Inspection Report

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: 02 April 2014

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ 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 local amenities and public transport.
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'.

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 2 April 2014, 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

In this report the name of a registered manager appears who was not in post and not managing the regulatory activities at this location at the time of the inspection. Their name appears because they were still the registered manager on our register at the time of the inspection. A new home manager has been appointed and is going through the registration procedure. Information contained in this report was provided by the new manager.

The inspection helped answer our five questions; Is the service caring? Is the service responsive? Is the service safe? Is the service effective? Is the service well led?

Below is a summary of what we found. The summary is based on our observations during the inspection, speaking with people using the service, their relatives, the staff supporting them and from looking at records.

Is the service safe?

The provider acted in accordance with legal requirements where people did not have the capacity to consent. Staff had an awareness of the Mental Capacity Act and deprivation of liberty safeguards. Staff understood their obligations with respect to people's rights and choices when they appeared to lack mental capacity to make informed and appropriate decisions. The manager told us staff had received training around the Mental Capacity Act in 2012. The manager told us the home is in the process of reviewing their policies and procedures for consent and capacity.

Each person's care file had risk assessments which covered areas of potential risk such as pressure ulcers, falls and nutrition. When people were identified as being at risk, their plans showed the actions required to manage these risks. These included the provision of

specialist equipment such as pressure relieving mattresses, hoists and walking aids.

Staff demonstrated good knowledge and awareness of their responsibilities for infection prevention and control and there was evidence staff had received relevant training. Two members of staff we spoke with during the inspection confirmed they had completed infection control training. We saw future infection control training had been arranged for 2014.

Staffing levels were assessed depending on people's need and occupancy levels. The staffing levels were then adjusted accordingly. They said where there was a shortfall, for example when staff were off sick or on leave, existing staff worked additional hours to make sure there was continuity in service

We spoke with three visitors and they told us they were pleased with the standard of care and facilities provided by the service. One person told us they were happy their relative was well cared for and were always made to feel welcome when they visited.

Is the service effective?

The home had a good working relationship with other healthcare professionals and always followed their guidance and advice. The input of other healthcare professionals involved in people's care and treatment was clearly recorded in their care plan.

People's files contained pre-admission assessments, which showed that people's health, personal and social care needs were assessed before they moved into the home.

When people were identified as being at risk, their plans showed the actions required to manage these risks. These included the provision of specialist equipment such as pressure relieving mattresses, hoists and walking aids.

Is the service caring?

Visitors we spoke with told us they were very happy with the care provided and in their opinion people were well looked after. They described staff as friendly, patient and caring.

People who used the service told us they were happy with the staff at The Coach House and with the care they provided. One person said, "The staff are very good, lovely people." Another person told us, "The staff look after me well at all times."

We found the care staff we spoke with demonstrated a good knowledge of people's needs and were able to explain how individuals preferred their care and support to be delivered. We found the atmosphere within the home was warm and friendly and we saw staff approached individual people in a way which showed they knew the person well and knew how best to assist them.

The provider's quality assurance feedback from people who used the service, relatives and visitors, showed there was a high level of satisfaction. All felt the quality of care was excellent and the quality of staff was good. The registered provider had analysed the results and identified what they could improve and develop.

Is the service responsive?

People and their families were involved in discussions about their care and the risk factors

associated with this. Individual choices and decisions were documented in the care plans and reviewed on a regular basis.

Is the service well-led?

The service worked well with other agencies and services to make sure people received their care in a joined up way.

The service had a quality assurance system, records seen by us showed that identified shortfalls were addressed promptly. As a result the quality of the service was continuingly improving.

Staff we spoke with said there were effective systems to monitor quality and safety. They said managers were in regular contact and checked everything was in place. One member of staff said, "Everyone knows what they need to do. There is clear direction. " Another member of staff said, "Everyone works so well together. We are a good team and the place has a nice feeling."

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

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

Care plans were created with input from the people who used the service and/or their relative. People's wishes were respected where possible. The care plans were individualised and reflected the backgrounds, culture and preferences of the people concerned.

Information in the care plans showed the home had assessed people who used the service as to their mental capacity to make their own choices and decisions around care. People and their families were involved in discussions about their care and the risk factors associated with this. Individual choices and decisions were documented in the care plans and reviewed on a regular basis.

The provider acted in accordance with legal requirements where people did not have the mental capacity to consent. Staff had an awareness of the Mental Capacity Act and deprivation of liberty safeguards. Staff understood their obligations with respect to people's rights and choices when they appeared to lack the capacity to make informed and appropriate decisions. The manager told us that staff had received training around the Mental Capacity Act in 2012. The manager told us the home is in the process of reviewing their policies and procedures for consent and capacity.

The staff we spoke with confirmed they understood the principles of acting in people's best interests. They told us when people were not able to give verbal consent they would talk to the person's relatives or friend to get information about their preferences. However, they said they were always mindful of people's right to refuse treatment.

We saw people's ability to make decisions about the care, support and treatment they needed was recorded in all the care files we looked at. We asked the care staff what they did to make sure people were in agreement with any care and treatment they provided on a day to day basis. Staff told us they always asked people's consent before they provided any care or treatment and continued to talk with people whilst they assisted them so they

understood what was happening.

During the inspection we saw the staff were friendly, kind and constantly helped and supported people. We saw they explained their actions when they offered support or help with personal care and sought people's agreement.

This demonstrated to us that before people received any care or treatment they were asked for their consent and the provider acted in people's best interest.

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.

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

Reasons for our judgement

We used a number of different methods to help us understand the experiences of people who used the service. This was because some of the people living with dementia had complex needs which meant they were unable to tell us their experiences. For example, we spent time observing how staff interacted with people and how they respected people's privacy and dignity.

We spoke with three visitors who told us they were very happy with the care provided and in their opinion people were well looked after. They said the staff were quick to inform them of any significant changes in their relative's general health. They described staff as friendly, patient and caring. One person told us, "I visit the home regularly and stay for several hours and can honestly say that the care people receive is excellent." Another person told us, "It is a pleasure to visit the home as the staff are so friendly and people always look happy and well cared for."

Some people were able to communicate with us and told us staff cared for them well. There was clear and respectful communication between staff and people who used the service. Staff addressed people by their first names and treated people in a kind manner. For example, members of staff bent down in front of people who were seated to talk with them.

Staff interactions with people were relaxed and unrushed and were focussed on people's needs.

We looked at five peoples' care records in detail. The files contained pre-admission assessments, which showed that people's health, personal and social care needs were assessed before they moved into the home.

Each file had a risk assessment for the person which covered areas of potential risk such as pressure ulcers, falls and nutrition. When people were identified as being at risk, their plans showed the actions required to manage these risks. These included the provision of specialist equipment such as pressure relieving mattresses, hoists and walking aids. The care plans we saw were based on the risk assessment information in each file. The care

plans were evaluated on a minimum of a monthly basis.

The manager told us the home will be introducing a new care planning system and all members of the care staff team will be involved in writing care plans. The registered care provider may however find it useful to note that the care plans we looked at were not completed to a satisfactory standard. For example, in two of the four care plans we found that some sections had not been completed or information had been recorded in the wrong place. We discussed this matter with the manager and staff and while it was apparent they had a very good understanding of people's needs and provided person centred care this was not reflected in the care plans we looked at. The manager told us they are updating all the care plans and have contacted relatives and representatives to invite them for an annual review to contribute along with the people who used the service. All issues around care planning would be addressed in staff training.

The manager told us the staff team had a good working relationship with other healthcare professionals and always followed their guidance and advice. The input of other healthcare professionals involved in people's care and treatment was clearly recorded in their care plan.

The manager told us they had a regular programme of activities to keep people stimulated and interested in their surroundings and people who were able confirmed this. For example at the time of the inspection people were preparing for Easter making Easter bonnets.

The manager also told us the home will soon be offering a SKYPE facility to enable people who used the service to keep in touch and speak to loved ones via video calling.

This demonstrated the provider had suitable arrangements in place to make sure people's needs were assessed and care and/or treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Cleanliness and infection control ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed. People were cared for in a clean, hygienic environment.

Reasons for our judgement

People who used the service told us the home was clean and did not have unpleasant odours. Visitors said, "The place is kept clean throughout."

We looked around the home and found the home to be clean, odourless and well maintained. The communal areas, bedrooms, bathrooms and toilets we looked at were all found to be clean.

We saw there was adequate provision of suitable hand washing facilities, soap and alcohol gel. Staff confirmed they were supplied with the correct personal protective equipment when carrying out infection control procedures.

Staff demonstrated good knowledge and awareness of their responsibilities for infection prevention and control and there was evidence staff had received relevant training. Two members of staff we spoke with during the inspection confirmed they had completed infection control training. We saw future infection control training had been arranged for 2014.

There were up to date infection control policies and procedures in place. These included hand hygiene, spillage of bodily fluids, isolation policy and wearing and provision of personal protective equipment. An infection control manual was also available for staff to use.

We observed staff wearing appropriate protective clothing when supporting people with personal care. Their practices showed that there was attention to minimise the risk of cross infection and good standard of hygiene.

The provider may wish to note not all of the audits monitoring tools were in place for the prevention of infection. For example: mattress audit and cleaning schedule.

We saw that when the kitchen was last inspected by the local environmental health department it was awarded a 5* rating (the highest) for their standards of food safety and hygiene.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There was enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

There was five care staff on duty in the morning, four care staff in the afternoon plus the manager. During the night, there were two members of staff. On the day of our visit there were also members of staff for admin, maintenance, domestic, laundry and kitchen duties.

The rotas we looked at showed the staffing levels agreed within the home were being complied with, and this included the skill mix of staff. They confirmed there were sufficient staff, of all designations, on shift at all times.

The manager told us that staffing levels were assessed depending on people's need and occupancy levels. The staffing levels were then adjusted accordingly. They said where there was a shortfall, for example when staff were off sick or on leave, existing staff worked additional hours to make sure there was continuity in service.

We spoke with six people who used the service. They told us they were happy with the staff at The Coach House and with the care they provided. One person said, "The staff are very good, lovely people." Another person told us, "The staff look after me well at all times."

The relatives we spoke with told us there always appeared to be enough staff on duty and staff appeared competent and well trained. One person said, "I am very pleased with the care my relative receives." Another person told us, "I have always found the staffing levels to be adequate and staff appear competent and well trained."

The manager told us staffing levels were under continual review in order to ensure that the needs of individuals could be adequately maintained.

During our visit we saw staff provided care calmly and patiently. We observed staff responded promptly to requests from people. We saw a staff member identify someone who needed assistance and they provided this in a discreet manner without drawing attention to the person. The staff we spoke with told us they felt the current staffing levels were acceptable and allowed them to care adequately for people. All members of staff we spoke with were knowledgeable about people's individual care needs.

Two care workers spoken with told us they felt well supported by the management team and enjoyed working at the home. They also told us staff worked well together as a team and always provided care and support in line with people's needs.

We spoke with three visitors. They told us they were happy with the care that was provided. One person said, "I find the staff very helpful and I think people are getting good care." Another person said, "You're always welcomed."

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 received. They also had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service.

Reasons for our judgement

The provider had an effective system to monitor the quality of the service people received. We looked at the provider's quality assurance feedback from people who used the service, relatives and visitors, which showed there was a high level of satisfaction. All felt the quality of care was excellent and the quality of staff was good. The registered provider had analysed the results and identified what they could improve and develop.

One comment returned to the home from the questionnaires sent out by the provider late January 2014 was, "The atmosphere is warm and friendly and I always feel welcome whatever time I visit."

Four people said they were asked if they were satisfied with the service. Everyone we spoke with said they did not have any concerns or complaints about the home.

People said the staff arranged residents meetings where they could talk about things like activities. The manager showed us records of the meetings they held with people.

Staff we spoke with said there were effective systems to monitor quality and safety. They said managers were in regular contact and checked everything was in place. One member of staff said, "Everyone knows what they need to do. There is clear direction." Another member of staff said, "Everyone works so well together. We are a good team and the place has a nice feeling."

The provider identified, monitored and managed risks to people who used or worked in the service. We looked at a number of assessments and audits which showed regular checks were carried out to help make sure people who used the service benefitted from safe quality care. The provider needs to note the home's policies and procedures need updating. The new manager said she was aware of this and had started work to address this.

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@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk