Baschurch Care Limited

The Coach House

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

This inspection was unannounced and took place on 25 and 26 April 2016.

The Coach House provides accommodation and care for up to nine people. There were eight people living in the home when we carried out our inspection.

The home had a registered manager who was present for the inspection. 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 were supported by staff to take their prescribed medicines and staff were trained to assist people with their treatment. People felt safe living in the home and staff knew how to protect them from the risk of potential harm. There were sufficient staff on duty to meet people's needs and the provider's recruitment procedure ensured staff were suitable to work in the home.

People were protected from the risk of harm because staff knew about the importance of keeping the environment safe. Risk assessments were in place to support staff's understanding about maintaining people's safety.

People were cared for by staff who were trained and received one to one [supervision] sessions from the team leader and the registered manager. Staff were aware of the Mental Capacity Act 2005 and when a Deprivation of Liberty Safeguard application should be applied for to protect people's human rights. People were encouraged to make decisions about the care and support they received. They had access to healthcare services to ensure their physical and mental health needs were met. Staff were aware of people's dietary needs and the support they required to eat and drink sufficient amounts.

People were treated with kindness and compassion and staff were aware of their care and support needs. People were encouraged to be involved in planning their care and staff respected people's right to privacy and dignity.

Staff supported people to be involved in their assessment of their care and they were assisted to pursue their interests. There was an open culture in the home and this enabled people to share their concerns with staff and the registered manager. Complaints were well managed.

People were encouraged to be involved in the running of the home and were supported to maintain links with their local community. There was a clear leadership in the home and people and staff knew who the registered manager and regional manager were. Routine checks of the service were carried out to ensure people received a service specific to their needs.

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 was safe.

People were supported to take their medicines by staff who had been trained to assist them with their treatment. People felt safe living in the home and staff knew how to keep them safe. Practices and systems protected people from the risk of potential harm and there was enough staff on duty to meet people's needs.

Is the service effective?

Good

The service was effective.

People were encouraged to make their own decisions and were cared for by staff who were trained and had received one to one sessions from the registered manager and the team leader. People were supported to eat and drink sufficient amounts and when necessary staff supported them to access healthcare services.

Is the service caring?

Good

The service was caring.

People were involved in planning their care and staff were kind and compassionate when supporting them. Staff were aware of the importance of respecting people's right to privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People were involved in the assessment of their care and support needs and their views were listened to. People were supported to pursue their interests. People were able to share their concerns with staff and the registered manager and concerns were taken seriously and acted on.

Is the service well-led?

Good

The service was well-led.

People were encouraged to be involved in the running of the home. There was a clear leadership in the home and checks were made to ensure people received a service that met their specific needs.

The 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 was planned to check 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 inspection took place on 25 and 26 April 2016 and was unannounced. The inspection team comprised of one inspector.

As part of our inspection we spoke with the local authority in order to share information they held about the home. We also looked at information we had about the provider to see if we had received any concerns or compliments about the home. We reviewed statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We used this information to help us plan our inspection of the home.

During the inspection we spoke with four people who used the service, three care staff and the registered manager. We looked at two care plans and risk assessments, medication administration records, accident reports and quality audits.

Good

Is the service safe?

Our findings

People told us they felt safe living in the home. One person said, "The staff make me feel safe." Another person said, "The way the staff talk to me makes me feel safe." Staff were aware of various types of abuse and said they would share any concerns with the team leader or the registered manager. One staff member said they had previously shared concerns with the registered manager who took action to protect the person. Staff were also aware of other external agencies they could share this information with to protect people from further harm. The registered manager was aware of when to share information about abuse with the local authority to protect people.

One person told us they were involved in developing their risk assessment. This promoted their independence and ensured their safety. During the assessment process the person was able to tell staff where they required support to do the things they wanted to do. For example, the person told us that they needed staff to support them with their mobility and required specialist equipment to help them. The staff we spoke with were aware of the level of support the person needed and the equipment required to do this safely.

Another person had a car and this enabled them to access services within their community. Discussions with staff confirmed they knew how much support the person required to ensure their safety whilst travelling. Staff told us where possible people were involved or present when developing their risk assessment. People were also informed why certain measures were necessary to keep them safe.

Staff told us that visual checks were carried out before they used the hoist to ensure it was safe to use. They told us that they had access to risk assessments that supported their understanding about how to reduce the risk to people when using the hoist. The staff member said that assessments identified potential risks and how to avoid this happening. For example, they said that some people received hydro therapy and a risk assessment was in place to tell staff how to reduce the risk of harm to people whilst they were in the water. We saw that this information was contained in the risk assessment.

Accidents were recorded and the registered manager said accidents were monitored on a monthly basis to enable them to identify trends. The registered manager said that where necessary action would be taken to avoid a recurrence. We saw that a record was maintained of accidents and these were minor and there were no specific trends.

People told us there was always enough staff on duty to care for them. We saw that staff actively engaged with people and were available to support them when needed. Staff said there were not always enough staff on duty to meet people's needs. This was due to staff taking sick leave. They said this meant people were unable to pursue social activities. However, the people we spoke with did not raise any concerns about not being supported by staff to pursue their interests. The registered manager told they were in the process of recruiting bank staff to ensure that people always received the necessary support when needed. They told us that staffing levels had been increased to support a person who had recently moved into the home and staff confirmed this. The registered manager was confident that the staffing levels did not have a

negative impact on people has staff would be relocated from other homes in the organisation when needed. The provider's recruitment procedure ensured that safety checks were carried out before people started to work in the home. Staff told us that before they commenced employment a Disclosure Barring Service [DBS] check was carried out and a request was made for references. This helped the provider to select suitable people to work in the home.

People were supported by staff to take their prescribed medicines. The registered manager said that no one in the home were able to manage their medicines independently. One person told us, "I always get my tablets when I need them." Another person told us about creams they needed to be applied to their skin and said staff helped them to do this. Medicines were appropriately stored and a record was maintained to show when medicines had been given to people. The registered manager said that staff who were responsible for the management of medicines had received training about how to handle medicines safely. The staff we spoke with confirmed they had received this training.

Good

Is the service effective?

Our findings

People were cared for by staff who received regular training. People told us that staff were nice and helped them to do things they enjoyed. Staff told us they received on going training that provided them with the skills to care for people. Staff confirmed they received one to one [supervision] sessions to support them in meeting people's needs. The registered manager said that all new staff were provided with an induction and this was confirmed by the staff we spoke with. One staff member said their induction included training and working alongside an experienced care staff until they were able to undertake their role independently.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The registered manager said there were no formal best interest decisions in place but was aware of when this needed to be done.

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. One person told us that staff always asked for their consent before they supported them. Another person told us, "Staff ask for my consent before helping me with my personal care needs." Staff confirmed they always asked for people's consent before providing them with support. One person told us that staff did give them the opportunity to make decisions and they could do the things they like. Discussions with the registered manager and staff confirmed that some people were unable to make a decision about their care and treatment. However, people would be encouraged to be present when discussions took place about them. This enabled staff to observe the individual's facial expression or body language to find out their views and this helped them to make the appropriate decision for them.

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 MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Discussions with the registered manager and the staff confirmed that some people lacked capacity to make a decision in relation to their care and treatment. Some people required constant supervision to ensure they received the appropriate care and support. The registered manager told us that where people required constant supervision a DoL application had been submitted to the local authority to deprive them of their liberty. Staff were aware of the support these people required and why their liberty had been deprived. The registered manager assured us that the least restrictive measures were used when depriving a person of their liberty. For example, the registered manager said if a person wanted to go out alone this would place them at risk of harm so they would be supported by a staff member to do this.

People were supported to eat and drink sufficient amounts and were helped by staff to choose what they wanted to eat. One person said, "The food is nice and I get a choice." They said, "I look forward to Saturdays because we always have a takeaway." People were able to have a drink at any time and we saw

staff support one person to make a drink. Staff were aware of people's dietary needs with regards to their health condition, likes and dislikes. One person had a specific dietary need and a staff member sat and talked about the things they liked to eat. A separate menu was put in place for this person. People were supported when necessary to access a speech and language therapist and a dietician who provided support and advice about suitable meals to promote their health. Where concerns were identified that people were not eating or drinking enough, charts were put in place to monitor this. People's weight was also monitored and prescribed supplements were given to people where their weight loss could compromise their health.

People had access to healthcare services when needed. One person said that staff supported them to contact their GP when needed. They told us they had recently seen their GP and also visited the dentist. On the day of our inspection we saw that one person had been supported by staff to visit their GP to have their medicines reviewed. People also had access to specialist nurses with regards to their health condition. For example, one person had a health condition and they had access to a specialist nurse to support them when needed.

Good

Is the service caring?

Our findings

People were treated with kindness and compassion. One person said, "The staff are nice and they make me feel comfortable." They told us that, "Staff always talk to me nicely." Another person described the staff as, "Barmy [in a good way] and very nice people." We spoke with another person who told us, "The staff are lovely and funny and at Christmas they are just like children. They really make me laugh." We saw that staff took the time to sit and talk with people. They listened to people's views and responded to them in kind manner. One person was unable to tell staff what they wanted. The person placed a DVD in a staff members hand and they knew the person wanted to watch a film and they were supported to do so.

One person told us that they were involved in planning their care. They told us that staff often sat and chatted with them to find out if they were happy with the care they received. They told us that their relative was also able to have a say about the care and support provided to them and were involved in their care reviews. Another person told us they were aware of their care plan and that staff did ask them how they would like to be cared for. They said, "All the staff know how to look after me." A staff member told us people were encouraged to be involved in planning their care. They said, "We ask them if they are happy with the care or if they would like to change anything." Staff told us that some people were unable to take part in their care planning but were encouraged to be present during the process. Care plans and information given to people were provided in a format they could understand. For example, pictures and symbols enabled them to point at things they liked or disliked and this helped people to communicate with staff. Staff had a good understanding of people's needs and said care plans provided sufficient information about how to care for the individual.

People's right to privacy and dignity was respected. One person told us they preferred to have female carers to assist them with their personal care needs and this was respected. We saw that this information was also contained in their care plan. A staff member said, "There are times when people want to be alone and we respect this." We saw a person sitting in a quiet area of the home; a staff member approached them and asked them if they wanted to be alone. The person indicated they did and the staff member respected their decision. Staff were aware of the importance of promoting people's right to privacy and dignity. One staff member said, "We never talk about people and we treat them with respect." Another staff member told us, "I always make sure the door is closed when supporting people with their personal care."

Good

Is the service responsive?

Our findings

People were encouraged and supported to be involved in their assessment of their care and support needs. Pictorial aids were in place to assist people to inform staff of their needs. For example, one person told us about the 'smiley faces.' This was a questionnaire that asked people about the service they had received. This enabled them to point to a sad or a smiley face to indicate how they felt about specific areas of the service. Information obtained during this process also helped staff to understand people's views and what they wanted and this was included in their care plan. One person had recently moved into the home and discussions with the registered manager confirmed that they had obtained information from other agencies relating to the person's support needs. We saw that staff had taken the time to sit and ask the person about the things important to them and what they liked to do. For example, the person enjoyed gardening and staff had brought some plants for them to plant in the garden. The person required a specific diet and staff had discussed with them what they liked to eat. Staff were aware of people's personal history and people important to them. One person we spoke with confirmed that staff supported them to maintain contact with their family. They told us that their relative was also able to be involved in their assessment to help them to tell staff about their needs and the support they required.

One person informed us that staff supported them to do things they enjoyed. They enjoyed doing art and craft and showed us some of the things they had made. People were supported to pursue a range of pastimes of their choice. These included going for walks, swimming, attending the gym and cinema. We saw that staff supported people to do the things they liked but also respected people's choice when they wanted to be alone in their bedroom. A staff member said, "Some people are just happy watching the television." One person told us they had choir practice every Tuesday which they enjoyed attending. We spoke with another person who said they enjoyed shopping for clothes. Discussions with staff confirmed they their awareness of the individual's needs and the support they required to maintain a lifestyle of their choice.

People could be confident that their concerns and views would be listened to and taken seriously. One person told us they had never made a complaint but if they were unhappy they would talk to the staff. They said, "They would sort things out for me." Another person said, "If I had any problems I would talk to the staff." The registered manager said they had not received any recent complaints. They told us that complaints would be recorded and responded to in writing. People had access to the provider's complaints procedure. This was provided in a pictorial format to help people understand how to share their concerns.

Good

Is the service well-led?

Our findings

People were able to have a say about how the home was run. They told us meetings were carried out and the registered manager and staff listened to their views. One person told they had requested a themed 1960's party and their request was granted. We saw that staff engaged people in general conversations to find out the individual's views. Two people told us that they had been given a quality assurance questionnaires to complete. This questionnaire also enabled people to tell the provider about their experience of using the service. These questionnaires focused on the support provided to people, meals and social activities. The registered manager said that information gathered from these questionnaires was fed back to people during meetings. One person said, "I would recommend living here." They continued to say they were happy and contented living in the home. Staff told us that the service provided was specific to the individual's needs and people's choice were always respected.

The registered manager said that staff meetings were carried out and staff confirmed this. Staff told us that during these meetings they had requested dementia awareness training. The provider provided a service for people living with dementia. However, staff felt they did not have up to date skills to care for people living with dementia. This placed people at risk of not receiving adequate care and support. A staff member said the registered manager listened to them and dementia awareness training would be provided.

People were aware of who the registered manager was and one person said, "The registered manager is nice and they listen to me." A staff member said, "The registered manager is very approachable." There was a clear leadership in the home and the registered manager had a good understanding of people's care needs. The registered manager was supported in their role by the regional manager and received regular one to one [supervision] sessions. The registered manager also undertook routine training to update their skills. Discussions with the registered manager confirmed they knew when to send us a statutory notification about events that had occurred in the home.

Checks were carried out to ensure people received a safe and effective service. For example, audits were carried out to ensure the safe management of medicines. The registered manager said that staff had routine medication competence assessments. This ensured that staff had the up to date skills to support people to take their medicines. The registered manager acknowledged that recent medication practices were not robust to ensure one person received their medicine in a timely manner. However, action had been taken to address this and improve medication practices. Care plans were audited to ensure they contained up to date information to support staff's understanding about people's care needs. Infection, prevention and control audits were also carried out to ensure the standard of cleanliness within the home to reduced the risk of cross infection. The registered manager had also nominated an infection, prevention and control [IPC] lead. The IPC lead was responsible for promoting good standards of cleanliness in the home.