

Community Homes of Intensive Care and Education Limited

Coppice 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

We inspected Coppice House on 20 and 22 February 2018 and prior to the inspection on 9 January 2018 we visited the provider's regional offices. Coppice House provides accommodation and personal care to 12 people who had a learning disability, mental health needs or were on the autistic spectrum. At the time of our inspection 11 gentlemen were living at Coppice House. Coppice House is based in rural Gloucestershire on a main road connecting Gloucester to the Forest of Dean. The home has large communal gardens. The service consists of a main house, a bungalow and an annexe. The service is near to a range of local amenities. People were assisted by social care workers who assisted them with their day to day needs and a range of activities.

This was the first inspection under the current provider registration which started in March 2015. Previously the service was inspected under a previous provider name in May 2016 and was rated as "Good". While the provider name had changed the service and its staff had remained the same.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 service had been registered and operation before the values that underpin the Registering the Right Support and other best practice guidance had been implemented. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen." Registering the Right Support CQC policy

People were happy, safe and benefitted from an active and full life. People's ability to be as independent as possible was developed at Coppice House. Where possible, people were supported to take positive risks and to be in control of their care. There were enough social care workers deployed to ensure people had their one to one needs met and enable them to undertake the activities they wished.

People were possible were involved in writing and reviewing their care plans, which were tailored to their individual needs. People were at the centre of their care. Social care workers knew people well and knew how to support them with their goals. People's achievements were documented and celebrated. The registered manager and staff looked for opportunities to offer people that would help them grow, gain confidence and live a fulfilled life.

Social care workers were well supported and had the benefit of a training programme which enabled them to ensure they could provide people with the best possible care and support. Social care workers understood and worked to the values of the registered manager and the provider and put people at the heart of everything they did. Social care workers were supported to develop professionally through dedicated management training programmes. All social care workers felt the registered manager focused on

their personal development, which enabled them to provide better quality support to people.

The service had a strong leadership presence. They were committed and passionate about the people they supported and were constantly looking for ways to improve. The home and the registered manager had significant support and guidance from the provider. Thorough and frequent quality assurance processes and audits ensured that all care and support was delivered in the safest and most effective way possible.

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 safe living at Coppice House. Social care workers understood their responsibilities to protect people from the risk of harm and abuse.

People were protected from the risks associated with their care and support. People were supported to take positive risks, including taking part in a range of social activities.

People's medicines were managed well through robust systems. People were protected from the risk of infection.

Is the service effective?

Good ●

The service was effective. Where possible, people were supported to make decisions in relation to their care. Where people required support to make decisions, or if they didn't have capacity to make a specific decision, the service ensured their legal rights were protected.

People's healthcare needs were met by trained and confident social care workers. The service worked with and followed the guidance of healthcare professionals to ensure people's needs were met.

People were supported with their dietary needs.

Is the service caring?

Good ●

The service was caring. People were supported to spend their days as they choose and enjoyed positive caring relationships with staff.

Social care workers knew people well and used this knowledge to support them in achieving their individual goals. People were at the centre of their care and where possible were involved in planning and reviewing their own care.

Staff were considerate of people's feeling at all times and always treated people with respect and dignity. Where people received one to one support this was carried out in a way which respected the person's wellbeing.

Is the service responsive?

The service was responsive. People received care and support which was personalised to their individual needs and preferences.

People were supported with activities and events which were appropriate for their needs, abilities and preferences.

People knew how to raise a concern and their relatives knew how to make a complaint.

Good ●

Is the service well-led?

The service was well led. The provider, registered manager and management team had effective management systems in place to monitor and improve the quality of service people received.

People's views on the service were sought and acted on.

Staff felt supported and spoke confidently about the service management.

Good ●

Coppice 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 was a comprehensive and routine inspection which took place on 20 and 22 February 2018 at Coppice House. On 9 January 2018 we visited the regional office of the provider to meet representatives of the provider. This inspection was carried out by one inspector. At the time of the inspection there were 11 people living at Coppice House.

We requested and reviewed a Provider Information Return (PIR) for Coppice House prior to this inspection. 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. We reviewed the information we held about the service which included notifications about important events which the service is required to send us by law.

We spoke with two people who were using the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. Following the inspection we spoke with two people's relatives. We also spoke with three social care workers; a team leader; the assistant manager, two deputy manager, the registered manager, an assistant regional director for the provider and the CEO of the provider. We reviewed six people's care records and associated files. We also reviewed staff training and recruitment records and records relating to the general management of the service. We visited the provider's regional office to review the quality assurance and governance systems the used by the provider.

Is the service safe?

Our findings

People were safe living at Coppice House. One person when asked if they felt safe responded positively. They said, "yes." People's relatives told us their loved ones were safe. Comments included; "There are dangers, so I'm very happy he's safe" and "I have no concerns."

People were protected from the risk of abuse. Social care workers had knowledge of types of abuse, signs of possible abuse which included neglect, and understood their responsibility to report any concerns promptly. Social care workers told us they would document concerns and report them to a team leader or the registered manager. One social care worker said, "I would talk to the (registered manager) as soon as possible, or a senior." Another social care worker added that, if they were unhappy with the manager's or provider's response they would speak to the local authority safeguarding team or CQC. They said, "I would take it higher. We are all aware of whistle blowing and details of who to contact." If staff felt someone was at immediate risk of harm or abuse, they told us they would take immediate action to ensure people were kept safe, including calling the emergency services if required.

People's care plans contained risk assessments which were personalised to their individual support and development needs. Where a risk had been identified, this had been discussed with the person and a clear and comprehensive assessment had been documented. For example, one person had detailed risk assessments of how staff should assist them if they were to experience an epileptic seizure in the community, or when doing an activity such as swimming. Social care workers had clear guidance to follow to ensure the wellbeing of the person was protected and enabling the person to carry out activities which may put them at increased risk.

People were supported to manage their anxieties and frustrations. For example, some people could exhibit behaviours that challenged staff when they became frustrated or anxious. Social care workers understood the triggers of people's frustrations and how to assist people when they became agitated and knew how to protect the person and others from any harm. For example, social care workers informed us how the support they had provided one person had reduced their anxieties. The person used to see other people accessing the home's minibuses, which social care workers had identified made them anxious. The registered manager and social care workers suggested installing a fence around the person's accommodation to support their privacy and help to reduce the distress they felt when seeing people leaving in the bus. The person's relatives and an independent advocate were involved in making this decision as the fence could be seen as a restriction. Social care workers told us the fence had had a positive impact for the person, resulting in a reduction in their anxieties and promoting the person's privacy. One social care worker told us, "The fence helps protect (person) and others. (Person) needs their own space".

People understood the reasons for some restrictions within the home. The registered manager and social care workers discussed restrictions with each person where appropriate. For example, people were unable to use the kitchen unsupervised due to the risk to their or other people's safety. The registered manager and social care workers used the environment to ensure these restrictions were minimised. For example, the kitchen had a hatch through to the dining room, this enabled people with support to choose and make their

own breakfasts and smoothies. People also were supported with cooking as part of daily activities.

People could be assured their homely environment was safe and secure. The service was split into three individual areas, the main house, the bungalow and the annexe. The annexe provided safe and private accommodation for one person who required their own space and one to one support. The provider ensured the buildings were maintained and carried out the repairs when needed. People were happy that the home was safe and comfortable.

People were protected from the risk of infection. Social care workers informed us how they kept the home clean and ensured people's health and wellbeing was protected. Social care workers discussed the systems they had to ensure soiled materials were cleaned and disposed of in accordance with the provider's policies on infection control. Social care workers had all the equipment they required such as personal protective equipment, including gloves and aprons to assist people with their personal care and protect them from the risk of infection.

There were enough social care workers deployed to ensure people were safe and their well-being needs were met. People enjoyed spending time with social care workers and were supported to access the community daily and enjoy events within the home. Some people living within Coppice House required one to one support from a social care worker.

Social care workers confirmed there were enough staff deployed to meet people needs. Comments included: "We always have a decent amount and we're all really well trained"; "We have a busy activity schedule (for people). We get more staff to deal with that. Having the staff levels we have really helps getting people out on activities and doing that bit extra" and "Staffing is always good. We will pick up overtime; however there is never a lot of overtime". When necessary, such as when dealing with staff sickness, the service sought additional staff from other homes operated by the provider.

Records relating to the recruitment of new social care workers showed relevant checks had been completed before staff worked unsupervised at the home. These included employment references and disclosure and barring checks (criminal record checks) to ensure staff were of good character. The registered manager had full control of this process, which enabled them to ensure that social care workers who came to work at Coppice House had the skills, experience and the character required to meet people's needs.

People received their medicines as prescribed. Social care workers kept an accurate record of when they had assisted people with their prescribed medicines. For example, social care workers signed to say when they had administered people's prescribed medicines and kept a record of prescribed medicine stocks and when they had opened people's medicines. Social care workers ensured a clear and constant record of the support they provided people with their medicines were maintained.

People's prescribed medicines were kept secure. The temperature of areas where people's prescribed medicines were stored were recorded and monitored to ensure people's medicines were kept as per manufacturer guidelines. Where people had medicines which were prescribed 'as required' there were clear protocols in place for social care workers to assist people. Social care workers informed us where people received 'as required' medicines to help with their anxieties; these were used as a last resort. Social care workers followed detailed and personalised positive behaviour support plans.

Is the service effective?

Our findings

People were happy with the care and support they received from social care workers. One person said, "I like them." People's relatives felt social care workers were skilled and knew how to meet their daily needs. Comments included: "The staff are alright, they seem to be fine" and "They have the empathy to understand what makes (relative) tick and how to support them."

Social care workers told us they had access to the training they required to meet people's needs. Comments included: "I have the skills and training I need to meet people's needs. I've done a lot of courses such as epilepsy and first aid"; "So far yes, I have all the training I need, there is always room for improvement, we're always learning" and "We are always supported to better ourselves and develop. I have the training I need to meet people's needs."

Social care workers were supported to progress and develop by the registered manager and provider. Where possible staff were able to undertake qualifications in health and social care or carry out training courses which enabled them to develop their personal and professional skills. One social care worker told us how they were put forward to complete a diploma in health and social care. They said, "I've nearly completed my level 2. The support to develop is really positive here." Another member of staff spoke positively about how they had been supported to develop and progress in their career. They told us, "(Registered manager) put me through national vocational level 2 and 3 in health and social care. I have been support to better myself and help. I am completing the management programme, and I'm now a team leader."

Social care workers had a good understanding of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) and knew to promote choice when supporting people. The 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 lacked mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Social care workers understood and respected people's rights to make a decision. Staff explained how they embedded the principles of the MCA into their practice. Comments included: "We are always thinking about what decisions we can help people make. We support people to communicate their choices. One person can understand more if you give them two choices" and "People can make unwise choices in the service. We sometimes make decisions for people when they don't have capacity to make that decision and these are the least restrictive and in their best interests." People were supported to have as much choice and control as possible regarding their daily life. Social care workers told us how people could make unwise decisions and that they would provide them with as much support as possible.

People's mental capacity assessments to make specific decisions had been clearly documented. People were involved in these decisions. For example, one person had a mental capacity assessment and a best interest decision in the use of video cameras to film when they had an epileptic seizure. The aim of this was to film the person and enable professionals to identify support that could be provided to improve the

person's health and wellbeing. The service involved healthcare professionals and the family of the person to discuss the benefits and restrictions to the person this action could provide. It was agreed that there were not viable alternatives and the benefit of this action could improve the wellbeing of the person.

The registered manager was aware of their responsibilities to ensure where people were being deprived of their liberties that an application would be made to the supervisory body. Where people were living with an authorised DoLS in place this was reflected in their care plans. 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). Care plans also documented how staff should support people in the least restrictive manner. Where people were under constant supervision or equipment was in place to monitor people's safety, such as door sensors, this was included in DoLS assessments and relevant mental capacity assessments had been completed.

People's needs were assessed before moving to the service. Pre-assessments were detailed and showed that people's physical and mental health needs had been assessed. People's care and support plans provided clear guidance in line with guidance from healthcare professionals. For example one person lived with epilepsy. There was clear guidance for social care workers to follow to assist the person if they were experiencing a seizure. Clear guidance was in place for social care workers to follow in relation to night time monitoring and how to assist the person with bathing and swimming.

People's care and support plans reflected their diversity and protected characteristics under the Equality Act. For example, one person identified as following a specific cultural belief. Their care and support plan documented what was important to them as part of their belief and which parts of the belief system they did not always follow. For example, one person had a specific belief which their family wished for them to follow, there was clear guidance for social care workers to follow to meet this need including when best interest decisions may be required.

People had access to health and social care professionals. Records confirmed people had been referred to a GP, continuing healthcare professionals, occupational therapists and physiotherapists. Social care workers had identified that one person was at risk of choking and had suffered a choking incident. The service had sought the assistance of speech and language therapists who have provided clear guidance for the person. This included using adapted cutlery, ensuring food was cut into small pieces and served with sauce. The person was supported to ensure they did not eat too much food at once and agreement was in place for the person to have their food blended if they were anxious. Social care workers understood the support the person required and understood how to meet their needs. We observed the person being supported in line with the guidance provided.

People received diets which met their dietary needs. Social care workers told us how they supported people to have a varied diet and understood the individual needs and risks of each person. For example, three people had been assessed as being at risk of malnutrition. Social care workers ensured these people were supported with snacks and food which had been fortified, with butter and Jersey milk. One person often became distracted at mealtimes and focused on their ritual habits. Social care workers reassured and supported this person to enjoy their meals. Three people when asked told us they liked the food they received at Coppice House. One person said, "I had a good tea."

People were comfortable in their environment and had the spaces which met their individual needs. For example, one person lived in their own separate annex. Social care workers and people ensured this person's space was protected to ensure their comfort and wellbeing. People's rooms were personalised with items

and pictures which were important to them. One person had activity boards in their room which they enjoyed. The home's television was set at a volume which was appropriate for people and did not cause them any discomfort.

Is the service caring?

Our findings

People valued their relationships with the social care workers and felt really cared for and that they mattered. People's relatives spoke positively about the care and support their relatives received and the social care workers supporting them. Comments included: "It's as good as it can be" and "They do seem to care and understand." Two people's independent advocate felt the care provided was "person centred."

Healthcare professionals spoke positively about the caring nature of the service. One healthcare professional told us: "I think the staff know the residents well. They understand their behaviours and how to work with them. The staff appear very relaxed and calm when we visit as these residents are often not calm and relaxed."

People's ongoing relationships with their family and people important to them were supported and prioritised by the staff and registered manager. People frequently went out for overnight stays with their family. Social care workers told us how they supported some people with visits with their parents and family members to ensure they had the time with family to maintain their personal relationships. One person was supported to meet their relatives in the community including soft play areas. Social care workers supported the person and their family to do this as it provided them the time together in an environment which was stimulating for the person. Social care workers also combined these visits with discussing the person's care with their relatives and ensuring they were happy with the care. One social care worker said, "This helped. We try and support families as well, the parents are often giving up their "parent role" which is difficult, we want (people) to maintain their relationships."

There was a pleasant and lively atmosphere within the service on both days of our inspection. People were supported by social care workers to spend their days as they choose. Six people living at Coppice House received one to one support from social care workers. Social care workers supported people to enjoy the home's grounds, enjoy activity sessions within the home's 'colour care'. We observed social care workers assisting people to go out and access the community shopping and assisting them with activities which were important to them such as swimming.

People were encouraged to make decisions about their home which reflected the services person centred approach. People were supported to decorate a fence in the home's grounds alongside social care workers. They decorated this in bright vibrant colours. Additionally people's art work was displayed in the "colour cave". People also had access to football goals which they had helped choose following recent football tournaments arranged by another home within the provider's care group.

People were supported to manage their health care needs and risks. The registered manager had provided people with easy read guidance on how to test themselves for lumps or any irregularities. This was important for all people to understand. This support enabled people to check themselves without feeling their dignity was impacted by them being checked by someone they were unfamiliar with.

People's personal achievements were recorded and celebrated. For example, one person was supported to

assist with cooking and cleaning within the service. Photos of the person completing these tasks had been taken and clearly showed how the person was being supported to maximise their independence.

Staff demonstrated their knowledge of people through their interactions and were aware of what was important to each person. For example social care workers told us how they assisted people with the things which were important to them. For example one member of staff told us how they supported one person with their own activities such as physical exercise. They explained the person liked to be supported by "male staff which has benefitting him accessing the community." The social care worker explained how they had worked with the person who was anxious in the community to enjoy their favourite fast food meal in the restaurant. The registered manager and social care workers expressed pride in the progress the person has made.

People were treated with dignity and respect. All social care workers we spoke with emphasised that this was the person's home and it was a privilege to work in their home. They took the time to engage with people about what they wanted to do and asked permission before supporting any person in anyway. For example, one person lived in their own annexe at the home. Before staff or visitors entered this annexe the person was asked for their consent. The person was able to clearly indicate if they wanted the person to stay. Social care workers and the registered manager informed us they always respected this person's wishes. The inspector was introduced to this person and the registered manager asked if the person was happy for the inspector to be in his room, to which he declined.

Five people were supported by an independent mental capacity advocate. An advocate is an independent professional who helps people make decisions, about their health and accommodation. We spoke with one advocate who informed us, "I had no concerns whilst visiting the home. I felt that it was very well managed and staff person centred."

People's spiritual and cultural needs were respected by social care workers. For example, one person had a specific religious and cultural belief. Social care workers understood how they needed to support this person with their needs to ensure they were respected and protected. For example, one social care worker said, "They don't celebrate Christmas, so we're sensitive at that time."

Is the service responsive?

Our findings

People's relatives told us social care workers understood their relative's needs, values and beliefs. People's relatives spoke positively about the personalised care their relatives received, and felt they were involved in decisions about their relative's care and support. Comments included: "The keyworker is the main point of contact. We generally have an opportunity to catch up every month" and "He has a good key worker who keeps us up to date."

People received care which was flexible and responsive to their individual needs and preferences. Staff had a good understanding of the needs and aspirations of the people living at Coppice House and worked with people to enhance their wellbeing. Three social care workers spoke positively about supporting people to live an "as active and fulfilling life as possible." For example, one person was supported with a range of activities and trips which were important to develop their wellbeing, including going to a (sensory experiences) and going to the aquarium. Social care workers understood which activities people enjoyed by seeing how the person enjoyed the activity. This enabled them to ensure activities were structured around people's preferences and needs. Social care workers had identified a number of people living at Coppice House enjoyed physical exercise and weekly sessions had been arranged to provide people with gym activities. People responded positively when we talked about these activities and it was clear they had a benefit on their health and wellbeing.

People's care and support documents provided social care workers with clear information on people's needs and preferences and how to support them live a full and meaningful life. For example, one person had been supported to lose weight with support from healthcare professionals to maintain their health and wellbeing. They had been supported with their health and mobility and had been supported to move to a ground floor bedroom following a recent deterioration in their mobility. This enabled the person to maintain their access to their bedroom when they chose, maintaining their levels of independence.

Where possible, people were at the centre of discussing and reviewing all aspects of their care. For example, registered manager and social care workers took time to go through people's care and risk assessments to ensure the people's views were respected. Social care workers took time to sit with people and explain their care and support plans in clear and simple ways so people could understand them. If a person did not wish to be involved in reviewing their care or their monthly keyworker meetings, their choice was respected.

People's skills, confidence and personal development was supported by training in subjects to ensure their safety and develop their personal skills, such as keeping safe and some elements of food preparation. Additionally people were involved in keeping their environment clean and safe. For example, one person sometimes worked alongside social care workers to keep areas of Coppice House clean and tidy.

People were supported to go on fun and activity holidays. They had been involved in the planning of their holidays and which members of staff they wanted to go with them. For example one person had been supported to go on a holiday to Dorset and visit a wildlife park to see their favourite animals. The person got a memento of the holiday which they proudly kept in their bedroom.

People enjoyed a busy and activity life, which included activities, events and tasks which were personalised to their needs, wishes and goals. During our inspection, people enjoyed a range of activities and excursions. People enjoyed one on one time with social care workers going shopping in Gloucester, or going for a drive. One person when asked responded positively about going out on activities. The person had been supported to buy a new car. They asked for a photocopy of the car to be taken and given to the inspector.

We observed three people, three social care workers and the activity co-ordinator enjoying an arts and crafts session in the home's 'colour cave'. People were being supported with painting, cutting and arranging shapes to create a decorative window screen for their sensory room. People were supported. One person was moulding clay. The activity co-ordinator told us they had identified this was something the person enjoyed and received a sensory benefit from. One social care worker brought in drinks, biscuits and snacks for people to enjoy which people enjoyed. Throughout both days of our inspection people were supported with activities which were based on their needs, for example one person enjoyed going for a walk with their social care worker and enjoying a short kick about with a football.

We looked at the home's compliments and complaints records which were held by the registered manager. The registered manager explained that they had not had any complaints since their registration with CQC changed in 2016. There was an easy read complaints policy in place so that people understood how to make a complaint if they wished. One person understood that they could complain and how to do it. One person told us "I'd say if I wasn't happy." One relative told us, "I know I can go to the manager, or the head office if I need to, I have all the details."

Is the service well-led?

Our findings

There was a strong management team in Coppice House. The registered manager was supported by a deputy manager and a team of team leaders. People and their relatives spoke positively about the management of Coppice House. One relative told us, "Managerial staff seem to be quite good communicators. They let us know anything of significance promptly." One person living at Coppice House was happy to tell us who the "boss" was.

Healthcare professionals felt the service was well led and people living at Coppice House benefitted from a dedicated and strong registered manager. One healthcare professional told us, "I felt that it was very well managed and person centred."

Social care workers told us they were well supported and felt Coppice House was well led. Comments included: "(registered manager) is very good, we're already talking about progression"; "(registered manager) is fantastic, always asking us to do things and supporting us to develop" and "We get 100% direction from (registered manager). She wants people to do well, tries to get you to better yourself. We have a lot of trainers (staff who had completed train the trainer courses) which helps everyone improve."

Social care workers had written testimonials about the support they had received from the registered manager and provider. These testimonials explained how the support had improved their individual skills, well being and confidence. For example, one social care worker documented how they were supported to develop their confidence around training their colleagues by observing and working with the registered manager. The regional area manager for the provider informed us that the registered manager had been nominated and won the providers leadership of the year award for their commitment and focus on developing their staff.

The registered manager benefitted from support by the provider. They had an established supervision and annual appraisal schedule with the area director where their performance was reviewed and any personal development plans could be discussed. The registered manager worked on a buddy system with other registered managers to encourage their personal learning and support. There was also an annual staff conference that allowed for networking with other managers.

The registered manager provider was committed to driving improvement through nurturing staff and developing their managerial and leadership skills. They had introduced 'The Choice Care Group Academy' which had been set up in 2010. The academy ran three management development programmes suitable for beginners to more senior staff. The academy was run by managers within the provider organisation. One social care worker had undertaken management development programmes as they had expressed a desire to develop their career. This social care worker told us, "I've been supported to access the management development programme; it has been really helpful and has enabled me to develop".

People's views and choices were an integral part in developing and shaping the service. The registered manager held monthly house meetings, or more frequently when required. The meetings enabled people to

discuss their views and any changes they would like to happen. At a recent meeting people discussed Christmas activities. These meetings were also used to convey important messages, for example, people were provided with easy ready guidance and information in relation to checking for testicular cancer. This guidance was implemented to support people with this check to ensure their health and wellbeing.

People had a number of easy read policies within the home that helped them understand why certain processes and protocols were in place. These policies included 'keeping safe', 'choosing staff' and the 'Mental Capacity Act'. This access to information enabled people to feel more confident.

The registered manager explained how social stories (a story, including pictures of achievements people have made whilst living at the service) for each person enabled the service to follow current guidance and evidence the positive impact these programmes had had on people and their wellbeing. For example, one person had social stories which documented the tasks they completed around the home, including assisting to clean and cook. By doing these activities the person had been supported to develop their independent personal skills.

Some people were part of the provider's service user committee which met every three months. This was made up of people representing people from all of the provider's services. We looked at the service user committee meeting minutes for meetings carried out in 2017. Topics were discussed around different events held in people's homes and volunteering for an open event for the Provider. Not only did this ensure people were part of the planning for all aspects of the service but it had the added benefit of allowing people the opportunity to make friends and develop relationships outside of their home.

The quality, safety and effectiveness of the service were monitored by a wide variety of quality assurance processes and audits. The service had a monthly monitoring visit from the provider and four audits a year from an area director. There was also an annual finance audit by the provider. The registered manager and their management team audited many of the processes and records relating to the care and support of people within the home. This included handover, mealtimes, medicine management and people's care plans. Where necessary, action plans had been developed from the audits and these results had been used to drive improvements.

Quality assurance audits ensured that people's care plans were always an accurate reflection of where they were in their goals, achievements and all other aspects of their care. It was noticeable on inspection that the documents related to people's care and support were being constantly reviewed and updated to reflect people's changing needs.

Quality assurance auditing was not just the responsibility of the provider and registered manager. This work was also undertaken by an expert auditor. The expert auditor role was taken up by people that were living in one of the provider's homes, or had lived there at some point. Their job was to help the service gain a greater understanding of what a service looked like from the perspective of people that live there. This was a paid role and the person received support and training to undertake the role. The expert audits were completed every three months. The auditor wrote a report and sent their findings to the registered manager and the area director. Any actions identified would be completed by the registered manager. For example, the last expert auditor visit to Coppice House identified that there were no concerns and felt the service was "excellent".

Coppice House worked with healthcare professionals to develop strategies to support people during periods of difficulty in a variety of settings. The provider and registered manager had trained social care workers to develop ways of supporting individuals proactively, actively and reactively inside and outside of

Coppice House looking for early warning signs of behaviours. This had reduced the number of physical interventions carried out by staff. One social care worker told us, "We look at positively and proactively assisting people. For one person having a privacy fence in place has reduced the amount of incidents. It's 100% helped. We use training to share our experiences with other staff."

We looked at the result of the stakeholder quality assurance survey of Coppice House in 2017. The registered manager was reviewing the comments to see if there were any actions that could be taken, however the survey demonstrated that everyone was very happy with the service.