

Mrs Claire Buckle and Mrs Alison Green

# The Coach House Care Home

## Inspection report

58 Lidgett Lane  
Garforth  
Leeds  
West Yorkshire  
LS25 1LL

Tel: 01132320884

Date of inspection visit:  
06 October 2017

Date of publication:  
09 November 2017

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

We carried out an unannounced comprehensive inspection of this service on 23 February 2017. At that inspection we found the provider had breached two regulations associated with the Health and Social Care Act 2008. Medicines practice was not safe and staff did not receive appropriate supervision and appraisal to ensure their competence was maintained.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches. We undertook a focused inspection on 6 October 2017 to check they had followed their plan and to confirm they now met legal requirements. We found improvements had been made with regard to these breaches and the provider was now compliant with the regulations.

This report only covers our findings in relation to these topics and the management of the service. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for The Coach House Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

The Coach House Care Home is a service for 21 people, providing accommodation and services to older people; it is situated in a residential area of Garforth and is close to local amenities and public transport.

There was a registered manager in post. 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 and associated Regulations about how the service is run.

People received their medicines as prescribed. Medicines were managed safely and in line with current regulations and guidance. Staff had received appropriate training to help ensure safe practice. There were systems in place to ensure that medicines had been stored, administered and audited appropriately.

Staff had received appropriate supervision and appraisal which allowed them to fulfil their roles effectively and develop positive relationships with people who used the service. Staff understood their roles and responsibilities.

Quality assurance systems were in place to assess and monitor the service people received. There was a commitment to continuous improvements of the service. People we spoke with felt the registered manager was supportive and approachable and expressed confidence in them to address any concerns raised.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

We found action had been taken to improve the safety of the service.

Medicines were managed well and administration was safe.

This meant that the provider was now meeting legal requirements.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for safe at the next comprehensive inspection.

**Requires Improvement** ●

### Is the service effective?

We found action had been taken to improve the effectiveness of the service.

A plan was in place to ensure one to one supervision meetings and annual appraisals took place for staff.

This meant that the provider was now meeting legal requirements.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for effective at the next comprehensive inspection.

**Requires Improvement** ●

### Is the service well-led?

We found action had been taken to improve the leadership of the service.

There was an open and positive culture in the home.

Staff spoke highly of the management team and felt they were

**Requires Improvement** ●

listened to.

Robust quality assurance and monitoring procedures were in place to ensure improvements were made and maintained.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for well led at the next comprehensive inspection.

# The Coach House Care Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

We undertook a focused inspection of The Coach House Care Home on 6 October 2017. This inspection was completed to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 23 February 2017 had been made. We inspected the service against three of the five questions we ask about services: is the service safe, effective and well led? This is because, previously, the service was not meeting legal requirements in relation to the safe and effective questions and we wanted to make sure the service was being led and managed appropriately.

The inspection was unannounced and undertaken by one adult social care inspector.

Before our inspection, we reviewed all the information we held about the service, including previous inspection reports, the provider's action plan and statutory notifications that had been sent to us. We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Before comprehensive inspections providers are asked to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We did not ask the service to provide us with a PIR prior to this inspection.

At the time of our inspection there were 21 people living at the service. During our visit we spoke with three people who used the service, four members of staff and the registered manager. We spent some time

looking at documents and records that related to people's care and the management of the service; this included six people's medicines records.

## Is the service safe?

### Our findings

At the last comprehensive inspection in February 2017 we found appropriate arrangements were not in place to ensure people were given their medicines safely. This meant the provider was non-compliant with regulations pertaining to the management of medicines. At this inspection we found the provider had made the required improvements and was now meeting the regulation. While improvements had been made we have not rated this key question as 'Good'; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

People now received their medicines as prescribed. An automated medicines management and administration system had been introduced. The registered manager and staff spoke positively of this new system. They told us it was safer and had been introduced to reduce errors in medicines management. Each staff member, with responsibility for medicines, had their own sign in as an identity check and to record which staff member had administered the medicines. The system prompted staff if there were any safety issues involved with the medicines about to be offered, for example, whether they should be taken before food. The system also timed the round to ensure people got their medicines at the correct time intervals and confirmed that all the medicines had been dispensed at the end of the round.

People who used the service told us they received their medicines when they needed them. One person said, "I only need to ask and they are here quickly to see what I need." Another person said, "They are so efficient with everything; medicines, eye drops; whatever you need."

We found medicines were kept safe and secure within a locked medicine room. There were appropriate arrangements in place for the management of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse); they were stored in a controlled drugs cupboard. Staff regularly carried out balance checks of controlled drugs in accordance with the home's policy. The temperatures of rooms used to store medicines were taken to make sure medicines were stored within the correct temperature range. This ensured their continued efficacy and safety. Where medicines required cold storage we found records of temperature checks were completed in accordance with national guidance. Systems were in place for the ordering, obtaining and returning of people's medicines following the provider's policies and procedures in relation to the administration of medicines.

People's electronic medicine administration records (eMARs) included a copy of their photograph and details of any known medicines allergies, to help reduce the risks associated with medicines administration. The eMARs we looked at showed people had received their medicines as prescribed, and could also be accurately cross referenced with remaining medicines stocks to show that these were correct. People who were prescribed 'as required' medicines had protocols in place to guide staff when and how to administer these medicines safely.

We observed medicines administration for some people who used the service. We saw appropriate checks and recordings were carried out to ensure that people received their medicines at the right time. Staff were competent in giving people their medicines. They explained to people what their medicines were for and

ensured each person had taken them before signing the medication record. We also saw people were encouraged to be as independent as possible in the process. For example, putting their own mask on and switching their own nebuliser on and off. (A nebuliser is a device that changes liquid medicine into a fine mist which is then breathed in via a face mask).

Some people had been prescribed creams. We saw staff had recorded on charts when they had been applied. We saw the use of patch charts for people who were prescribed a pain relief patch. This meant it was clear to staff where and when patches had been applied, and reduced the risk of harm from duplicate application.

Staff responsible for administering the medicines had undergone regular training and their competencies had been checked. In addition to this staff had also received training on the newly introduced automated medicines management system. Staff told us this training had been thorough and was supported by good back up support from the company who supplied the system. One staff member said, "It's been brilliant; we all support each other but we also have someone we can speak to on the end of the phone. Any problems, they have been so helpful."



## Is the service effective?

### Our findings

At our last inspection in February 2017 we found staff did not receive appropriate support through a robust programme of supervision and appraisal. This meant the provider was non-compliant with regulations pertaining to staffing. At this inspection we found the provider had made the required improvements and was now meeting the regulation. While improvements had been made we have not rated this key question as 'Good'; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

People who used the service told us staff were competent to carry out their role. One person said, "They (the staff) know what they're doing. [Name of manager] makes sure of that."

Staff told us they had the support they needed to carry out their role effectively; this included one to one meetings with a manager. Staff spoke positively of the effectiveness of their supervision meetings. Comments we received included; "I really enjoy my supervisions. I feel supported to get more qualifications and progress myself" and "It's always good to get feedback; builds your confidence."

Records we looked at and our discussions with staff and the registered manager showed, in these meetings, staff were provided with regular opportunities to discuss the way they were working and to receive feedback on their work practice. Records also showed that staff received an annual appraisal. These sessions were focused around developing the skills and knowledge of the staff team. Staff told us they had used their appraisal to identify qualifications they wished to work towards. This included vocational diplomas in health and social care.

We concluded there were now effective systems in place to provide staff with the support and guidance that they needed to meet people's needs effectively and to identify any further training and development needs.

## Is the service well-led?

### Our findings

At the last comprehensive inspection in February 2017 we found repeat concerns relating to safe management of medicines. Notifications had also not been submitted to the Care Quality Commission as required. At this inspection we found the provider had made improvements and now had systems in place to ensure the service quality was monitored and improved. While improvements had been made we have not rated this key question as 'Good'; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

The registered manager was supported by a team of senior staff and care assistants. People told us they were happy with the quality of the service; they told us the registered manager ensured the service was well-run. People's comments included; "[Name of registered manager] works very hard, always here; seeing how things are going. I highly recommend [them] and the home" and "From what I see this place is managed like clockwork; everything goes according to plan; I love it here." One person told us what a friendly home the service provided. They said, "I didn't expect to make new friends at my age and I have done just that. It's marvellous."

Staff spoke positively about the management team and the support they received. They told us they enjoyed their job and felt well supported in their role. Staff described the registered manager as approachable and always there to offer any advice needed. Staff said they felt valued and their suggestions and ideas were listened to. One staff member said, "There are no silly questions; we are encouraged to speak up and ask so we don't get things wrong." Staff meetings were held on a regular basis which gave opportunities for staff to contribute to the running of the home. Staff described a positive culture in the home; they said teamwork and communication were key elements in this. One staff member said, "I truly believe [name of registered manager] would act on anything we report or speak up about. [Name of registered manager] makes sure the residents come first."

People and their relatives were asked for their views of the service. This included the use of satisfaction questionnaires. We saw the results of recent questionnaires completed by relatives. These showed a high degree of satisfaction with the service. The registered manager said any suggestions made through the use of surveys would always be followed up to try and ensure the service was continually improving and responding to what people wanted. Regular 'residents' meetings were held where people were encouraged to contribute and discuss matters. One meeting included a discussion on staffing and people were given the opportunity to express their views and make suggestions. Other topics included activity, food choices and menus.

The registered manager had a schedule of audits in place. We saw audits were planned out in a systematic way and included audits on care records, medication, health and safety, and the premises. We saw documentary evidence that these took place at regular intervals. Where improvements were identified there was an action plan in place with, timescales, for when they were planned to be completed. We concluded that checks on the quality of service provision took place and results were actioned to improve the standard of care people received.

Accidents and incidents were recorded and kept under review to ensure staff learnt from previous experiences. The registered manager was aware of their responsibilities to report accidents, incidents and other notifiable events that occurred within the service to the Care Quality Commission as required.