

DEMA Residential Homes Limited

# The Olde Coach House

## 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 Olde Coach House is a residential care home that provides support and accommodation for up to 41 people, some of whom may be living with dementia. On the day of the inspection there were 38 people living at the home. The service is run across two buildings, one of which is across the street and has been recently renovated.

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

Governance systems were not always robust and did not identify gaps in recruitment records or inconsistencies in care plans. Audit systems relating to medicines were not effective in identifying issues we found with medicines. Personal Protective Equipment (PPE) was not always disposed of correctly which meant people were at a greater risk of infection. Oxygen cylinders were not stored correctly.

We have recommended the provider seeks advice regarding best practice guidance for medicines and updates their practice accordingly.

The provider had failed to notify the CQC about safeguarding concerns they had raised with the local authority. We recommend the provider seeks advice and reviews their policy and practice relating to notifiable events to the CQC.

People were safe and received person centred care. People we spoke with were happy at the service. People, and their relatives, spoke highly of the staff.

There were enough staff to meet people's needs. Staff demonstrated knowledge relating to safeguarding when to raise concerns. Staff told us they felt confident raising concerns with the manager and felt supported in their role. Staff told us they felt valued.

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (16 November 2017).

### Why we inspected

We undertook a targeted inspection to follow up on specific concerns which we had received about the service. The inspection was prompted in part due to concerns received about restricting visits. A decision was made for us to inspect and examine those risks.

We inspected and found we needed further reassurances regarding infection control, fire safety and visiting, so we widened the scope of the inspection to become a focused inspection which included the key questions of safe and well-led.

We have found evidence that the provider needs to make improvements. Please see the well led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

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

#### Enforcement and Recommendations

We have identified breaches in relation to good governance and oversight at this inspection. Please see the action we have told the provider to take at the end of this report.

#### Follow up

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 Olde Coach House

## 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

The inspection was completed by one inspector.

#### Service and service type

The Olde Coach House is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement dependent on their registration with us. The Olde Coach House 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 inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 used all this information to plan our inspection.

### During the inspection

We visited the service and spoke with 6 people. We reviewed various documents relating to the health and safety of the premise and equipment. We reviewed care plans and risk assessments relating to 4 people and medicines records. We spoke to 6 relatives and 15 staff including the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We sought feedback and spoke to 2 visiting professionals who visit the service regularly.

# 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. At this inspection the rating has stayed the same. 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

- Medicines were not always managed safely. For example, one person was receiving a regular dose of a medicine which was prescribed as a 'when required' medicine. The provider had not followed their own policy to explore why this medicine was given on a regular basis.
- Oxygen cylinders were not stored in line with best practice.
- Staff did not always record opening dates of liquid medicines or creams. Guides to support the application of these medicines were not always in place.

We recommend the provider reviews best practice guidance for the issues above and updates their practice accordingly.

- People told us they were happy with the support they received regarding their medicines.

### Learning lessons when things go wrong

- Systems and processes were in place to review and monitor accidents and incidents. However, the registered manager did not always record follow up actions and lessons learnt.
  - At the last inspection, we discussed that this analysis would be improved if there was a record of the action taken and lessons learnt following accidents and incidents. We found this was not in place at this inspection.

We recommend the provider seeks guidance on reflective practice following accidents and incidents occurring and update their practice accordingly.

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

- People were safeguarded from avoidable harm and abuse. Staff knew how to identify abuse or poor practice and how to report it.
- Safeguarding referrals had been made to the local authority as appropriate.

### Assessing risk, safety monitoring and management

- Risks to people were identified, recorded and mitigated. People told us they felt safe.
- Staff were knowledgeable about people's needs, specific risks and what was in place to reduce these such as bed rails or specific equipment.
- The environment and the equipment were safe and well maintained. Staff took part in fire drills and knew

how to safely evacuate people from the premises.

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.
- Staff demonstrated a good knowledge of the importance of consent.

#### Staffing and recruitment

- There were enough staff to meet people's needs.
- One person told us, "The staff are so attentive, they spend time getting to know us and all our little details." A relative said, "The staff are absolutely lovely, a good rapport and they like to have a laugh and joke with [relative], they all seem happy."
- Systems and processes were in place to recruit staff safely. However, we identified records relating to employment history was not always fully completed or explored by the provider in line with their policy. We addressed this shortfall in the well led domain of this report.

#### Preventing and controlling infection

- We were somewhat assured that the provider was using PPE effectively and safely.
- 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 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.

Staff did not always dispose of used PPE correctly. We discussed this with the registered manager who addressed this with staff immediately.

#### Visiting in care homes

- Relatives told us they could visit the service when they wished. However, the provider asked relatives to avoid mealtimes and evenings.

# 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 good. At this inspection the rating has changed to 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

- Governance systems were in place but not always effective. For example, medicine audits did not identify the issues found at inspection.
  - The provider's policy or practice for use of oxygen at the service did not provide information on how oxygen should be stored safely.
  - Care plans were detailed but on occasions, included inconsistencies. This meant we could not be assured staff were provided with the right information required to provide safe care. For example, one person's care plan stated they required bed rails but their risk assessment stated they did not.
    - The registered manager did not keep a record of safeguarding referrals made to the local authority or accidents and incidents which had occurred at the service. No audits were completed to support the service to learn lessons and improve care.
    - The provider did not maintain detailed recruitment records for staff. For example, employment history was not always fully completed, and people did not have dated references and therefore we could not be assured they were provided before the person started work. This had been discussed with the registered manager at the last inspection.

Failing to maintain accurate records or have effective systems to identify risk and quality of the service is a breach of regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 provider had failed to notify the CQC about safeguarding concerns they had raised with the local authority.

We recommend the provider seeks advice and reviews their policy and practice relating to notifiable events to the CQC.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were supported to give feedback about the service on a regular basis.
- The registered manager actively sought feedback from people, relatives and the staff team.
- Staff made timely referrals to health professionals to ensure people received the care they required.

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

- People received person-centred care.
- Staff were happy at the service and felt able to raise any concerns. Comments included, "Could tell them anything", and "So supportive and always available."
- Staff told us of supportive incentives which had been put in place for them by the provider which contributed to a positive culture and good staff morale. These included, employee of the month, wellbeing check-ins and access to counselling and advice. One staff member said, "These little things make you feel valued and recognised."

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  The provider was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 - Good Governance. Systems or processes did not operated effectively to ensure (a) the safety of the service and monitor and mitigate any risks (b) and the provider must maintain accurate and complete records relating to each service user and the regulated activity.