DEMA Residential Homes Limited

The Olde Coach House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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 Olde Coach House is a residential care home that provides support and accommodation for up to 33 people, some of whom may be living with dementia. On the day of the inspection there were 32 people living at the home. There are various lounge areas where people can spend their time and a large dining room. Bedrooms are located on the ground and first floors and seven bedrooms have en-suite facilities. The home is close to shops, transport routes and other local amenities. The service is also registered to provide care and support from the same location for people who live in their own home. When we inspected this service approximately 35 people were receiving a service at home.

At the last inspection, the service was rated Good and at this inspection we found the service remained Good.

People told us they were happy living at the home and that they felt safe. Risks were appropriately managed.

Medicine had been managed safely for the majority of people. However, we found some minor anomalies in the records that were addressed on the day, after our discussion with the registered manager.

Fire safety and evacuation procedures were in place and systems to record accidents and incidents. We noted that on one occasion we felt staff should have sought medical attention in a more timely manner. We discussed this with the registered manager and they advised that they would discuss with the appropriate staff member. This appeared to be an isolated incident.

Staff were aware of people's individual support needs and this enabled
them to provide person-centred care. Many activities were provided in the home to give people the opportunity for meaningful occupation.

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.

Staff received induction training when they were new in post and on-going training that was considered to be essential by the home.

People told us they enjoyed the meals provided by the home and we saw that people's nutritional needs were met.

Quality assurance systems were robust and identified shortfalls in the service that were acted upon. People told us both the home and the home care service were well managed.

People had various opportunities to give feedback about the service they received. They felt their concerns

and complaints were listened to.

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?

Requires Improvement

The service was not always safe.

Staff had good knowledge of their responsibilities in safeguarding adults from potential abuse and knew how to report any concerns.

Assessments of people's needs were detailed and centred around the individuals needs and preferences around all aspects of their care and support.

We identified some areas of development that were required in the management of medicines. We identified one isolated incident where we felt medical advice could have been sought in a more timely manner.

Is the service effective?

Good

The service was effective.

Staff understood the importance of gaining people's consent and ensured those that lacked capacity had best interest meetings arranged to support decision making.

Training was regularly reviewed to ensure all mandatory courses were completed within specified timescales.

All staff were supported in their role through regular supervisions, appraisals and discussions with their manager.

Is the service caring?

Good

The service was caring.

Interactions between staff and people at the home were kind

and compassionate.

Care plans included information that was important to each person and included the details of advocates.

People felt that staff cared for them and respected their privacy and dignity.

Is the service responsive?

Good

The service was responsive.

Initial assessments of people's needs were thorough and included best practice tools to support a good standard of care.

The staff communicated well with people and their relatives to make them feel welcome at all times. Relatives often joined in the activities which were centred around people's likes and dislikes, to stimulate their participation.

A complaints procedure was in place. Relatives and staff were aware of how to make a complaint if they needed to.

Is the service well-led?

Good

The service was well-led.

Staff told us that the registered manager was approachable and always available to offer support.

Regular audits were completed which included areas that required improvements and the date actions had been completed.

The registered manager encouraged regular feedback from people living at the service, staff and relatives during meetings. People felt they were listened to and appropriate actions taken to improve the service.

The Olde Coach House

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 and 16 August 2017 and the first day was unannounced. The inspection was carried out by two inspectors and an expert-by-experience on day one. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience who assisted with this inspection had experience of working with people living with dementia. The inspection on day two was carried out by one inspector.

Before this inspection we reviewed the information we held about the home, such as information we had received from the local authority and notifications we had received from the registered provider. Notifications are documents that the registered provider submits to the Care Quality Commission (CQC) to inform us of important events that happen in the service. The registered provider was asked to submit a provider information return (PIR) before this inspection. The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was submitted within the required timescale.

During the inspection we spoke with 10 people who lived at the home, 11 relatives / visitors, eight members of staff, a healthcare professional, the registered manager and the finance manager. On the first day of the inspection we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked around communal areas of the home and some bedrooms, with people's permission. We also spent time looking at records, which included the care records for four people who lived at the home, the recruitment and induction records for two members of staff and other records relating to the management of the home, such as quality assurance, staff training, health and safety and medication.

On the second inspection day we concluded the inspection of the care home. We checked the recruitment

records for two members of home care staff, the care records for two people who received a home care service and other records relating to the management of the service, such as quality assurance, staff training and medication.

We also visited two people who received a domiciliary care service to assess their satisfaction with the care and support they received. We spoke with one relative during a visit and three staff who worked in this part of the service. Following the inspection we spoke with a relative of someone who received a service in their own home.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe living at the home. There were policies and procedures in place in respect of safeguarding adults from abuse and whistle blowing. We saw the local authority safeguarding threshold tool was used by the manager to assess whether an alert needed to be submitted to the local authority. Staff received training on safeguarding adults from abuse, and they were confident when describing different types of abuse they may become aware of and the action they would take to protect people from harm.

One member of staff told us, "If I had any concerns I would report them to the manager or refer directly to the safeguarding team."

Care needs assessments had been carried out, and when risks had been identified, action was taken to minimise potential risks without undue restrictions being placed on people. We saw risk assessments in respect of all aspects of people's care, including the risk of falls, and risks associated with the environment. People who were at risk of developing pressure sores had been supplied with pressure relieving equipment. Positional changes to relieve pressure areas were recorded on the electronic care plan so these could be monitored. We saw staff following safe moving and handling techniques and using appropriate equipment. People's walking frames had been 'personalised' so they could recognise their own frame; the manager told us this had reduced the number of falls.

People's dependency levels were assessed and this information was used to help the registered manager calculate the number of staff hours needed to provide people with effective care and support. On the day of the inspection we saw the staffing levels ensured people received the care and support to meet their assessed needs. Additional staff were on duty over the busiest times of the day. The rotas showed that these staffing levels were consistently maintained.

Ancillary staff were employed in addition to care staff. This enabled care staff to concentrate on meeting the needs of people who lived at the home. Sufficient numbers of housekeeping staff were employed to ensure the home was maintained in a clean and hygienic condition.

People's care plans recorded the medicines they were currently prescribed and the reason they had been prescribed. One person told us, "I always get my tablets on time" and a relative said, "Staff give mum her meds when needed. They're spot on like that."

There were thorough policies and procedures on the management of medicines that were followed by staff. We saw that medicines were stored safely, administered on time, recorded correctly and disposed of appropriately; this included the management of controlled drugs (CDs). CDs are medicines that require specific storage and recording arrangements. We discussed with the registered manager that it was good practice for two staff to witness and sign handwritten records to reduce the risk of transcribing errors occurring. We also talked about dating products such as eye drops when the packaging was opened to ensure they were not used for longer than the recommended time. There also needed to be more robust recording of where on the body, pain relief patches had been applied. One person had run out of their

prescribed medicine, on this occasion the service had additional PRN medicines in stock to use. The provider was reminded that medicines need to be ordered in a timely manner to ensure people don't run out of them.

We checked the recruitment records for three members of staff. These records evidenced that a Disclosure and Barring Service (DBS) check had been obtained prior to the person commencing work. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults to help employers make safer recruitment decisions. The finance manager told us they paid for staff to have an updated DBS check every year as an additional safety precaution. In two instances we saw that a second employment reference had been received after the person had commenced work and we discussed with the registered manager that this information was required before people started work.

Accidents and incidents were recorded in people's care plans and centrally; they were analysed each month by the registered manager. We discussed that this analysis would be improved if there was a record of the action taken following accidents and incidents. The system was amended whilst we were present, to incorporate this information. We saw the record of one accident where we felt medical attention should have been sought at the time of the accident rather than the following day. The symptoms documented were concerning and should have been recognised by staff as requiring swift medical attention. This was discussed with the registered manager who acknowledged staff should have considered seeking medical attention at the time. Body maps were used to help staff monitor the person's skin integrity and recovery from any injuries.

Service certificates evidenced that equipment and systems had been appropriately maintained. This included the fire alarm system, emergency lighting, fire extinguishers, the emergency call bell, the electrical installation, stair lifts and gas appliances / systems. The registered manager told us that the mobility and bath hoists were new and had not yet required servicing. There was evidence of planned evacuations to test staff's efficiency in the event of a fire alarm sounding. In-house maintenance was carried out by the home's handy person, including a weekly test of the fire alarm. People's bedroom doors were linked to room sensors that alerted staff to people's whereabouts at all times.

There was an emergency plan in place that provided advice for staff on how to deal with unexpected emergencies. Additionally, people had an evacuation risk assessment in place that recorded their level of risk and the specific assistance they would need to evacuate the premises in an emergency.

Care at home service

Staff were contracted to work a set number of hours. If they had any spare time, this was spent at the care home. This arrangement ensured there was always sufficient numbers of staff available to meet the needs of people who used the home care service. People who lived in the home benefitted from any additional hours that were spent with them on activities.

The records we saw indicated that safe recruitment practices had been followed when staff had been employed to work in the home care service, although we noted one reference had not been dated and one person did not have photographic evidence in their personnel file. The registered manager told us she would ensure this information was in place when they employed new staff.

Staff received training on safeguarding adults from abuse, and they were confident when describing different types of abuse they may become aware of and the action they would take to protect people from

harm.

Medicines were managed safely. A relative told us their family member received support with taking their medicines. They said, "There have never been any concerns. I trust them [the staff]."

Good

Is the service effective?

Our findings

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, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the provider to be compliant in both areas.

We saw that a person's capacity to make decisions and consent to aspects of their care was recorded in their care plan. If people had a representative such as a Lasting Power Of Attorney (LPOA) in place this was clearly recorded. LPOA is the name given to someone that is appointed to make decisions on behalf of a person.

One member of staff told us, "We always ask for people's consent to carry out activities such as personal cares" and another told us, "Some people can express their daily needs, we give choices and allow time for them to decide." Relatives told us they felt included in any decisions about their loved ones care and support.

During their one month induction period new staff were 'buddied up' with an experienced member of staff. The registered manager agreed that this would be recorded in people's recruitment records in future. During this time, new staff were required to read key policies and procedures and the capabilities of new staff were monitored. If they had completed training at a previous workplace, they were asked to provide training certificates to evidence this.

Each member of staff had a training review meeting and this recorded the training they had completed and when updates were required; this included information about training that the registered manager considered to be essential and non-essential. Essential training consisted of infection control, manual handling, safeguarding adults from abuse, fire safety, health and safety and a hand washing assessment. This training was completed by care staff and auxiliary staff. The overall training matrix recorded the percentage of staff who had completed each training course and when updates were due.

Staff personnel records showed they had regular supervision meetings with a manager. This gave them an opportunity to discuss any concerns about people who lived at the home as well as their own progress and training needs. Staff also had 'peer observations' when they were observed by a colleague who gave

feedback on their practice. Staff were asked to reflect on their own practice and what their development needs were.

Communication between staff was effective; the electronic care planning system had a built-in facility for any changes in people's care needs to be shared. In addition to this, any changes to policies and procedures were highlighted on the system and staff were required to read them.

People told us they liked the meals provided by the home, one person said, "I like the meals, they're tasty." Another resident commented that things could be better, "Food can be indifferent. Could be tastier but everyone else seems to enjoy it." A relative told us how their mum's weight had gone down in the first three months and then steadily crept up due to the good care and food.

The menu included words and pictures to aid people's understanding. It showed there was a choice at each meal time and we observed staff providing these choices on the day of the inspection. People's nutritional needs were assessed and special diets were provided, such as high calorie diets. Food and fluid intake was monitored when this was considered to be an area of concern. People were also weighed regularly as part of nutritional screening.

The cook had a list of everyone's dietary requirements and could tell us about people's specific needs, such as, those that preferred finger foods and any people on fortified or pureed diets.

People's medical history and current health conditions were recorded in their care plan. When people had a diagnosis of dementia, their care plan recorded how this condition affected them, such as, '[Name] does not always have capacity.'

It was clear that staff respected people's diverse views. A member of staff told us, "Some people are religious, or like the royal family. We don't interfere with their opinions or their views. We talk to them about what they like and feel is important."

All rooms had profiling beds to ensure that care could be delivered whilst keeping people comfortable and safe. Profiling beds assist to reposition people with reduced mobility, allowing appropriate cares to be given whilst maintaining comfort and safety. Some rooms had patio doors which led onto an outside area with seating and a barbeque. People's rooms were personalised. One person had a blackboard in their bedroom where relatives left messages for them to read. Sun tunnels were fitted in the ceilings of some bedrooms to allow more natural light in. A projector was available that could be used to create a calming atmosphere. We were told by the registered manager that this created a calming sensory environment for those with conditions such as dementia.

Care at home service

The records we saw showed that staff working for the home care service had up to date essential training in place. Each member of staff had a training review that was the same as the staff working in the care home. In addition to this, staff members had an assessment that was observed by a more senior staff member to monitor their competence.

A relative told us that staff had the skills needed to do their job. They said, "Staff seem to understand that people with Alzheimer's have different symptoms and needs – they seem to be tuned into that." Staff understood the principles of the MCA and that people's choices should be promoted.

Staff confirmed they had supervision with a manager and attended staff meetings. They felt they were well supported.

Good

Is the service caring?

Our findings

On the day of the inspection we observed positive interactions between people who lived at the home and staff. It was clear that staff knew people well. The SOFI inspection we carried out showed that staff interacted with people appropriately and continually checked that they were happy and their needs were being met.

People told us they felt that staff cared about them. The registered manager told us that people who move into the home received a welcome card and flowers; this demonstrated the caring nature of staff and managers.

The home had appointed a dignity champion. A champion is a person who takes a special interest in a topic and is responsible for sharing good practice with the rest of the staff group. We observed that people were treated with dignity and respect and this was confirmed by the people who we spoke with.

Care plans included information about whether people had an advocate to assist them with decision making. Advocacy services help vulnerable people access information and services, be involved in decisions about their lives and explore choices. Information about advocacy services was also displayed within the home.

People were supported to be as independent as possible. We saw that some people had been provided with equipment such as plate guards so they could eat their meal independently. Different coloured (contrasting) plates had been provided for some people to help them identify the food on their plate more easily. These adjustments enabled people to maintain their independence.

People's care plan included detailed information about their wishes for care at the end of their life. Staff respected people's choice's if they chose not to discuss advanced decisions.

Policies and procedures were updated regularly by the registered manager to ensure they reflected good practice guidance. These were held on the electronic care system and this enabled the registered manager to identify any staff who had not read this information.

A member of staff told us that there had been more policies and procedures put in place, which enabled staff to be more informed to provide a higher level of care and attention to people.

One relative described how the staff treated her and her sister with compassion. " I'll guarantee you that there be a tray with tea and biscuits coming soon. We are up here but staff know when we are here. They look after us." Another relative told us, "Some staff are exceptional. So caring. So considerate."

Care at home service

People told us staff cared about them and respected their privacy and dignity. One person said, "Oh yes, I

wouldn't have it any other way." We spoke with the relative of someone who received a service. They told us, "They care about my relative as an individual. This is the best agency we have come across." We asked if they felt their family member was treated with dignity and respect and they said, "Staff have different personalities. Some give more direction than others and sometimes [Name of relative] needs that."

Good

Is the service responsive?

Our findings

The registered manager completed an initial assessment of people's needs before they moved into the home, and a care plan was developed from this assessment. The care plan included the use of recognised assessment tools for tissue viability and nutrition. Care plans contained information for staff about how to meet people's needs in a variety of areas. For example; information about the person's family and work history, their daily routines and their likes and dislikes. One care plan noted, 'Likes to look smart, makeup on and hair looking nice. Likes to talk about her family.' This meant staff were able to provide care that was centred on the individual.

Care plans recorded detailed information each time people were checked during the night, such as whether they were asleep, if bed rails were in place and if any assistance with personal care was carried out.

Care plans also included information about any behaviour that might cause harm to the person or others, including any identified triggers leading to the behaviour and how these should be managed by staff.

Staff had effective handover meetings from one shift to the next and had a system in place to send immediate updates to each other, such as outcomes of attended appointments and any health professionals advice. This ensured staff had up to date information about each person who lived at the home.

The home had Skype facilities on touch screen computers and 'face time' was offered via the use of the home's IPads. This supported people to keep in touch with family and friends. We were told that family and friends were always made welcome at the home.

The service used an Instagram page to share and communicate information to families that lived out of the area. Instagram is a photo-sharing application and service that allows users to share pictures and videos either publicly or privately. The registered manager was aware of maintaining people's confidentiality and ensured any photographs did not show people's faces and no identifiable information was disclosed.

We spoke to one visitor who told us, "I can visit any day, at any time and the staff are always welcoming." A relative advised, "They are always alert to mums needs" and another relative spoke about how his wife (a past resident) had been well treated, "They were good with my wife. They called a doctor if anything was wrong."

There were a wide range of activities on offer. We saw a large number of activities taking place on the day of the inspection, which included the use of memory items, games, balloons, balls and pictures. The staff were skilled in engaging people in conversation and in activities they enjoyed.

The activities coordinator held meetings with people who lived at the home. These tended to be meetings with small numbers of people (or even one to one) to give them the opportunity to express their views. The activity plan was amended as a result of the feedback received. The home had a pet rabbit and also looked

after dogs as part of a 'Borrow My Doggy' scheme; positive feedback was received about the homes pets. We also observed people being given one to one support by staff to access walks in the local area, visits to the café in the village and attending local groups of their choice. Sensory boxes were available for people to use, which encouraged stimulation and independence. Sensory boxes are filled with different items that people can use as and when required so that there is always something of interest for them to enjoy.

A suggestion box had been placed in the entrance hall; this gave people an additional opportunity to give feedback about the service.

The complaints procedure was displayed in the home and recorded in the home's statement of purpose. A complaints form was on display in the entrance area to make it easy for people to record a complaint. We checked the complaints log and saw that five complaints had been made to the home during the previous two years. The records evidenced that these had been investigated appropriately and feedback given to the complainants. Letters of apology had been sent to complainants when this was appropriate. We saw that these complaints had been discussed with staff at their meetings to drive improvements within the service.

Care at home service

We spoke with the relative of someone who received a service. They told us, "Staff record what they have done at each visit. It's a full narrative so we can see what care has been provided."

Staff had a whattsapp group set up on their mobile phones to communicate and inform one another of relevant changes as they occurred. For example, alterations to rotas, people's appointments and any concerns that required monitoring. Whattsapp is a free messaging application which can be downloaded to mobile phones to communicate via text messages. This enabled all staff to remain up to date with the latest information.

There had been three complaints during the previous two years. These had been recorded and investigated, and the service had apologised to the person concerned when appropriate. A relative told us, "I would speak to [Name of care coordinator] and any concerns we raised would definitely be dealt with." This relative also told us they had been asked if they were satisfied with the service provided by The Olde Coach House. They said, "Yes, more than once. And we have the opportunity to give informal feedback, and they take it on board. Any comments we make seem to have been fed back to care workers, so there must be some system in place to make sure this happens."

Good

Is the service well-led?

Our findings

The nominated individual was also the registered manager for the service. They had owned the home for over 34 years and been the registered manager with CQC for 7 years. This provided consistency for people who lived at the home and staff. 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.

Registered services that provide health and social care to people are required to inform CQC of important events that happen in the service in the form of a 'notification'. We found that notifications had been submitted when required. We asked for a variety of records and documents during our inspection; we found that these were well kept, easily accessible and stored securely.

Staff told us the home was well-managed and that the registered manager was "Approachable." The registered manager received an update from senior staff each morning and evening and staff also completed information on line throughout the day that was checked by the registered manager. The registered manager also carried out spot checks, some as early as 5.30am. These strategies helped them to monitor throughout the day and night that there were no concerns at the home, even when she was not present.

The provider used a private company to gather information from people who used the service and visitors. This company provided written feedback to the provider on a regular basis and we saw that the feedback was consistently good. Comments included, 'My mum has received excellent care since she became a resident at The Olde Coach House. All her care needs are met with kindness by the wonderful staff' and 'Staff have been kind, considerate and caring.' This organisation recorded in their report, 'This is to certify that DEMA Residential Homes Limited has been recognised as a Top 20 recommended care home group in the UK.'

There was a monthly quality assurance plan; this included audits that were carried out by the manager, satisfaction surveys and information about staff training and events that had been held at the home. These audits recorded any shortfalls, although we discussed with the registered manager that there needed to be a clear record of when corrective action had been taken. This information was collated each month and then stored. A more in-depth audit on the management of medicines was carried out twice a year; this recorded any areas that required improvement and when the required action had been completed.

There were clear visions and values in place that were embedded amongst the staff group. The home had achieved the Investors in People award. This is a recognised award for an employer that defines good people management. In July 2017 the home achieved the Nutrition Mission bronze award. The Nutrition Mission is an initiative introduced by the NHS to reduce the risk of malnutrition and dehydration for people living in a care setting. The service had offered pay incentives to ensure mandatory and any additional training was completed. This had worked well, as training was currently up to date.

The registered manager sat on the Clinical Commissioning Group (CCG) care home steering group which kept their knowledge of current best practices and any areas of interest within the local community up to date. This also provided an opportunity to participate in discussions about current affairs and work in partnership with other agencies to drive improvements.

Senior and full staff meetings were held. The minutes showed staff were given the opportunity to talk about positive and negative issues and how they could make any required improvements. There were also staff meetings to specifically discuss infection control. Staff told us they could air their views at team meetings. One member of staff said, "There is good team spirit here – it's open and honest."

Relatives told us about their welcoming initial visit to the home. "When we came to have a look round we turned up unannounced. They welcomed us in. I thought this was a really positive thing. They had nothing to hide."

Staff felt well supported and that their contribution to caring and supporting people was valued. Staff told us, "I can ask the manager if I am unsure about anything and they always explain things really well and check my understanding". Another said, "The manager is approachable and understanding. I feel I can talk to [Name of manager] about anything I have concerns about, they listen and take action when needed." When asked to describe the culture of the service, a member of staff told us, "Fabulous – the best place I've worked at" and "Service users get 100% from us all."

Care at home service

Two members of staff were employed to coordinate the home care service, and this was supported by an effective electronic planning system. People told us that staff always turned up as agreed and stayed for the right length of time. We spoke with the relative of someone who received a service. They told us, "They promised us consistency and they have delivered. There is some staff turnover but as far as is possible they send familiar staff. [Name of relative] has Alzheimer's so this is important. They are reliable and dependable."

The private quality assurance company also gathered information about the home care service. Comments were very positive, such as, 'For us, it's been a wholly positive experience so far – far superior to any previous agency.'

Staff meetings were split between seniors and carers. The provider told us they were organised approximately 6 times a year depending on time and dates". This gave them an opportunity to meet as a team and discuss any concerns they might have.