

Mrs Claire Buckle and Mrs Alison Green

# The Coach House Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

The Coach House Care Home is a residential care home providing accommodation and personal care for up to 21 people. The service provides support to older people, some of whom are living with dementia. At the time of our inspection there were 16 people using the service. The service is in a residential area of Leeds city, in one building set out over 2 floors. The ground floor has a communal dining area and lounges.

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

There were inconsistencies in people's care records and quality assurance systems had not identified these. The provider had systems to review accidents, incidents and feedback about the service. However, there was little evidence how this was being used to improve the quality of the service.

Staff were clear about their roles and responsibilities and knew people well. We saw evidence of how the provider was working with other healthcare professionals to meet people's needs. People and relatives felt communicated and consulted with.

There were inconsistencies in safe recruitment systems, we have recommended the provider consider current guidance on safe recruitment. Staffing levels were appropriate to meet people's needs and people and their relatives consistently told us they felt safe. Medicines were managed safely and infection protection controls measures were good.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

### Rating at last inspection and update

The last rating for this service was requires improvement (published 29 July 2019) and there was 1 breach of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations. This is the sixth consecutive inspection the provider has been rated requires improvement.

### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 29 July 2019. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We undertook this focused inspection to check they had followed their action plan and to confirm they now

met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Coach House Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Enforcement and recommendations

We have identified breaches in relation to governance systems at this inspection and made a recommendation about safe recruitment.

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

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# The Coach House Care Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

#### Inspection team

This inspection was completed by 1 inspector and 2 Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

The Coach House Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Coach House Care Home] is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We sought feedback from the local authority and professionals who work with the service. We reviewed information we had received about the service since the last inspection. We contacted Healthwatch for information they held about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

#### During the inspection

We observed staff interaction with people during the site visit. We spoke with 5 people who used the service and 7 relatives about their experience of the care provided. We spoke with 9 members of staff including the registered manager/nominated individual, deputy manager senior care staff, care staff and ancillary staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 6 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

At our last inspection systems were either not in place or robust enough to demonstrate medication was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- Medicines were received, stored, administered and disposed of safely. Medicine training and competency assessments had been completed by all staff administering medicines.
- People we observed during the medication round were spoken with in a respectful and discreet way by senior staff, when asked about their medicine requirements or level of pain. One person told us, "I have just had them (medicines). They do seem to me in control of them. I am not worried".
- Medication administration records were correctly completed, stocks of medicines were correctly recorded and protocols were in place.

### Assessing risk, safety monitoring and management

- The provider had table of contents in care records. However, not all of the listed care plans and risk assessments had been completed. This meant we could not always be assured all risks had been assessed and actions identified to mitigate the risks.
- Risk assessments associated with provision of people's care had not always been completed and/or updated in line with specific areas the provider had identified for planning people's care. For example one person's topical creams and showering/bathing risk assessments had not been completed .

The provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Referrals were made to external healthcare professionals to ensure people remained safe. For example, when people needed equipment, such as walking frames.
- The health and safety of the home was reviewed internally and externally. Contractors serviced equipment

in line with expected timescales, such as the passenger lift, hoists, the fire alarm system, gas and electrical equipment.

#### Staffing and recruitment

- We were not always assured processes and procedures to ensure safe recruitment at the service were consistently in place. Application forms were not always complete and there were insufficient references for some staff.

We recommend the provider consider current guidance on safe recruitment.

- Rotas confirmed there were enough staff employed to ensure people's needs were being met daily. People and their relatives also told us there were enough staff to meet their needs.
- We observed call bells were responded to in a timely way. One person told us, "I have a buzzer on my table it's just for me. I feel safe with it here. If I press it they do come, sometimes quickly and sometimes you have to wait a little." Another person told us, "It depends, on the time of day. They do always come and take care of me."

#### Learning lessons when things go wrong

- The provider had processes in place to ensure any accidents, incidents and concerns were documented and investigated. However, this was not routinely used to improve the service.

#### Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from abuse and poor care.
- People told us they felt safe living at The Coach House Care Home. One person said, "Yes, I do feel safe here. I am alright here as I am quite independent."
- Staff had received safeguarding training and understood how to recognise and report abuse and poor care.

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

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

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.



- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- The provider was following the most up to date guidance for visiting in care homes.

# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Auditing processes had failed to identify the inconsistencies we found in care records. This meant we were not assured the risks to people were being sufficiently monitored and mitigated.
- There were numerous auditing processes, where patterns and trends in the quality of care had been identified and reflection undertaken. However, there was little evidence these had been consistently followed up to improve the service.

Systems and standards of record keeping had not been effective to sufficiently monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a continued breach of regulation 17(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager generally understood their role and regulatory requirements and was open, transparent and receptive to the feedback we gave during the inspection.
- Staff told us they were clear about their roles and there was some evidence to show supervision had taken place.

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

- We saw many examples of how people, relatives, staff and professionals' views were gathered. However, there was little evidence how this feedback was being used for service improvement.
- Staff told us there were staff meetings. They told us they felt comfortable raising concerns and they would be listened to and concerns addressed.
- Staff knew people well and gave examples of how they met people's individual needs in a caring way.

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

- We saw examples of person-centred care and people and their relatives we spoke to told us they liked the home. One relative told us, "We're very impressed by the care side. We're happy Name] is in The Coach House. If there were issues they would contact me. They are on the ball." And one person said, "Yes, it's

wonderfully run. [Staff], gets a big yes from me."

- We observed how staff worked well together and provided good care for the people in the service.

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

- The registered manager had complied with the requirement to notify CQC of various incidents, so we could monitor events happening in the service.
- The registered manager ensured they were visible in the home to people, their relatives, staff and professionals.

Working in partnership with others

- The provider worked effectively in partnership with the local GP practice and other healthcare professionals. People had been referred in a timely manner when a specific health or social care need had been identified. The provider implemented recommendations from professionals as required.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems and standards of record keeping had not been effective to sufficiently monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm.  17(1)(2)(a)(b)(c)