

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: 29 May 2013

Date of Publication: June 2013

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

Care and welfare of people who use services	✓	Met this standard
Cleanliness and infection control	✗	Action needed
Management of medicines	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard
Records	✓	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

Contents

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'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
What we have told the provider to do	5
More information about the provider	5
Our judgements for each standard inspected:	
Care and welfare of people who use services	6
Cleanliness and infection control	8
Management of medicines	10
Assessing and monitoring the quality of service provision	11
Records	13
Information primarily for the provider:	
Action we have told the provider to take	14
About CQC Inspections	15
How we define our judgements	16
Glossary of terms we use in this report	18
Contact us	20

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 29 May 2013, 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 were supported on this inspection by an expert-by-experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

What people told us and what we found

We spoke with three staff members, the registered provider and the registered manager.

We looked at care plans and saw that they contained information about peoples' preferences and social histories.

We saw how staff maintained people's privacy and dignity, and maintained confidentiality when speaking to people and other staff.

During the inspection our expert by experience spoke with the relatives of two people and comments included;

"I am very happy with the care she [mother] receives here. I work in Leeds and I can pop in whenever I want to see her. I am always made welcome."

"Mum can be quite difficult and she gets angry because of her dementia. The staff are always calm and kind and help her through things."

"I would recommend it here – 100 percent."

We contacted a further two relatives by telephone following our inspection. When asked for any other comments about the service these included:

"If ever there's a problem or issue they involve me, even with the small things."

"Everything is excellent."

We found the communal living areas within the Coach House to be clean however, some of the communal bathrooms and toilets were in need of updating.

Personal Protective Equipment (PPE) was not readily available in all areas.

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

What we have told the provider to do

We have asked the provider to send us a report by 11 July 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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

Care and welfare of people who use services

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Peoples' needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

Reasons for our judgement

Care and treatment was planned and delivered in a way that ensured people's safety and welfare.

We looked at two care records to see what information they contained about people's care and support needs. We saw that assessments had been carried out to evaluate whether the person's needs could be met and that any adjustments the provider needed to make were documented.

We saw that people had been seen by a range of health care professionals. For example, doctors, district nurses, chiropodists and audiologists. This helped to make sure that people's health was maintained.

We found appropriate risk assessments were in place to meet people's needs. For example, we found risk assessments were carried out for risks relating to personal hygiene, risk of falls and nutritional needs.

We spoke with three members of staff who told us how they would communicate any changes to a person's needs with other members of staff. This included documenting changes in the care plan and the daily handover folder.

The three staff members we spoke with were able to explain how they would implement additional checks when people were at risk of neglect due to being bed bound. This included regular checks to ensure personal hygiene is maintained, making sure fluids are provided and liaising with district nurses.

During the visit we saw that generally people looked well cared for. There was a pleasant atmosphere in the home and good interaction between staff and people living there.

Our expert by experience observed lunch and saw that people were being supported

appropriately by staff and they were receiving the care and support they needed to maintain their wellbeing. For example, people had time to eat at a pace comfortable for them and were encouraged to eat. There were good levels of staff available to provide support in the dining area. People were offered a choice of drinks and desserts.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was not meeting this standard.

The provider did not have effective systems in place to reduce the risk and spread of infection.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

People were not protected from the risk of infection because appropriate guidance had not been followed.

We found that the communal areas such as the lounge and dining room were clean and tidy and contained liquid hand rub.

The provider had a nominated infection control lead and there were policies in place which included the safe handling and disposal of waste and a uniform policy.

We reviewed training records and could see that staff had received infection control training and were in the process of completing a workbook on preventing infection. This included modules on hand hygiene, personal health and hygiene, sharps management, blood and body fluids.

We saw that personal protective equipment (PPE), liquid hand rub and liquid soap was not available in peoples' bedrooms. This meant that PPE was not available at the point of care and that, in some cases staff had to leave the room to wash their hands after providing personal care. The provider did not have adequate provision of suitable hand washing facilities and liquid hand rubs where appropriate.

One of the bedrooms we inspected had a faulty hot water tap. This meant that only cold water was available to carry out personal care and hand hygiene.

Some of the rooms we inspected had an odour. We discussed this with the owner at the time of the inspection and were informed that the carpets were to be replaced with non-slip washable flooring.

We saw that several of the bathrooms and toilets were in need of repair and updating.

No infection control audits had been carried out by the provider. We discussed this with

the registered manager during the inspection and were advised that regular audits were to be undertaken using the Leeds Community Healthcare audit tool. We were able to review a file which had been pulled together in preparation for this.

We found that not all the systems in place were effective to reduce the risk and spread of infection.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We found that appropriate arrangements were in place in relation to the recording of medicine.

We reviewed the medicines administration records and found that these contained signatures to confirm that medication had been prescribed. We saw that some people had not received medication and the reason for this had been documented in the records.

We saw that medication was kept in a locked cupboard and that a secure trolley was used when administering medication.

We observed medication being administered by a dedicated staff member in a "do not disturb" pinafore.

We spoke with the registered manager who informed us she had conducted medication audits in March and May. We were able to review these audits and saw notes for action as a result.

We reviewed the controlled drugs register and saw that this documented the relevant information such as the date of receipt and the amount.

The provider had policies in place for management of medications and medication administration record sheet.

We saw evidence that the provider was working with a representative from the Clinical Commissioning Group (CCG) to make further improvements to the policies for medication.

The provider may find it useful to note that some of the medication contained within the medication fridge had passed the expiry date. This was highlighted at the time of our inspection.

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.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

We saw that questionnaires had been circulated to peoples' family and friends and comments included:

"staff make a real effort to colour co-ordinate mums clothes now that mum can't do it herself.";

"staff are always very caring, they keep me well informed of anything affecting mum."

We spoke with the relatives of four people. One relative told us that she was actively encouraged to be involved in discussing her mothers care package which had changed over the last two years. Other comments included:

"If ever there is a problem or an issue they involve me, even the small things."

"I completed forms regarding preferences and updates. If there are any issues they ring me straight away."

We saw there was an emergency and crises plan in place which identified two alternative buildings for emergency evacuation.

We saw that a complaints policy was in place which outlined the action that people could take should they have a concern or complaint. This document contained details of external agencies should a complainant not wish to raise the complaint with the provider. The provider may wish to note that this policy was in need of review as some of the contact details were out of date.

Two of the relatives we spoke with told us that they would be happy to speak to a member of staff if they had a complaint.

We spoke with three staff members who were confident that they could raise any issues or

concerns with management. They were also aware of how to report an incident.
Comments included:

"I would go to the manager or to a professional body."

"Yes they would definitely be acted upon [concerns], very quickly."

"If I witness an incident I report it and record in the incident book. The form is kept in the individual care plan."

We spoke to the registered provider and the registered manager who informed us that security within the home had been updated following an incident in 2012 when a person vacated the premises without informing any staff members.

We saw that the provider had carried out risk assessments for the communal lounge area and these included risks associated with walking frames, wheelchairs and foot stools.

Records

✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment.

Reasons for our judgement

People's personal records including medical records were accurate and fit for purpose.

The provider had appropriate systems in place to ensure that people's care plans provided an accurate record and included appropriate information and documentation.

We looked at two care plans which documented personal care, people's history and risk assessments. We saw that these were reviewed on a monthly basis.

There was information on people's preferences in relation to food and drinks and documented monitoring of nutrition and hydration.

There were systems in place to ensure that the care plans and assessments were reviewed and updated on a monthly basis.

This section is primarily information for the provider

✘ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control
	How the regulation was not being met: People were not protected from the risk of infection because appropriate guidance had not been followed. We found that not all the systems in place were effective to reduce the risk and spread of infection.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 11 July 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
