

The Coach House Nursing Home

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Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place on 11 December 2017 and was unannounced. A second day of inspection took place on 14 December 2017 which was announced.

The Coach House Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The Coach House Nursing Home is registered to provide accommodation for persons who require nursing and/or personal care for up to 42 people. This may also include palliative and respite care. There were 40 people living at the service on the day we inspected.

The care home is a large detached property situated in its own grounds. Accommodation is provided over three floors and there are two passenger lifts for people who have reduced mobility.

At the last inspection, the service was rated good. At this inspection we found the service remained good.

There were systems and processes in place to protect people from the risk of harm. Staff were able to tell us about different types of abuse and were aware of action they should take if abuse was suspected.

Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety.

People were protected by a robust recruitment process, which ensured staff were suitable to work with people who needed support.

People received their prescribed medicines safely. Medicines were administered by staff who were trained and assessed as being competent to do this.

Staffing levels were sufficient to meet people's needs and to enable them to do be supported in a way that they wished. Staff received support and training to give them the necessary skills and knowledge to meet people's assessed needs.

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

Risks to people's safety had been assessed by staff and regularly reviewed to ensure they contained up to date information. Care plans included information about how people preferred to be supported.

People's independence was encouraged and there were a range of activities and events people could participate in.

We saw positive interactions between people and staff and people told us they were happy and felt well cared for. Staff treated people with dignity and respect. They knew people well and respected their individuality.

We saw people were provided with a choice of healthy food and drinks which helped to ensure their nutritional needs were met. People were supported to maintain good health and had access to healthcare professionals and services.

The provider had a system in place for responding to people's concerns and complaints. People were regularly asked for their views and there were effective systems in place to monitor and improve the quality of the service provided.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remained Good.

Is the service effective?

Good ●

The service remained Good.

Is the service caring?

Good ●

The service remained Good.

Is the service responsive?

Good ●

The service remained Good.

Is the service well-led?

Good ●

The service remained Good.

The Coach House Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 11 December 2017 and was unannounced. A second day of inspection took place on 14 December 2017 which was announced.

The inspection team consisted of one inspector, a specialist nurse advisor and an expert-by-experience. The specialist advisor who supported this inspection was a specialist in nursing care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of service.

The provider completed a Provider Information Return (PIR) as part of the Provider Information Collection. We used information the provider sent us in the PIR. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We sought feedback from the commissioners of the service and Healthwatch prior to our visit. 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 of this information to plan our inspection.

Before our inspection, we reviewed information we held about the service, which included information shared with the CQC including whistleblowing and notifications sent to us since our last inspection. Whistleblowing is where people can disclose concerns they have about any part of the service where they feel dangerous, illegal or improper activity is happening. Notifications are when providers send us information about certain changes, events or incidents that occur and which affect their service or the people who use it.

During our inspection we spent time observing care and support provided to people in the communal areas of the service. We spoke with eight people who used the service, six relatives, the registered manager, the owner, two nurses, four care staff, the chef, the house keeper and activities co-ordinator.

We looked at five people's care records and other records relating to the management of the home. These included three staff recruitment records, duty rosters, accident and incidents, complaints, health and safety, maintenance, quality monitoring and medicines records.

During our inspection, we spoke with two health and social care professionals for their feedback on their experiences of the care provided.

Is the service safe?

Our findings

Prior to our inspection, a whistleblower had contacted the CQC and the local authority about concerns they had in relation to the manner in which a member of staff spoke to people and the methods used to move and handle a person. We looked at these areas and could see that the registered manager and the owner had taken these concerns seriously. As a result they had completed additional spot checks, undertaken an additional survey asking for people's views about their care and reassessed staff competencies to ensure people were moved safely. They had agreed to work with the local authority and the CQC to reflect on any lessons learned and this demonstrated their commitment to consistently improve the service.

People told us they felt safe. They said, "Yes, I am safe" and "I don't have any problems with any of the staff." A relative said, "[Name] is safe. They are checked when they are in their room and given their medicines." Another said, "[Name] is safe, they have a nice room. Their clothes are clean and their hair is done".

People were protected from the risks of abuse because staff understood their role and had confidence to report any concerns. Staff were aware that people were individuals and any form of discrimination would be reported. One said, "The management are very approachable, they listen, definitely." Another said, "I could not leave the building if people were not safe."

People were protected from harm as potential risks relating to their care, such as moving and handling, had been assessed to ensure they were appropriately managed. A health care we spoke with told us, "I do not have a single incident to tell you about, they always act appropriately. The service is excellent."

Staffing levels were safe. One person told us, "There is enough staff, we sometimes have to wait a minute as they are always working." Staffing levels were based on people's needs and the amount of time required to support them. We looked at rotas which showed there was enough staff to meet people's needs.

People were protected by the provider's recruitment process, which ensured staff were suitable to work with people who needed support. We looked at three staff files which showed that necessary checks had been carried out before they began to work with people.

We looked at records which confirmed checks of the building and equipment were completed. These included for example, checks on the fire alarm, fire extinguishers and gas safety. We saw personal emergency evacuation plans were in place to ensure people were supported to leave the building safely during an emergency.

Arrangements were in place for the safe management, storage, recording and administration of medicines. Some of the care staff had completed training in medicines administration as they were used as the second witness for the administration of controlled drugs when there was only one qualified nurse on site.

Policies in relation to medicines arrangements were out of date. The registered manager undertook to update these documents following our inspection in order to be compliant with the current best practice

guidance.

The service was clean and protective equipment such as gloves and aprons were readily available.

Is the service effective?

Our findings

Arrangements were in place to assess people's needs and choices so that nursing and personal care was provided effectively. One person told us, "Staff have the care plan, and record everything. They ring my daughter with updates, they are very good."

Care plans and assessments recorded people's physical, emotional and social needs. Records we looked at identified if people's had religious or cultural needs. Staff told us they respected people's individuality. For example, one said "I am acutely aware that people have individual needs and would ask them or their relatives to find out more."

People had access to bed or room sensors if these were required and call bells to alert staff if they needed support. Staff carried electronic pagers which alerted them to when a person requested assistance and where they were in the building.

Records showed staff received relevant training to enable them to provide support that met people's needs. Staff received regular supervisions and annual appraisals where they had the opportunity to discuss their well-being and offer suggestions to improve the service.

People were supported to eat healthy meals and their likes and dislikes were known. We observed lunch in the dining room and could see there were warm and positive interactions between people and staff who waved and chatted to each other. Record showed people's dietary requirements and if they needed support to eat or drink.

People's health was promoted to ensure they remained as healthy as possible. One person told us, "The staff get the GP quickly if I need them." Records showed involvement with health care professionals when people's needs changed.

Decoration and signage enabled people to navigate easily within the premises which promoted their independence.

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 Act 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. At the time of our inspection

no person was subject to a DoLS. The registered manager understood their responsibilities and was ready to follow the requirements in the DoLS when necessary. We observed staff gained consent from people before offering support.

Is the service caring?

Our findings

People told us staff were kind and caring. One person said, "It is peaceful and everyone is friendly." Another said, "They sit with me and talk to me when I'm down." A health care professional told us, "The staff go the extra mile. They give very tender care. I have seen staff sitting and chatting with people."

We observed positive relationships and interactions between people and staff. They showed care and concern for the wellbeing of the person during care interventions. For example, a person who became slightly distressed was spoken to gently and was reassured which reduced their anxiety. We also observed positive interactions between staff and families or visitors with a caring and open approach.

Staff we spoke with were aware of people's individuality and the importance of respecting this. A member of staff told us, "I encourage people to talk to me about anything, as I respect the fact we are all different."

At the time of our inspection, nobody was receiving the support of an advocate. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. Information about advocacy was available and the registered manager explained that they would make referrals when required.

Records showed people and their relatives were involved in their care, and how they preferred to be cared for. We observed staff supported people to make everyday choices about their own care. One relative said, "The communication with the staff is very good, we don't attend the relatives meeting, there is no need to."

Staff understood the importance of maintaining people's confidentiality. People's personal information was kept securely and their confidentiality and their privacy was maintained.

People's privacy and dignity was respected. For example, we observed staff asking people if they needed support in a manner which did not draw attention to them. One person told us, "They do look after me fabulously." A relative said, "I feel that every effort is made to maintain [Name's] dignity in every respect."

People's independence was promoted. A health care professional told us, "People are encouraged to keep as active and independent as possible." One person said, "The staff dress you if you need it, they help me. I can do most things, socks and shoes, one or two spend a bit more time, they do their job."

Systems were in place to ensure that people and their relatives knew what was happening at the service. For example, there was a list of activities and a variety of events displayed and newsletters had been produced which gave people information about the service. People were asked for their opinions about what happened at the service and the quality of the care provided.

Is the service responsive?

Our findings

People received personalised care that was planned with them and responsive to their individual needs. Records included how people wished to be referred to, their interests and aims. We saw that care plans were reviewed and updated. One person told us, "The staff make a fuss of people when it is their birthday." Another said, "Staff care for everyone, we are treated as individuals."

We observed positive interactions between the nurse and service users whilst medicines were being administered. For example, the nurse asked, "How is the pain?", and "How are you today?" Explanations were given to ensure that individuals knew what they were taking and why.

During the inspection we spoke with staff who were knowledgeable about the care people received. They knew people well and were able to tell us about individual needs, likes and preferences. We observed them responding to requests for assistance via the call bell system which was easy for people to use. One person told us, "Anytime in the day you press the button, staff are straight here."

People were encouraged to make choices and to have as much control as possible. For example, we saw people made choices about what they did and where they spent their time. This meant people had choice over what they did and how they were cared for.

People had opportunities to take part in activities of their choice and were supported and encouraged with their hobbies and interests. There was a range of activities and events people could be involved in. These included group crosswords, crafts, attending church services and choirs. The activities co-ordinator was proud of the range of activities they organised and listened and acted upon what people wanted to do. For example, people wanted to play bingo and have reminiscing sessions. Staff were aware that people may not want to participate and respected their choices. One person told us, "The activities organiser is very involved. The activities are therapeutic and I've done two lovely pictures."

Information was available to people in different formats to make it accessible for people's needs. For example, the list of activities, newsletter and menu was in large print for people with sight difficulties.

People were encouraged to develop and maintain relationships with people that mattered to them. A wireless internet connection was available and the service had a portable computer station with a user friendly touch screen. People were able to speak with relatives and friends via a web camera.

We were shown a copy of the complaints procedure and concerns recording documentation. The procedure gave people timescales for action and who to contact. Discussions with the registered manager confirmed any concerns or complaints were taken seriously and they spoke to people on a daily basis to make sure they were happy. A relative said, "We will let the staff know of any issues, and they do the same. Nothing has come up."

The service provided care and support to people at the end of their life and to their families. A health care

professional told us, "Staff supported a person with dignity and respect. They talked to them after my visits and offered comfort and spent time with them. They kept reviewing the person's care until they died." We saw a thank you card from a relative which referred to the staff always being supportive of their relative, but especially during the days before they died.

Is the service well-led?

Our findings

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives told us they were confident in the management of the service and said it was well-led. One person said, "The service is well managed. The owner is very hands on; we are safe and looked after."

The owner and the registered manager had run the care home for many years. Everyone we spoke with knew the management structure and were clear about who they should speak to if they needed to raise any concerns. Staff we spoke with were motivated and we observed them working well as a team. One told us, "I am proud to work here and I like my job." Another said, "We are a nice team and we all pull together."

There was a close and robust connection between the home owner, registered manager and the staff team. A positive person centred culture was promoted by the registered manager who was respected by the staff. Staff told us they felt valued and supported and could approach them with any concerns. One said, "They are open and transparent and I can suggested things." Another said, "We make sure we are person centred. We are flexible and want to meet people's needs. That is what we are here for."

The owner and the registered manager analysed information about the quality and safety of the service. The registered manager was able to show us checks which were carried out to ensure the service was safe and provided good quality care. We saw the annual review which identified any short falls and the action taken to address these. This ensured the service was run in the best interests of people and showed the registered manager and owner were committed to continually improve.

The owner sought feedback from people who used the service and their relatives through quality assurance surveys. One person told us, "They do everything you mention." A relative said, "I've filled in a survey and the staff always try to get [Name] to join in things."

The registered manager understood and had carried out their responsibilities with regards to submitting statutory notifications as required by law for incidents such as serious injury and incidences of abuse.

The service worked in partnership with other professionals and organisations to improve and develop effective outcomes for people. Records showed contact had been made with health and social care professionals when people's needs changed. Professionals we spoke with were complimentary about the quality and effectiveness of these relationships. One told us, "The staff contact us appropriately, in a timely way and follow our recommendations. Their interventions make a difference to people."