

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Prestwood Coach House

Prestwood House, Wolverhampton Road,
Prestwood, Stourbridge, DY7 5AL

Tel: 01384877440

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Safeguarding people who use services from abuse	✓	Met this standard
Supporting workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	Completelink Limited
Registered Manager	Mrs. Jayne Elizabeth Tatler
Overview of the service	Prestwood Coach House provides residential and nursing care for older people with physical disabilities or dementia. The Home offers accommodation for up to 40 people.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 19 October 2012, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

Complete Link Ltd. had two registered locations on the same site. Both have the same registered manager who informed us that both locations were managed together with the same management team. We visited Prestwood House on 15 October 2012 and have used the information collected and reported during this visit in relation to the quality monitoring and staffing requirements of the service to reach our judgement.

During our inspection we observed that staff were polite and attentive, supporting people where appropriate. Plans of care for people were available. We spoke with nursing staff and care staff about the care provided at the home. Staff were knowledgeable about the care requirements for people.

We asked staff about their understanding of safeguarding (protecting vulnerable adults). Staff we asked told us how they would raise any concerns they may have. All said they were able to speak with senior staff or management.

The home had an induction programme to ensure all new staff employed at the home were supported within their role. Staff told us they had training provided and had one to one meetings with the manager.

There was a process for the on going quality monitoring of the service provided at Prestwood House and Prestwood Coach House. The current systems were being reviewed and updated to ensure the organisation continued to gather feedback on the quality of the service it provided.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's needs, views and experience were taken into account in the way that the service was provided and delivered in relation to their care.

Reasons for our judgement

A service must uphold and maintain the privacy, dignity and independence of people who use the service. During our observations we saw that whilst moving people or supporting people to eat and drink staff were engaging and polite. Staff spoke with people using the service explaining what they were doing. They also chatted with people in an informal and friendly manner.

Staff told us how they promoted independence within the home. One staff member said when a person required a small amount of support with their personal care the staff would prompt and encourage independence. We saw that people who were able, moved independently around the home. One family member said they did not think staff always had sufficient time to promote independence. They gave an example of their relative being moved around the home in a wheelchair rather than walking as this was quicker. The provider may wish to review promoting independence within the home to ensure that where appropriate independence is promoted

The manager confirmed that things that were important to people in relation to their care, treatment and support were established as part of their pre admission assessment. We asked staff about people's preferences. The staff we spoke with were able to give examples of people's likes and dislikes. This information was not clear in people's care plans. We discussed this with the registered manager who appreciated the importance of detailed care plans in order to ensure continuity of care. This is particularly important when providing care to someone who may be unable to communicate their wishes.

We asked people living at the home about the meals and if they had a choice in what they ate. People told us the meals were good and gave examples of choices that were available to them. We saw that during lunch time choices of food and drinks were offered.

We saw that some people were seated in the lounge area, whilst others remained in their bedrooms. We spoke to people in their rooms. We were told they chose to spend time there. Bedrooms were pleasant, clean and personalised. One person told us, "I like to sit

in here and watch the birds through the window". We saw they had a nurse call bell. when asked they confirmed if they pressed it a staff member would come.

We saw that some people had their lunch in the dining area or their bedrooms, whilst others remained in the lounge area. This meant that people had a choice as to where they spent their time. The lunch time meal looked inviting. We saw staff appropriately supporting people with their meal where appropriate.

In order to protect people's privacy we saw that staff knocked on bedroom doors before they entered. We saw that bedroom doors could be locked from the inside if required. The people we spoke with living at the home confirmed this. Where people were supported going to bathrooms this was generally done discreetly in order to protect people's dignity.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

The home had systems in place to ensure people had appropriate care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

The essential standards of quality and safety state the registered person should take proper steps to ensure that each service user is protected against the risk of receiving care or treatment which is inappropriate.

The registered manager confirmed initial assessments for each person took place prior to admission. They told us this was to ensure the home was able to meet people's needs. They gave examples of how the service considered people's needs, and whether the service was able to safely meet people's needs before agreeing to admission into the home.

Prior to this inspection we had spoke with a visiting GP. They told us they visited the home weekly and completed a ward round. They told us staff reported concerns appropriately to the GP practice and a communication log was available in the home for the doctor to review weekly. We saw in one person's care plan that instructions for further treatment had been left for staff. We discussed this with the nurse. They were able to show us records that confirmed the instructions had been followed.

The care plans we viewed held information gathered during a pre admission assessment. The information was reviewed monthly. Changes to care needs were recorded in the reviews of care plans or in the recording of GP visits. This information was difficult to locate. We did not see that when significant changes were identified in reviews that a revision of the care plan had been completed. An example of this was when a person with diabetes required insulin following a GP review. This meant relevant up to date information was not easily accessible to staff. We spoke to the nursing staff about this person's care needs. They were able to tell us the outcome of the GP consultation and the changes that had been put in place for the person's care. Since our inspection the registered manager has informed us that a review of this persons care plan had been completed. The manager may wish to consider a review of how care plans are updated to ensure care continues to be delivered in a consistent manner.

We saw that where people wished to manage their own medication a self medication risk assessment had been completed. We spoke with one person who had chosen to manage their own medication and they showed us that they had safe storage which they were able to access.

We asked people about how staff managed their moving and handling, particularly when using the hoist. One person said, "Staff always use the hoist, and they are gentle". Another person said, "Yes the hoisting is fine. Staff care about people here, they really do".

During the inspection there was no evidence of staff engaging individuals in person centred and meaningful activities that reflected previous or current interests or employment. There was an activities coordinator employed at the home. On the day we visited the activity co-ordinator was not working. Consideration had not been given to activities in the coordinators absence.

We saw a notice board which advertised future events. These included a planned trip to a garden centre and a forthcoming Christmas fair. Staff told us that outings were planned approximately four times per year.

During our inspection we discussed activities with the manager and provider. They gave further examples of activities undertaken, but not seen on the day of inspection. We saw from minutes of meetings for both staff and people using the service that people had the opportunity to discuss activities.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

We reviewed the information we hold about this service. We had not received any negative information in relation to safeguarding people who use the service from abuse.

Reasons for our judgement

An organisation must ensure that staff and people who use the service understand safeguarding (protecting vulnerable adults). They must ensure staff understand the signs of abuse and how to raise concerns with the right person when witnessing these signs. We asked staff about safeguarding training. The staff we spoke with confirmed they had received training and knew how to raise concerns within the organisation.

We saw that contact numbers, for raising concerns about vulnerable people, were displayed on a board in the reception area of the home. This was also displayed in the nursing office.

The home had a system for staff to report incidents to the manager. Incidents were logged and actions taken were recorded. The home manager told us they audited incidents on a monthly basis. Since our inspection the registered manager has informed us that further development to the incident reporting process had been put in place to ensure their system continued to be effective.

All the staff we asked were aware of the organisation policy for whistle blowing. This is a process which enables staff to raise concerns identified within the home, this includes concerns of poor practice by colleagues. The staff we spoke with stated they were happy to raise concerns if they had any.

We asked some people if they were happy living in Prestwood Coach House. The responses were positive. One person said, "I am very happy with the care the staff are marvellous". Another person said, "The staff are very kind".

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

There was appropriate training, development, supervisions and appraisals available to staff employed at the home.

Reasons for our judgement

The essential standards of quality and safety state that persons employed receive appropriate training, professional development, supervision and appraisals.

We saw the home had an induction process for new starters. A member of staff who had recently joined the service told us they had a three day induction whilst the home awaited for their references. They told us the induction training had included, manual handling, safeguard and first aid. They also said that they had the opportunity to shadow a colleague over a two week period. This meant new staff were supported by a colleague during their induction period.

The staff we spoke with confirmed they had one to one meetings and supervision with the home manager. The registered manager told us one to one meetings were scheduled for a minimum of four times per year for each staff member. In addition unannounced spot checks and meetings took place. This gave the manager and staff the opportunity to discuss concerns, performance and further training requirements.

We asked staff about the training that was available to them. We were told all staff attended two mandatory training sessions per year. These included infection prevention and control, manual handling and safeguarding vulnerable adults.

On our inspection to Prestwood House we looked at staff training files for three people. We had been told by the manager that supervision and training were up to date for staff working within the home. It was not clear from the training files that all training and supervisions had been completed. The manager informed us that not all documentation had been included in the training files. The manager may wish to consider the importance of accurate up to date records in order to confirm training and supervisions had taken place.

We asked staff if they felt supported in their roles, the staff we spoke with confirmed they were. One staff member said, "The atmosphere here is nice to work in, I am happy to be here".

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

There were systems in place for the ongoing quality monitoring of the service delivered at Prestwood Coach House.

Reasons for our judgement

A service must have appropriate systems for gathering, recording and evaluating accurate information about the quality and safety of the care, treatment and support the service provides.

We saw that a quality assurance monthly management meeting had recently been implemented at the home. We saw from the minutes of the meeting in October 2012 that the organisation had identified the need to improve how quality assurance was assessed and monitored.

We discussed the current processes in place for quality monitoring within the home. The manager informed us that whilst monitoring was on going in a number of areas, some reviews of audits and surveys had been delayed due to staff shortages. These areas had been identified and plans put in place to address areas for review.

The registered manager told us a report was produced by the home manager each week and submitted to the senior management team. The report included, for example, a weekly progress report, details of complaints received, staff appraisal and supervision records and health and safety concerns. This meant the registered manager had a weekly overview update of the service.

The staff we spoke with told us that staff meetings were held and all staff had the opportunity to attend. Minutes were available for staff who did not attend. We saw from minutes of meetings that areas relating to quality of the service were discussed, for example environmental standards throughout the home.

We saw minutes from meetings for people living at the home and family members. The minutes confirmed people had the opportunity to raise concerns and make suggestions for further improvement in the running of the home. We were told people had the opportunity to speak to the manager at anytime should they have concerns. One person said, "If we have any issues, they sort them out straightaway". A family member said, "We are very happy with the service here; any queries we have, they sort it out, no problem at all".

We asked people if they were able to speak with someone if they were unhappy with the service or had any concerns. One person told us they had complained in the past about the

quality of the food. They told us a senior member of the organisation had met with them and their concerns were listed to. They told us the issues were resolved, and the quality of the food greatly improved. This meant the complaint was dealt with appropriately and changes were made to the service.

We saw a report following an audit of the external areas of Prestwood House. The report referenced an action plan which had been compiled to address areas for further action. We did not see a copy of this plan.

Personal Emergency Evacuation Plans (PEEPs) are required to provide people with the necessary information to be able to manage their escape from the building. This information was also required to ensure staff understood how to safely evacuate people who cannot get themselves out of a building unaided during an emergency situation. The manager had an emergency list available for staff and the emergency service. Further detail was required to ensure that during an emergency detailed information was available for each person. The requirement for PEEPs had been identified during a recent fire inspection. The manager informed us that work was in progress to create a PEEP for each person living at the home. This information was not available on the day of the inspection.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.


You can tell us about your experience of this provider on our website.


How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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