to the person.

People were supported to maintain contact with their friends and relatives.

### **Is the service well-led?**

**Good** ●

The service was well-led.

A registered manager was in place. Staff told us the registered manager was supportive and could be approached for advice and information.

The home had a quality assurance programme to check on the quality of care provided, this could be extended to include a more robust external quality assurance system.

Communication was effective and staff and people who used the service were listened to.



# Coachmans Cottage

## 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 was planned to check 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.

This inspection took place on the 25 January 2019 and was announced. We gave the provider 24 hour's notice, as it was a small service, to ensure someone would be in.

The inspection team consisted of one inspector.

Before the inspection we reviewed information we held about the service as part of our inspection. This included the notifications we had received from the provider. Notifications are reports of changes, events or incidents the provider is legally obliged to send CQC within required timescales. We contacted commissioners from the local authorities who contracted people's care and other professionals who could comment about people's care.

We undertook general observations in communal areas.

During the inspection we spoke with one person who lived at Coachmans Cottage, the registered manager, one registered nurse and two support workers including one senior support worker. We observed care and support in communal areas. We reviewed a range of records about people's care and how the home was managed. We looked at care records for two people, recruitment, training and induction records for three staff, two people's medicines records, staffing rosters, staff meeting minutes, maintenance contracts and quality assurance audits the registered manager had completed.

# Is the service safe?

## Our findings

Systems were in place to ensure people were protected and kept safe. Some people who lived at the home had complex needs or English was not their first language which meant they found it difficult to express their views about the service. They appeared calm and relaxed as they were supported by staff. One professional who we surveyed told us, "The service provides excellent care. We have no concerns about the care provided."

The registered manager told us they were a member of the local authority safeguarding board and worked with the local authority to contribute to safeguarding protocols to ensure people were protected. Staff were able to explain the services available in relation to the safeguarding of adults. They had completed training and would know how to take the appropriate action to protect the individual and other people who could be at risk.

There were sufficient staff with appropriate skills and knowledge to meet people's needs and to provide individual care. Staffing levels were determined by the number of people using the service and their needs. Staffing levels could be adjusted according to the needs of people using the service. As the service supported people to learn new skills and to become more independent in activities of daily living a person might over time require less staff support. Two people were supported by one support worker, whilst in the house. One person received one-to-one support when they were in the community. One waking member of staff was available overnight. Staff had access to emergency contact numbers if they needed advice or help from senior staff during the night.

Regular analysis of incidents and accidents took place. The registered manager told us learning took place from this and when any trends and patterns were identified, action was taken to reduce the likelihood of them recurring. For example, with regard to distressed behaviours. Records showed if there were any concerns about a change in a person's behaviour a referral would be made to the mental health team. Staff were aware of the interventions and the support people may require to keep them safe.

The registered manager was aware of incidents that should be reported and authorities and regulators who should be contacted. They told us no safeguarding incidents had been raised. A log book was in place to record any safeguarding incidents that may need to be reported.

Risk assessments were undertaken that were regularly reviewed and evaluated in order to keep people safe. These included risks specific to the person using the service and to the staff supporting them. They included environmental risks and any risks due to the health and support needs of the person such as for epilepsy and distressed behaviour. The risk assessments were also part of the person's support plan and there was a clear link between these plans and risk assessments. They both included clear instructions for staff to follow to reduce the chance of harm occurring.

A system was in place for people to receive their medicines in a safe way. Medicines were appropriately stored and secured. Medicines records were accurate and supported the safe administration of medicines.

Staff were trained in handling medicines and a process had been put in place to make sure each worker's competency was assessed. Staff told us they were provided with the necessary training and felt they were sufficiently skilled to help people safely with their medicines.

There were appropriate emergency evacuation procedures in place, regular fire drills had been completed and all fire extinguishers had been regularly serviced. An up-to-date fire risk assessment was in place for the building.

Records showed that the provider had arrangements in place for the on-going maintenance of the building. Routine safety checks and repairs were carried out such as for checking the fire alarm and water temperatures. External contractors carried out regular inspections and servicing, for example, fire safety equipment, electrical installations and gas appliances. There were records in place to report any repairs that were required and this showed that these were dealt with promptly.

There was a good standard of hygiene around the building. Staff received training about infection control and they had access to protective equipment to help reduce the spread of infection.

Staff personnel files showed that a robust recruitment system was in place. This helped to ensure only suitable people were employed to care for vulnerable adults. Records confirmed that checks had been carried out before staff began to work with people. We discussed with the registered manager that at least two people should be on the interview panel to promote equal opportunities. They told us this would be addressed.

## Is the service effective?

### Our findings

Staff were positive and enthusiastic about the opportunities for training. They told us they were trained to carry out their role and there were opportunities for personal development. One staff member told us, "We [staff] are always learning." Other staff member's comments included, "My training is up-to-date" , "Training is ongoing", "There are opportunities to progress" and "There is plenty of training." A visiting professional had commented to the provider, "Staff are very knowledgeable."

The staff training records showed they had received training to meet people's needs and training in safe working practices. The staff training matrix showed that a variety of courses took place to ensure staff had the knowledge to meet people's care and treatment needs. Records also showed that staff received induction, supervision and appraisal. This allowed new staff to be supported into their role, as well as for existing staff to continually develop their skills. Staff we spoke with told us they could access day-to-day as well as formal supervision and advice and were encouraged to maintain and develop their skills. One staff member told us, "I have supervision every three months."

New staff had undergone an induction programme when they started work with the service. They shadowed more experienced workers until they were confident in their role. As part of induction staff undertook the Skills for Care, Care Certificate to further increase their skills and knowledge in how to support people with their care needs. The Care Certificate was introduced in April 2015 and is a standardised approach to training for new staff working in health and social care.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The service worked within the principles of the MCA and trained staff to understand the implications for their practice. Consent was obtained from people in relation to different aspects of their care, with records confirming how the person had demonstrated their understanding. Mental capacity assessments had been carried out, leading to decisions if required, being made in people's best interests.

People's needs were assessed before they started to use the service. This ensured that staff could meet their needs and the service had the necessary equipment for their safety and comfort. Assessments were carried out to identify people's support needs and they included information about their medical conditions,

dietary requirements and their daily lives.

People were supported to access community health services to have their healthcare needs met. Their care records showed they had input from different health professionals. For example, the GP, psychiatrist and mental health team. People also had access to dental treatment.

People enjoyed a varied diet and choice was available. They were offered regular drinks and snacks throughout the day in addition to the main meal. People's care records included nutrition care plans and these identified requirements such as the need for a weight reducing diet or healthy eating.

Staff discussed people's current needs and communicated at staff handover sessions when staff changed duty, at the beginning and end of each shift. This was so they were aware of risks and the current state of health and well-being of people. A handover record and communication book provided information about people, as well as the daily care entries in people's individual records. One staff member told us, "We read the communication book and sign it."

The environment was well-maintained and comfortable. People had their own bedrooms which were decorated and personalised with their belongings.

## Is the service caring?

### Our findings

During the inspection there was a pleasant atmosphere in the home. People appeared comfortable and relaxed with staff. Staff interacted well with people. Several compliments had been received about the care provided. Some comments included, "What brilliant staff you have", "There is high quality from the top to the bottom" and "People seem happy and the office is open for them."

People were supported by staff who were kind, caring and respectful. We observed staff were patient in their interactions with people and took time to listen and observe people's verbal and non-verbal communication. Staff understood and interpreted people's non-verbal communication, which enabled people to engage more with those around them. Support plans also provided detailed information to inform staff how a person communicated.

Staff showed an in-depth knowledge and understanding of people's care, support needs and routines. They were able to give us information about people's needs and preferences which showed they knew people well. Records also detailed about people's likes, dislikes and preferred routines.

Staff were given training in equality and diversity and person-centred approaches to help them recognise the importance of treating people as unique individuals with different and diverse needs. They were aware of and respected the cultural beliefs and traditions of people including their communication, religion and dietary needs.

People were encouraged to make choices about their day-to-day lives. Care records detailed how people could be supported to make decisions. Records also provided guidance for staff about people's choices in daily living such as rising and retiring routine, what they wanted to eat and what to wear. They were supported to become more independent whatever their level of need. Staff understood the importance of promoting the person's independence and the benefits it had for their well-being. We observed and records showed that where one person had slept much of the time they now enjoyed a variety of activities and were more engaged with staff.

People's privacy and dignity were respected. People looked clean, tidy and well-presented. People were able to choose their clothing and staff assisted people, where necessary, to make sure that clothing promoted people's dignity. Support plans advised when people may want some privacy or solitude.

The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Some information was accessible and was made available in a way to promote the involvement of the person. For example, by use of pictures or symbols for people who did not read or use verbal communication. Menus were available in an accessible format to help the person make a choice of food. We discussed with registered manager that other information such as the complaints procedure, support plans and service user guide could be made available in an accessible format to further promote the involvement of the person. They told us that this would be addressed. We received information straight

after the inspection to show that this had been actioned.

Staff informally advocated on behalf of people they supported where necessary, bringing to the attention of the registered manager or senior staff any issues or concerns. A more formal advocacy arrangement was in place to assist people with some of their decisions, including best interest decision making, where decisions were made on behalf of a person. Advocates can represent the views of people who are not able to express their wishes.

## Is the service responsive?

### Our findings

People received care and support that was personalised and responsive to their individual needs and interests. They had the opportunity to go in the community every day. They were supported to try out new activities as well as continue with previous interests. One person attended religious services and was an active member of their local congregation. The registered manager told us the person had taken part in a recent Christmas production and people and staff who lived at the service had gone to watch the play.

Records showed people were supported with a range of activities including shopping, gymnasium, reading and writing, playing computer games, walking, baking, meals out, relaxation therapy, bowling and discos. Entertainment also took place at another service on the main site which people could attend. People also had the opportunity to socialise with some people who lived at the other house. Staff told us people also enjoyed a takeaway meal together on Saturday evenings. On the day of inspection one person was supported by staff at the gymnasium and another person went out independently to the shops and for a coffee. We discussed with the registered manager people having pictorial aids and access to photographs and pictures of events they took part in so they could look back at them and have a reminder and ownership of their activities and excursions. They told us that this would be addressed.

People's needs were assessed before they started to use the service. This ensured that staff could meet their needs and the service had any necessary equipment for their safety and comfort. Records showed pre-admission information had been provided by relatives of people who were to use the service and other professionals. Assessments were carried out to identify people's support needs and they included information about their medical conditions, dietary requirements and their daily lives. Support plans were developed from these assessments that outlined how these needs were to be met. For example, with regard to nutrition, personal care, behaviour support, mobility and communication needs.

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a more personalised service. Records provided some information for staff to help support the person but they did not reflect the personalised care provided by staff. Support plans did not provide a description of the steps staff should take to meet the person's needs in the way the person wanted. Support plans provided some information but they did not detail what the person could do to be involved and to maintain some independence. They did not provide instructions to staff to help people learn the skills and become more independent in aspects of daily living whatever their need.

We recommend that the provider follow best practice guidelines to ensure people's support plans are more person-centred.

Staff completed a daily diary for each person and recorded their daily routine and progress in order to monitor their health and well-being. This information was then transferred to people's support plans which were up-dated monthly. This helped ensure staff had information that was accurate so people could be supported in the way they wanted and needed.

Written information was available that showed people of importance in a person's life. Staff told us people were supported to keep in touch and spend time with family members.

Some people could display anxiety and distress due to their needs. Where this was the case, the risk of causing harm had been assessed, and a number of steps determined to reduce the risk of any harm occurring. Care plans related to people's mental health and behaviour were specific to the individual and included information about any potential 'triggers' and the best way staff should try and diffuse any situations which may arise. Staff were able to use this information to reassure the person if the person felt uneasy. Referrals had been made to the mental health team, to get specialised support where people displayed behaviours which may be challenging.

A copy of the complaints procedure was available. There was regular consultation with people and family members and their views were used to improve the service. Complaints records showed the service had received no complaints. Positive feedback had been collected by the provider that complimented the care provided by staff.

The registered manager told us that no one was receiving end-of-life care at the time of inspection. A person had recently died and their wish to remain at the service had been respected as they received palliative care. There were very positive comments recorded from the family thanking staff for the care provided.

## Is the service well-led?

### Our findings

A registered manager was in place who had registered with the Care Quality Commission in February 2017.

The registered manager, who was also a director of the company, assisted us with the inspection. Records we requested were produced promptly and we were able to access the care records we required. The registered manager was able to tell us about the provider's ethos and share their priorities for the future of the service. They were also open to working with us in a co-operative and transparent way.

The atmosphere in the home was relaxed. Staff said they felt well-supported by the management team. They said they could approach them to discuss any issues. They told us the registered manager was enthusiastic and had introduced ideas to promote the well-being of people who used the service. They were positive about their management and had respect for them. They told us communication was effective to keep them up-to-date with people's changing needs and the running of the home.

There was an ethos of continual improvement in the service. The registered manager kept up-to-date with best practice which was cascaded to staff. The registered manager worked collaboratively with the local safeguarding board, clinical commissioning group, commissioning teams, advocacy and interpreting services and mental health teams. The organisation had been nominated by the local clinical commissioning group and had won a national award in 2018 in recognition of their work with regard to safety and the quality of care provision across the organisation.

The registered manager acted swiftly and told us straight after the inspection about the action that had been taken as a result of our findings. For example, with regard to making information more accessible and the external quality assurance processes.

Staff members told us staff meetings took place about the running of the service and minutes were made available for staff who were unable to attend. Records showed individual consultation took place with people. Relatives were also kept informed and consulted.

Regular audits were completed internally to monitor service provision and to ensure the safety of people who used the service. The audits consisted of a wide range of daily, weekly, monthly, quarterly and annual checks. They included the environment, medicines, health and safety, accidents and incidents, complaints, personnel documentation and care documentation. Audits were carried out to ensure the care and safety of people who used the service and to check appropriate action was taken as required. The registered manager told us other directors also visited the service to check on service provision. These audits included for finances, care files, Human Resources, infection control, recruitment and medicines. However, a record was not available of their visits as part of the external quality assurance processes to audit and monitor the results of the audits carried out by the registered manager to ensure they had acted upon the results of their audits. We discussed this with the registered manager who told us it would be addressed.

The registered manager told us the provider monitored the quality of service provision through information

collected from comments, compliments, complaints and survey questionnaires that were sent out to people who used the service and staff. We saw recent surveys that had been completed provided positive feedback. The registered manager also collected feedback from professionals, visitors to the service and other people who could comment upon the standards of the service. Comments received were all very complimentary about the service.