

# Chartwell Care Services Limited

# The Coach House

## Inspection report

10 Woodward Heights  
Grays  
Essex  
RM17 5RR

Tel: 01375396041

Date of inspection visit:  
18 January 2023  
21 January 2023  
26 January 2023

Date of publication:  
27 February 2023

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

The Coach House is a residential care home providing accommodation, personal and nursing care for up to 13 people in one adapted building. The service provides support to people who have a neurological condition which has been acquired through a life changing event or diagnosis. At the time of our inspection there were 11 people using the service across 3 separate floors.

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

Although not all risks for people were identified and recorded in relation to their care and support needs, staff demonstrated a good understanding and knowledge of these to ensure people's safety and wellbeing. The service's fire arrangements were not safe. The provider was non-compliant with the requirements of the Regulatory Reform [Fire Safety] Order 2005 following a visit by Essex County Fire and Rescue Service in December 2022. The latter was brought to the provider's attention and actions were in progress to address this.

Safeguarding procedures were not always being followed and internal investigations initiated to ensure lessons were learned. We have made a recommendation about safeguarding. Not all relatives spoken with felt there were enough staff available to meet their family care and support needs. Medication practices ensured people received their medication as they should. Staff had received medication training, but had not had their competency assessed. We have made a recommendation about this aspect of medicines management.

The quality assurance and governance arrangements in place were not as effective as they should be to identify shortfalls within the service. Effective auditing arrangements were not in place and improvements were required. Not all staff felt supported and valued. People and their relatives had been given the opportunity to provide feedback about the service through the completion of a satisfaction questionnaire. However, the outcome of the satisfaction questionnaires was not yet known.

People and those acting on their behalf, told us they or their family member was safe and they had no concerns relating to their safety. Interactions between staff and people using the service were relaxed and comfortable. Staff were observed to have a very good rapport with the people they supported, including having a good understanding of their specialist communication needs and how they liked to be supported.

Robust arrangements were in place relating to the provider's recruitment practices. 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](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good [published December 2018]

#### Why we inspected

This inspection was prompted by a review of the information we held about this service and prompted in part due to concerns received about the care of people using the service who had specific complex healthcare needs. A decision was made for us to inspect and examine those risks.

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.

You can see what action we have asked the provider to take at the end of this full report.

#### Enforcement and Recommendations

We have identified breaches in relation to risk management, quality assurance and governance arrangements at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# The 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was completed by 1 inspector.

#### Service and service type

The Coach House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Coach House 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed 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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We 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 spoke with 3 people who use the service about their experience of The Coach House. We spoke with the registered and deputy manager. We reviewed a range of records. This included 5 people's medication administration records. We looked at 5 staff files in relation to the service's recruitment practices, including evidence of their induction, training and supervision. A variety of records relating to the management of the service, quality assurance information was viewed.

Following the inspection, we reviewed 4 people's care plans, risk assessments and daily care records. We also viewed additional information requested by us from the registered manager. We contacted 6 members of staff, asking them to contact us so we could speak to them about their experience of working at The Coach House. We also contacted 4 people's relatives about their experience of the service. The response from staff was poor as we were only able to speak with 2 members of staff. We spoke with 3 people's relatives.



# Is the service safe?

## Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has changed 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.

Assessing risk, safety monitoring and management

- Not all risks for people were identified and recorded in relation to their care and support needs to ensure their safety and wellbeing.
- The care records for 3 people documented they had a tracheostomy tube fitted to help them breathe, Percutaneous Endoscopic Gastrostomy [PEG] feeding tube inserted to provide a means of feeding when oral intake cannot be achieved, and a catheter in place. Risks relating to the above were not identified to mitigate the risk or potential harm for people using the service. This meant we could not be assured staff had all information required to manage the person's risks in a safe and effective way. However, this was records based as staff knew people's individual risks and how to keep them safe.
- The service's fire arrangements were not safe. The provider was non-compliant with the requirements of the Regulatory Reform [Fire Safety] Order 2005 following a visit by Essex County Fire and Rescue Service on 7 December 2022. We notified the provider of our serious concerns and requested an action plan detailing how they had already addressed the concerns identified, or how they intended to address them. The provider forwarded an action plan to the Care Quality Commission.
- Risk assessments were not completed in relation to the risks posed and presented by COVID-19 for people using the service. Risks presented by the pandemic had not been identified for staff employed at The Coach House. This meant people and staff who may be at increased risk of contracting COVID-19, for example, those with underlying health conditions and from black, Asian and ethnic minority groups were not identified.

Effective systems were not in place to identify, monitor and mitigate risks to people's safety. This included fire safety risks at The Coach House. This demonstrated a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Although there was a low incidence of safeguarding concerns at The Coach House, safeguarding procedures were not always being followed. A serious incident occurred in November 2022. The management team failed to raise a safeguarding concern with the Local Authority or to notify the Care Quality Commission. The registered manager confirmed an internal review and investigation had not been initiated to ensure lessons were learned and improvements made when things go wrong.

We recommend the provider consider current guidance to demonstrate how they intend to ensure staff follow safeguarding procedures.

- People told us they felt safe and comments included, "Definitely, I feel safe" and, "Yes, I am safe." One relative told us, "Yes, [relative] is safe living at The Coach House. I have peace of mind and [relative] living at The Coach House has allowed me to go back to work." The relative stated security measures were followed by staff in line with their family member's wishes relating to who could visit them. This ensured the person's safety.
- Interactions between staff and people using the service were relaxed and comfortable.
- Staff were able to tell us about the different types of abuse and describe what actions they would take to protect people from harm. Staff stated they would escalate concerns about a person's safety to the management team and external agencies, such as the Local Authority and Care Quality Commission.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

- Where people had bedrails in place to keep them safe, reasons for the restriction were not recorded to evidence these had been agreed as part of 'best interest' procedures. A 'best interest' assessment determines the person's wishes and whether any restrictions in place are in the person's best interest.
- People's capacity to make day to day decisions were assessed and these were individual to the person. Where people had the capacity to make day to day decisions, people were consulted, and their wishes followed by staff.

#### Staffing and recruitment

- Three relatives spoken with felt there were not always enough staff available to meet their family care and support needs. For example, 1 relative told us existing staffing levels did not always enable staff to support their family member's mobility needs. Staff were not always able to support the person to stand using a specialist standing aid in the morning. This impacted on the person's wellbeing as it made them "feel human" and helped strengthen their body.
- Another relative stated where staffing levels were reduced in the afternoon, if more than 1 person using the service required assistance, care and support provided was not always provided in a timely way. They told us this could lead to their family member becoming anxious and distressed. It was not clear if this information had been shared with the provider or registered manager.
- We could not be assured there were enough staff on duty to evacuate people to a place of safety in accordance with their complex healthcare needs or Personal Emergency Evacuation Plan [PEEP], particularly at night. Following the inspection and because of our concerns relating to the service's fire arrangements, the provider confirmed an additional member of staff had been introduced at night.
- The registered manager told us people's dependency needs were assessed. However, they were unaware as to how this information was used by the provider to inform existing staffing levels at The Coach House were appropriate and safe. Following the inspection, the provider forwarded us a completed staffing tool.
- Recruitment records showed in-depth recruitment procedures were in place to keep people safe. Relevant



checks were carried out before a new member of staff started working at the service. These included processing applications, the obtaining of references, ensuring that the applicant provided proof of their identity, conducting employment interviews and undertaking a criminal record check with the Disclosure and Barring Service [DBS]. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- Suitable arrangements were in place to ensure the proper and safe management of medicines.
- The Medication Administration Records [MAR] for 5 people were viewed. These showed people received their medication at the times they needed them, and records were maintained and kept in good order. Appropriate arrangements were in place to ensure medicines were stored securely for safekeeping.
- The medication rounds were evenly spaced out throughout the day to ensure people did not receive their medication too close together or too late.
- Staff who administered medication had received appropriate training. However, no evidence was available to demonstrate staff had had their competency assessed to ensure they remained competent to undertake this task safely. The registered manager told us they did not know where this information was located or if this had been completed.
- Monthly medication audits were not being undertaken in line with the providers expectations and schedule of compliance.

We recommend the provider consider current guidance to demonstrate how they intend to ensure staff who administer medication have their competence assessed and medication audits are completed.

#### Preventing and controlling infection

- Infection, prevention and control audits were completed as part of the service's quarterly environmental audit arrangements. The last one being in July 2022. However, the audit made no reference to COVID-19. This was of concern given the COVID-19 pandemic has and remains prevalent within the UK since early 2020.
- We were assured the provider was preventing visitors from catching and spreading infections. Visitors were still required to wear a face mask when visiting The Coach House.
- We were assured the provider was supporting people living at the service to minimise the spread of infection and staff to use Personal Protective Equipment [PPE] effectively and safely. Staff were observed to wear appropriate PPE, such as face masks, gloves and aprons when supporting people with their personal care needs.
- We were assured the provider was responding effectively to risks and signs of infection. We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider's infection prevention and control policy was up to date. Staff had received infection, prevention and control training and this included reference to COVID-19 and 'donning and doffing' of PPE. The latter referred to the putting on and taking off of PPE.

#### Visiting in care homes

- Relatives and those acting on their behalf were able to visit their family member without any restrictions imposed and in line with government guidance. One relative told us, "I can visit whenever I like." They confirmed where restrictions had been imposed during initial COVID-19 outbreaks, they were kept up to date by the service with all relevant government guidance.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The quality assurance and governance arrangements in place were not effective in identifying shortfalls within the service. This meant there were missed opportunities to mitigate risks and to monitor trends and lessons learned. The provider failed to address the concerns raised by the fire officer in December 2022, including implementing an action plan detailing how the issues raised were to be actioned; and including consideration of a review of staffing levels.
- The provider had failed to identify the concerns and areas for improvement found as part of this inspection as detailed within the Safe and Well-Led domains of this report. This lack of oversight placed people at potential risk of not receiving good outcomes.
- Effective auditing arrangements were not in place. The quarterly environmental audit completed in October 2022 referred to furniture and furnishings requiring replacement. No action plan was completed to evidence how the issues raised were to be addressed and if actions had been resolved or remained outstanding. The registered manager confirmed a clinical analysis of pressure ulcers, infections such as those associated with Urinary Tract Infections [UTI's], chest infections and weight loss and gain was not considered and recorded for people using the service.
- The registered manager completed a monthly report detailing data to be shared with the provider. A monthly report was not routinely completed by the Regional Manager as required by the provider. The latter was last completed in October 2022.
- An accurate and complete record in respect of each member of staff employed at the service was not maintained. For example, probation reviews were not undertaken or recorded to discuss a new employee's performance and progress or to enable them to provide feedback on their experience and expectations. Additionally, not all newly appointed staff had evidence of having completed an induction.
- Although staff confirmed they received regular formal supervision and this was a two-way discussion, not all staff felt supported and valued.

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

- People and their relatives had been given the opportunity to provide feedback about the service through the completion of a satisfaction questionnaire.
- The registered manager told us the questionnaire was completed in October 2022 and forwarded directly to the organisations head office for review. However, at the time of our inspection, the registered manager had not received any feedback or the outcome of the satisfaction questionnaires. We could not be assured

that issues raised by relatives with us relating to staffing levels had not already been highlighted but not considered by the provider.

Systems were not robust enough to evidence effective oversight of the service or ensure suitable arrangements were in place to assess and monitor the quality of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Relatives told us they were kept informed by the service about their family member's ongoing healthcare needs and the outcome of appointments.
- Staff meetings were held to give the management team and staff the opportunity to express their views and opinions on the day-to-day running of the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and registered manager understood the duty of candour and their responsibility to be open and honest about any incident which caused or placed people at risk of harm.
- Systems were in place to investigate most incidents and accidents. The registered manager confirmed since their appointment there had been no complaints.

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

- Since our last inspection to the service in 2018, the provider had appointed a new manager. The registered manager commenced in post in May 2022.
- The registered manager understood the importance of their role and responsibilities. The registered manager was receptive to our findings and suggestions and demonstrated a commitment to improving the service to enable greater oversight and governance of the service and to ensure people received safe care and treatment.
- Relatives were complimentary regarding the registered manager and management of the service. Comments included, "The service is managed well, I can't fault them", "The registered manager is fine" and, "The Coach House is better now that [registered manager] is here. The Coach House has had several managers, they have stabilised the ship. I like the registered manager, no nonsense and to the point."
- Staff told us they enjoyed working at The Coach House. This was primarily because of the people who used the service. Comments included, "I love the job and like coming to work." The same member of staff was able to describe in detail people's individual care and support needs, including their preferences and individual characteristics which were unique to them.

Working in partnership with others

- Information demonstrated the service worked closely with others, for example, the Local Authority, healthcare professionals and services to support care provision.

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 12 HSCA RA Regulations 2014 Safe care and treatment  Effective systems were not in place to identify, monitor and mitigate risks to people's safety. This included fire safety risks at The Coach House.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems were not robust enough to evidence effective oversight of the service or ensure suitable arrangements were in place to assess and monitor the quality of the service.