Wycar Leys (Burton) Limited

The Coach House

Inspection report

34A Stapenhill Road Burton upon Trent Staffordshire
DE15 9AE
Tel: 01283 546234
Website:

Date of inspection visit: 5 November 2015
Date of publication: 14/12/2015

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

Overall summary

The Coach House is registered to provide residential care for up to two people. It supports people who have a learning disability and have limited verbal communication. We inspected the home on 5 November 2015. The inspection was unannounced. There was one person living in the home at the time of our inspection.

The service had a registered manager in post. A registered manager is a person who has registered with 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.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect them. At the time of the inspection the manager had submitted DoLs applications as required.

People felt safe and were cared for by staff in way that met their needs and maintained their dignity and respect. Staff understood how to identify, report and manage any concerns related to people's safety and welfare.

Summary of findings

The provider had developed relationships with local healthcare services which meant people received the specialist support required. Medicines were safely stored and managed.

Food and drink were provided to a good standard and people had variety and choice.

People and their relatives were involved in planning the care and support provided by the service. Staff listened to people and understood and respected their needs. Staff reflected people's wishes and preferences in the way they delivered care. They understood the issues involved in supporting people who had lost capacity to make some decisions.

People were encouraged and supported to engage in activities and events that gave them an opportunity to socialise. Staff ensured people obtained advice and support from other health professionals to maintain and improve their health or when their needs changed.

Relatives told us they could voice their views and opinions to the manager and staff. The manager listened to what people had to say and took action to resolve any issues. The manager reviewed untoward incidents and concerns to look for opportunities to improve policies and practices for the future. There were systems in place for handling and resolving complaints.

Recruitment practices ensured that the staff employed were suitable to work with people. Staff received training and support to deliver a good quality of care to people and a training programme was in place to address identified training needs.

There was a friendly, homely atmosphere and staff supported people in a kind and caring way that took account of their individual needs and preferences. The staff and management team shared common values about the purpose of the service. People were supported and encouraged to live as independently as possible, according to their needs and abilities.

The manager demonstrated an open management style and provided leadership to the staff team.

Summary of findings

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 safe.

People were protected from the risk of abuse because staff understood their responsibilities. Risks to people's individual health and wellbeing were identified and care was planned to minimise the risks. The manager checked staff's suitability for their role before they started working at the home. Medicines were stored, administered and managed safely.

Good

Is the service effective?
The service was effective.

People were cared for and supported by staff who had relevant training and skills. Staff understood their responsibilities in relation to consent and supporting people to make decisions. Where people were restricted the manager understood their legal obligations under the Deprivation of Liberty Safeguards. People's cultural, nutritional and specialist dietary needs were taken into account in menu planning and choices. People were referred to other healthcare services when their health needs changed.

Good

Is the service caring?
The service was caring.

Staff were kind and compassionate towards people. Staff knew people well and respected their privacy and dignity. Staff promoted people's independence, by encouraging them to make their own decisions.

Good

Is the service responsive?
The service was responsive.

Staff listened to people and were responsive to their needs. They had a good understanding of people's needs, choices and preferences, and the knowledge to meet people's individual needs as they changed. Relatives knew how to complain and were comfortable to raise any concerns about the service people received.

Good

Is the service well-led?
The service was well led.

Staff received support and felt well informed. People and relatives were encouraged to give their feedback about the service. The manager and the provider played an active role in quality assurance and ensured the service continuously developed and improved.

Good

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. The inspection was planned to check whether the provider was 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.

We visited The Coach House on 5 November 2015. The inspection team consisted of one inspector, the inspection was unannounced. At the last inspection on 18 July 2013 the service met the regulations we looked at.

The person who used the service was not able to communicate verbally with us. We spent time observing how staff provided support and cared for the person, to help us better understand their experiences. We received the views of five family members, the manager of the home, two members of staff and one health care professional.

On this occasion, we had not asked the provider to send us a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However, we offered the provider the opportunity to share information they felt was relevant.

We looked at a range of documents and written records including care records, two staff recruitment files, risk assessments and medication charts. We also looked at equipment and some building maintenance records. We also looked at information regarding the arrangements for managing complaints and monitoring the quality of the service provided within the home.

We reviewed other information that we held such as notifications which are events which happened in the service that the provider is required to tell us about.

Good

Is the service safe?

Our findings

We observed interactions between the staff and person who used the service and saw they were relaxed with staff and expressed themselves with gestures. Relatives we spoke with were confident their family member was safe, one relative said, "The staff offer reassurance, so I know they are safe. I also know they would be able to express if they were unhappy or anxious about anything." A healthcare professional informed us that the attitude from staff was 'good.'

There were suitable staffing arrangements to meet people's needs and provide personalised care and support with activities. We saw the person received one to one support but was able to visit their bedroom and other areas of the home independently with a 'watchful eye' rather than constant supervision. The person also went into town and we saw that two staff were deployed as required for going out. This demonstrated the necessary staffing was provided to keep people safe.

Staff we spoke with were able to tell us about the risks associated with certain situations and knew the person well. They told us, "We pass on information and make sure the person benefits from any changes made." We saw a range of risk assessments with action plans which provided this guidance for staff.

The provider followed safe recruitment and selection processes to make sure staff were safe and suitable to work with people. One member of staff told us, "I could not start here until all the checks had been completed." We looked at the files for two of the most recently employed staff. The staff files included evidence that pre-employment checks had been carried out, including written references, satisfactory disclosure and barring service clearance (DBS), and evidence of the applicants' identity.

Policies were in place in relation to safeguarding and whistleblowing procedures. There was a copy of the local authority safeguarding procedures in the office which was accessible to all staff. Records showed and staff confirmed they had received training in safeguarding adults as part of their training and this was regularly updated. Staff were knowledgeable and able to describe the various kinds of abuse. One member of staff said, "All issues to do with safeguards are dealt with." They knew how to report any suspicion of abuse to the management team and agencies so that people in their care were protected.

The manager monitored and analysed accidents and incidents and reported these to the provider for further analysis, although none had occurred at this location. Records showed that checks were carried out on equipment and electrical items to ensure they were safe and in good working order.

We checked to ensure monies for the person were stored and managed safely. We saw they were, and records we checked tallied with the money in place. This meant people were offered safe facilities and the systems in place offered a clear audit trail.

We saw the person's medicines were stored securely and at safe temperatures. Staff who handled medicines were trained to do so safely. Records we looked at showed that a full audit of medicines, including the medication administration records (MAR), were audited every day. Information about the management of medicines was accessible and guidance was available which described safe dosages and how to recognise any adverse side effects. Staff we spoke with were aware of where to find the information in relation to this.

Good

Is the service effective?

Our findings

Observations and relative's comments demonstrated that people's needs were effectively managed and the staff provided the support people needed. A relative told us, "They know [Person using the service] well and there have been great improvements."

New members of staff received induction training and shadowed existing members of staff before they started work as a full member of the team. One staff member told us, "The induction was very good I wasn't expected to do anything without being absolutely sure." The manager was aware of the new national Care Certificate which sets out common induction standards for social care staff and was introducing it for new employees. The Care Certificate has been introduced nationally to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care.

Staff followed a programme of training so their skills were updated and they worked in accordance with good practice. The manager explained, "Training is tailored to what service is being delivered and the people it is delivered to." One member of staff told us, "My role has changed and I will receive additional training so I understand my new role better." Another told us, "If I felt I didn't have the right knowledge and skills, I would speak to my colleagues for advice and ask my manager for more training." The staff confirmed their practice was observed to ensure they used their knowledge effectively.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The MCA protects people who lack capacity to make certain decisions because of illness or disability. DoLS referrals are made when decisions about depriving people of their liberty are required. Staff members told us they knew if a person lacked capacity in certain areas of their life, as this was documented in the initial assessment. Where there were concerns about people's capacity, they were referred to the social work team for an assessment. One staff member told us, "You must always think that the person can make their own decisions."

Staff had been trained and showed an understanding of, the MCA and the associated DoLS. One staff member told us, "I always treat someone as if they have capacity." Another member of staff told us that even if someone had lost capacity to make certain decisions, "Most people still have the ability to choose what to wear, what to eat or what time to go to bed." The manager had sought a DoLS authorisation for the person to ensure that their rights were protected and they could continue to receive the care and support they needed. We also saw that, where the person had lost capacity to make significant decisions for themselves, the manager had organised a meeting with relatives and relevant professionals to discuss and agree what was in the person's best interests.

The staff were supported using a system of meetings and yearly appraisals. They told us there were regular meetings with their manager who provided an opportunity to discuss their personal development and training requirements. One member of staff said, "I have supervision and we have team meetings and we can talk about whatever is needed."

The staff and relatives we spoke with explained the person's dietary and faith needs. One member of staff said, "We have excellent relationships with the family and work together to support [Person who used the service] The care record included information about the cultural preferences of the person. There was clear information about specific dietary requirements and where food should be purchased from and prepared. There was information about how the person should be supported to practice their faith and the gender of staff who should support the person. This meant the information was consistent and staff were able to deliver a planned approach offering effective care and support.

The staff team worked alongside health and social care professionals. We spoke with a healthcare professional who told us communication was good and although there had been some teething problems these had now been concluded and the person who used the service was receiving the necessary care and support.

Good

Is the service caring?

Our findings

The staff cared and supported people with the use of signs, images and gestures to reassure and support them. All the relatives we spoke with told us they were welcome to visit at any time. One person said, “We visit every day and this is flexible.” And “The staff are very kind and caring we are really happy with everything.”

We saw the staff knocked on the doors to private areas before entering and were respectful. Assistive technology was used to ensure the person could be as independent as possible.

We saw staff encouraged people to spend time in the way they wanted to. We saw and relatives told us the person went shopping, out for coffee and for walks around familiar areas of the town. A member of staff told us, “It’s about experiences and trying those experiences to see what suits. We encourage [person who used the service] to interact, they are shy but now like dipping their toe in knowing they can come back to their private space whenever they wish to.”

The manager told us and records showed that they made use of advocacy services. Advocacy services are independent of the service and the local authority and can support people to make and communicate their wishes. The manager told us it was particularly important to use an independent advocate when there were no family members available to support someone, for example, in a ‘best interests’ decision meeting.

Good

Is the service responsive?

Our findings

We saw that people were supported to be independent and involved in all areas of daily living and to be socially included. A staff member said, "[Person who used the service] is much more sociable now, it takes time." Staff developed an activity planner which helped them to pursue their personal interests. We saw that the person was supported to access a range of activities, such as shopping, walking and visiting family. We saw they were supported to plan for special occasions such as festivals.

The staff told us that communication between them and the manager was good and they were able to respond to people's changing needs promptly. One staff member said, "You only need to ask and the support is there." They felt they had the necessary knowledge to meet people's individual needs as they changed because these were regularly discussed. When we spoke with different staff they offered the same information and action to be taken on how to support the person demonstrating this was an accurate account. The staff told us they had time to read plans of care and records. We looked at the person's plan of care with the staff member who was able to show us examples of how the plan had been tailored to meet the person's needs. For example introducing a healthy eating plan.

We saw the care records were personalised to each individual and also showed people's needs were reviewed. The plans ensured staff had all the guidance and information they needed to enable them to provide individualised care and support. As agreed and recorded family members were consulted and involved in assessments and reviews. One relative told us, "You can speak to anyone at any time and the manager always rings us back promptly, we have regular meetings."

Relatives told us they knew how to raise issues or make a complaint. They also told us they felt confident that any issues raised would be listened to and addressed. The manager maintained a copy of complaints and any action that had resulted from the investigation. This meant areas of concern could be reviewed to drive improvement.

Good

Is the service well-led?

Our findings

Relatives we spoke with were happy with the quality of the service. One relative told us, “It’s so much better we are really happy, we have no concerns.” The manager notified of us of incidents and important events, in accordance with their statutory obligations, and demonstrated the skills of good leadership. A member of care staff told us they thought the service was well led because the manager was approachable and proactive. Staff told us, “The manager is always available and everything we need is in place.”

Care records and risk assessments were reviewed and updated. This meant the manager could regularly check that the number of staff on duty were enough to support people according to their needs and abilities.

Feedback from staff, people who lived at the service and their relatives was collated annually. The manager had an understanding of satisfaction levels and was in the process of ensuring the analysis was fed back to people and their significant other.

Staff told us they were clear about their roles and responsibilities. There was a senior member of staff available on every shift to support staff. Team leaders had meetings and there were also staff meetings every month. This was an opportunity to raise any concerns and resolve issues or concerns.

Staff were aware of reporting procedures and ensured any incidents or accidents were recorded although none had occurred recently.

The provider had other locations and the managers from these services had regular meetings to discuss how to improve the quality of each location and the whole organisation. The managers also undertook audits of each other’s services on a quarterly basis. This meant that the service received a semi independent review of the quality of the service provided with recommendations for improvement. The manager explained how care planning had been altered as a response to these audits which helped to drive improvement.