

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

The Coach House Care Home

58 Lidgett Lane, Garforth, Leeds, LS25 1LL

Tel: 01132320884

Date of Inspection: 01 November 2012

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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
Requirements relating to workers	✓ Met this standard
Supporting workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Mrs Claire Buckle and Mrs Alison Green
Registered Manager	Mrs. Victoria Thompson
Overview of the service	The Coach House is a care home for 21 residents, providing accommodation and services to older people; it is situated in a residential area of Garforth and is close to the amenities of the town and public transport. Nursing care is not provided.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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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 1 November 2012, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

The Coach House accommodated 21 residents, 2 rooms en-suite, 19 bedrooms had wash basins. 3 toilets upstairs and 5 downstairs, 2 baths and 1 wet room. We spoke with 5 people who used the service and 4 relatives, to gain their views about their experience of the service provided. All the people we spoke with were positive about the service, comments included:

"Staff are friendly, caring and kind"

"Nothing's too much trouble"

"Honestly never seen anything that would give me any cause for concern"

"I haven't got even one grumble about living here"

Everyone we spoke with told us their dignity and privacy was respected. We observed staff being respectful, caring and providing good standards of care. Care plans reviewed had a full assessment carried out prior to or on admission. People who used the service said they were happy living at the home and would not hesitate to raise concerns. Staff we spoke with said they had received safeguarding training and were clear of the action to take if they suspected abuse or if an allegation was made. Staff files reviewed showed effective recruitment, selection processes and evidence of staff attending training. Staff rotas showed good staffing levels, well organised to support people throughout the day and night. We looked at the provider's complaint policy and procedure and saw people's complaints were fully investigated and resolved, where possible to their satisfaction.

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 privacy, dignity and independence were respected and people's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

We used a number of different methods to help us understand the experiences of people who used the service, including talking to people and the Short Observational Framework for Inspection (SOFI) tool. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the owners, the registered manager, four members of staff, five people who used the service and four relatives, to gain their views about their experience of the service provided by The Coach House Care Home. All the people we spoke with were positive about the service, comments included:

"Staff are friendly, caring and kind"

"Nothing's too much trouble"

"[My relative] loves the food"

"[My relative] is always dressed appropriately and never smells"

"We'd looked at lots of homes, the Coach House was recommended to us and as soon as we walked in, we knew it just felt right"

All the people we spoke with confirmed that they had good relationships with staff and that they were able to make decisions about their care. People told us they were able to choose what time they got up and went to bed and decide if they wanted to join in with the activities.

Everyone we spoke with told us their dignity and privacy was respected. Relatives and people who used the service told us that staff encouraged them to be as independent as possible. During our visit we spoke with four members of staff who were able to explain and give examples of how they maintained people's dignity and privacy. One member of staff said "the resident's come first".

Throughout the SOFI we saw all staff treat people with dignity and respect. Staff were courteous and encouraged independence where appropriate. We observed staff

supporting and interacting with people who used the service in a respectful, caring manner and providing good standards of care. Staff responded promptly and politely when people asked for support, they showed warmth and thoughtfulness when giving support to people and they asked individuals what they would like to eat. Menus were displayed for people to see and the staff discussed individual choices with people. Their communication with people was positive and clearly showed that staff knew people and their needs well. We observed staff knocking on bedroom doors, waiting to be asked in, explaining who they were with and what we were doing. We observed that people appeared well cared for, appropriately dressed in clean laundered clothes, people were asked as to when they would like to have a bath or shower and encouraged to do so when they were reluctant to have one, everyone we spoke with said their privacy and dignity was managed well.

We reviewed minutes of meetings with the residents, which demonstrated that people who used the service were included in how the service was run, how they liked to be addressed, as well as menu choices, special birthday teas, various eras of entertainment and activities.

People who used the service were given appropriate information and support regarding their care or treatment. We looked at the pre-admission documentation, a statement of purpose and the service user guide which were also available in large print. Visitors we spoke with told us that they were involved in decisions about the care and support of their relatives, as well as being kept up to date about any changes in their relative's care or health. One relative explained how they had looked at several care homes, just turned up unannounced at The Coach House Care Home, were made very welcome and allowed to look everywhere "Nowhere was off limits".

We looked at the records of four people who used the service, these confirmed that risk assessments and care plans were completed and signed by the individual where appropriate. Each record included a pre-admission assessment which was carried out before any decision was made about people moving in, to ensure that individual needs could be fully accommodated by the service. The pre-admission documentation included information and actions regarding the person's habits, likes and dislikes, such as personal hygiene; sleeping; dressing, mobility and falls; nutrition; elimination of bladder and bowels; dentures; vision; hearing; foot care; pressure sores; daily routine; communication; orientation; psychological; relationship and family involvement; outside agencies; medical health problems; background and history. People were encouraged to have a trial day at the home to see if they would like to live there, then bring their own personal items to make their rooms homely and individual once living at the home, also there were no restrictions to visiting times.

The statement of purpose indicated that meals were at set times, however relatives and people who used the service told us that people were offered and provided with food outside of these times if the meals were missed, which we observed during the visit as three people were still in bed when we arrived at the service. In the statement of purpose there was also an emphasis on activities such as musical evenings, trips out, bingo, board games and walks to the local shops, to promote people's choice and encourage independence as much as possible. There had been a Halloween party the day before our visit and we heard staff asking people what they would like to do on bonfire night and for Remembrance Day.

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We spoke with five people who used the service and four relatives, people said staff were very kind. We saw that people were able to move safely and freely around the home. A relative told us that they had honestly never seen anything that would give them any cause for concern. Other comments included:

"I love everything about living here"

"I haven't got even one grumble about living here"

"They're quick to respond to my needs"

"All credit due to the staff as [my relative] is very demanding"

"[My relative] loves all the staff"

"Staff are very friendly and helpful"

We looked at the care plans and records of four people who used the service. We found there was a full assessment carried out prior to or on admission, people's needs were assessed and care was planned and delivered in line with their individual plan. We saw evidence that care plans were detailed and provided clear guidance to staff about how people's care and support should be delivered. Care plans contained sections on personal hygiene, nutrition including likes and dislikes and personal information amongst others. There were separate areas within the care plan that showed specialists had been consulted over people's care, these included health professionals and GP communication records as well as hospital letters. People's families had been kept informed of people's welfare during their stay. Daily records were detailed about the care and support that had been provided and showed staff were providing care in accordance with the care plan. Risk assessments identified where people were at risk of harm and were used to develop guidelines for staff to follow to reduce the identified risk. We found all records had been regularly reviewed and updated when appropriate; also an annual review was carried out with the people who used the service and their relatives. People's care was planned and delivered in a way that ensured people's safety and welfare. We found people had a behaviour management plan which identified 'triggers' that may influence how a person behaves and how these needed to be recognised and managed by staff.

We spoke with four members of staff who all said that if they felt the care provided to people needed changing they would raise it with a senior member of staff or the manager. We observed staff giving care to people throughout the visit and they were respectful and treated people in a friendly way. We saw people being offered choice with regard to where

and how they wanted to spend their time. For example, some people wanted to watch television, other people wanted to spend time playing a game of snakes and ladders which was played with some people during the afternoon of the visit. During breakfast people were given time to finish each course in an unrushed and calm way, those assisted with feeding were treated gently and with compassion.

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

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who use the service said they were happy living at the home and would not hesitate to raise concerns if they had them. We saw that people were happy and comfortable with staff in their interaction with them. There was positive interaction and good eye contact; people were clearly getting on well with the staff. There was a very positive atmosphere in the home. People who used the service said that buzzers were answered promptly and the staff were kind.

Staff we spoke with said they had received safeguarding training and were clear of the action to take if they suspected abuse or if an allegation was made. They were confident that any issues would be dealt with promptly by the manager or care provider. The registered manager was aware of the procedure to follow if an allegation was made, so that people were protected. Training records showed that staff had previously received safeguarding training and the registered manager told us all staff were currently undertaking safeguarding refresher training. Staff we spoke with could describe the different types of abuse so that they were fully aware of potential risks to people's safety. They gave good examples of what they understood as abuse and their role in protecting people in the home. We saw evidence and the Care Quality Commission holds information which showed that the provider had responded appropriately to any allegation of abuse and they had made timely referrals to the Local Authority safeguarding team.

People who used the service told us they felt safe and they would tell their family or speak to staff if they were worried or concerned about anything. The relatives we spoke with said they felt comfortable and safe with the carers, one relative told us that "without a doubt" they felt their relative was safe. All staff we spoke with were able to tell us where the Safeguarding and Whistleblowing policies were and that these were available in the Staff Handbook given to all staff. The manager and owner told us that when policies were updated a copy was given to each member of staff. There were no Deprivation of Liberty Safeguards in place but we were told that mental capacity assessments took place and where appropriate best interest meetings were carried out. The safeguarding policy used by the home was available to staff and we saw that it, along with the home's whistle blowing information, including a flow chart of what to do and who to contact, were available in the office. We also saw evidence of safeguarding discussion taking place during staff supervision.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

There were effective recruitment and selection processes in place. We spoke to four members of staff, who told us they had been recruited by completing an application form and attending an interview. The manager confirmed staff were recruited by interview and pre-employment checks were carried out. We looked at three staff files for recruitment information and found that these contained application forms, written references, verification of identity, Criminal Record Bureau (CRB) and Protection of Vulnerable Adults (POVA) checks as well as a contract of employment.

The registered manager told us that new members of staff shadowed other more experienced staff when they first started, completed a full induction programme which included training such as manual handling, fire, safeguarding and food hygiene, staff we spoke with confirmed this.

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.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We spoke with four members of staff who told us they enjoyed working at the home and they received regular supervision with the registered manager and felt they had sufficient support from senior staff on a daily basis. Staff told us access to training was good and they were encouraged and supported to obtain further relevant qualifications such as National Vocations Qualifications (NVQ) and they had recently received training in challenging behaviour.

We reviewed three staff files which showed evidence of staff attending a variety of statutory training such as safeguarding, fire, infection control and manual handling as well as extra training such as NVQ and dementia. Records showed staff received regular supervision with the manager throughout the year, these supervisions involved discussing any issues and concerns about the service, workload and training needs. Staff we spoke with said they felt comfortable raising any issues about the service with the manager; they also told us that they thought the staff at the home worked well together and were a good team. We saw evidence of annual appraisals between staff and the registered manager showing discussions had taken place regarding staff performance, training needs and aspirations.

We looked at the staff rotas and saw that there were good staffing levels and that the rota was well organised to support people throughout the day and night. All the staff we spoke with were able to tell us who they could contact if there was an emergency or problem they felt uncomfortable handling whilst on duty.

We also saw from staff records that staff had received Safeguarding training in addition to other training such as Manual Handling; Health and Safety; Dementia; First Aid and Medication Administration training.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

The care provider is present at the home on a regular basis to check the environment, standards and the quality of care being provided. There had been a problem with the hot water and heating which the provider was in the process of resolving during the visit. We received evidence following the visit to confirm that this issue was resolved.

The service had an appropriate complaints policy in place, which was displayed on the notice board in the hall and on the inside of the wardrobe doors. We looked at the provider's complaint policy and procedure and saw people's complaints were fully investigated and resolved, where possible, to their satisfaction. We saw evidence that the provider had a system in place for tracking and responding to complaints received. We examined one record that showed the complaint had been fully considered, appropriately responded to and involved all the relevant people.

We spoke with staff and relatives who told us that they knew who to complain to and were confident of a courteous response from the service if any concerns or issues needed to be raised. One person said that they had raised an issue and said "The manager sorted it out very quickly".

Staff we spoke with understood the complaints procedure and said they would support people if they wanted to make a complaint or discuss concerns.

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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