

# Strode Park Foundation For People With Disabilities

## 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

We inspected the service on 3 July 2018. The inspection was unannounced. The Coach House provides accommodation and personal care for up to nine people with physical and learning disabilities. The service supports people to be more independent by allowing them to make their own choices and learning new skills. The Coach House is part of The Lifestyles Academy for Independence, which includes day provision and outreach services, within the Strobe Park Foundation which is an independent voluntary organisation and registered charity. At the time of the inspection there were eight people living at the service.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. 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.

At our last inspection we rated the service 'Good'. At this inspection we found the evidence continued to support the rating of 'Good' and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. At this inspection we found the service remained Good.

The service had a registered manager in post. 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.

The provider took appropriate action to manage accidents and safeguarding incidents. Staff told us they would report any suspected abuse and knew about the procedure for this. Staff were recruited safely and medicines were stored and administered in a timely manner.

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.

People's needs were assessed before moving to the service and staff had the right skills and training to support people. People were encouraged to eat healthy and balanced diets.

People received a service which was caring. People were treated with dignity and respect by staff who were compassionate and caring. Staff treated people's private information confidentially. People were able to make decisions about how their care was provided, and were involved in reviews along with family members and the appropriate professionals involved with their care.

People received care that was personalised to their individual preferences. Staff knew people's needs and personalities well. When people or their families had complaints or concerns they were encouraged to raise them. Management saw complaints to be an opportunity to improve the service. There were clear values throughout the service and we saw evidence that that these values were embedded from the provider right through to staff that care for people at The Coach House.

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.

<b>Is the service safe?</b> Service remains Good	<b>Good</b> ●
<b>Is the service effective?</b> Service remains Good	<b>Good</b> ●
<b>Is the service caring?</b> Caring remains Good	<b>Good</b> ●
<b>Is the service responsive?</b> Service remains Good	<b>Good</b> ●
<b>Is the service well-led?</b> Service remains Good	<b>Good</b> ●

# 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 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 3 July 2018 and was unannounced. It was carried out by two inspectors. Before the inspection, the provider completed 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.

We also looked at previous inspection reports and other information we had about The Coach House including statutory notifications, safeguarding information and complaints. A notification is information about important events which the provider is required to tell us about by law, like a safeguarding incident or a serious injury.

During the inspection we met and spoke with two of the people who lived at the home and two relatives. We spoke with two support workers, and the deputy manager and the office manager. The registered manager was on annual leave at the time of the inspection, however we were supported throughout by members of staff and management that were available.

We reviewed two people's care records, looked at two staff files and reviewed records relating to the management of medicines, complaints, training and how the registered persons monitored the quality of the service.

# Is the service safe?

## Our findings

People told us they felt safe at The Coach House. When we asked people what made them feel safe, one person used hand gestures and visual communication, for example; they nodded their head to tell us that they felt safe.

People continued to be safeguarded from potential harm and abuse. Safeguarding training had been completed by staff. Staff were asked to describe the signs they could witness that would raise concerns about a person or situation. People told us they felt confident to raise concerns to staff and that they would be addressed. Staff told us they knew how to raise concerns within the organisation and outside. One member of staff said, "I would have no hesitation in telling CQC if needed".

Risks to people and the environment had been assessed and minimised to keep people safe. Where risks to a person were identified, a risk assessment had been completed. For example, where a person had an allergy, staff knew the signs and symptoms to look out for and what to do in an emergency. The risk assessment provided clear guidance on how to reduce the identified risk. Staff were also aware of other risks to people, and described to us how they followed the guidance to further reduce risk.

The fire alarm was tested regularly and records of testing were kept along with other health and safety checks and audits. Equipment was regularly maintained. For example, wheelchairs had been serviced two weeks prior to this inspection.

Staff and the registered manager took steps to learn and improve when things went wrong. Accidents and incidents continued to be recorded and the registered manager reviewed all accidents and incidents. Any incidents around the health and safety of people were subsequently considered by the providers health and safety committee. These were discussed and lessons learned to ensure the risk of it happening again was reduced.

People's needs continued to be met by sufficient staffing numbers. Staff told us, and we observed staff were not rushed, and responded to people in a timely manner. We reviewed rotas and observed that there were no gaps. The assistant manager told us that rotas were completed in advance by senior staff and any additional shifts needed were filled using staff from elsewhere on site to ensure continuity of care. All staff had been subject to criminal record checks before starting work. These checks were done by the Disclosure and Barring Service (DBS) and supported employers to make safer recruitment decisions and prevent unsuitable staff being employed.

People continued to receive their medicines in a safe way. Medicines were checked during handover by staff, and regular audits were completed to ensure people received their medicines how and when they needed them. Staff told us they were confident in administering people's complex medicines, following observed practice and training.

People continued to be protected by the prevention and control of infection. We found the service to be

clean and tidy. There were records that showed regular cleaning schedules were maintained and there was plenty of hand sanitiser for people to use both in the kitchens and bathrooms.

# Is the service effective?

## Our findings

Staff worked effectively together, they communicated well and shared information. Staff handovers between shifts made sure that they were kept up to date with any changes in people's needs. For example, following a Speech and Language Therapy referral (SaLT), guidance was given to change the texture of a person's food and drink. Care plans were updated and information shared at change of shift.

Staff were trained and supported to have the right skills, knowledge and qualifications necessary to give people the right support. New staff received an induction and all staff received continuous support in the form of training and regular supervision and appraisals. Staff said regular supervision gave them the opportunity to discuss any issues or concerns that they had about caring for and supporting people, and gave them the support they needed to do their jobs effectively.

Staff had a transition period throughout the year where they were assigned to work at a different part of the lifestyles academy at Strode Park. For example, someone who worked at The Coach House would have a period of time working in community support or the day service and vice versa. This encouraged staff to experience other areas of Strode Park and helped to provide continuity of care should staff be asked to cover any staff shortfalls.

People's physical, social and health needs were assessed before moving to the service. This had been done to ensure they had the appropriate resources to meet people's needs. These initial assessments also included if people had any cultural or ethnic beliefs that effected how they wanted their care delivered. Staff knew people well and understood how they liked to receive their care and support, and what activities they enjoyed. Staff were able to tell us about how they cared for each person on a daily basis to ensure they received effective individual care and support. They were able to explain what they would do if people became restless or agitated. People had clear, personalised communication guidance in place.

The management and staff were aware of the need to involve relevant people if someone was unable to make a decision for themselves. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of inspection, DoLS applications had been submitted for authorisation and best interest meetings had taken place and recorded accordingly.

People's health was monitored and when it was necessary health care professionals were involved to make sure people were supported to remain as healthy as possible. People were supported to attend appointments with doctors, nurses and other specialists they needed to see. People who had specific needs, such as requiring specific techniques for oral hygiene, had detailed personal guidance for staff to follow. This described specific symptoms they may display and how to support them.

Where they wished to be, people were involved in planning the menus, buying food and preparing some meals. During the inspection one person was preparing their meal. Staff were aware of what people liked



and disliked and gave people the food they wanted to eat. People were supported and encouraged to eat a healthy and nutritious diet. Throughout the inspection regular drinks and snacks were offered by staff and people were supported to make drinks with staff.

People's bedrooms were personalised with their own possessions, photographs and pictures. People, along with their families were involved with how they wanted their bedrooms. As well as being decorated as they wished, the rooms were well maintained. One person's bedroom had many sensory features which staff told us they liked and how certain features help various moods.

## Is the service caring?

### Our findings

There were positive relationships between people and members of staff. People were clearly comfortable in the presence of staff and we observed staff members adapting their communication to meet the needs of each individual. People were relaxed and looked to staff for reassurance if they felt unsettled or anxious.

Staff knew about people's background, their preferences, likes and dislikes and their hopes and goals. During the inspection we observed many kind and caring interactions, where it was evident that staff knew the person well, and how they would respond. One person showed a little anxiety; staff calmly supported them in line with their planned care guidelines, and soon after the person settled.

People and relative surveys indicated they were happy living at The Coach House. Staff supported people to live alongside each other and reminded people they could spend time in their bedrooms if they wished to have privacy. People were supported by staff to maintain their personal relationships. This was based on staff understanding who was important to the person, their life history, their cultural background and their sexual orientation. People were treated with dignity and respect. Staff took care to ensure that people were treated in a dignified manner. Tasks such as personal care were discussed discretely with people and carried out in private. Where staff spoke about others, conversations were held in private so that people's privacy and personal information was respected. We observed doors to the room where discussions were being held remained shut until conversations had ended.

People were involved in making decisions about the care and support they received. For example, people were being supported to take a trip to Eurodisney and to Butlins. Care was planned around the individual and centred on the person. The service had electronic devices for people to use, to help communicate their choices and needs, which encouraged independence.

Relatives were involved in care planning and kept updated with any developments at the service. Information was available throughout the service and guides were given to people and their family members to ensure they had all the information they needed. People were supported to be part of their local community and helped to be as independent as possible.

Where appropriate, people were supported to move to community supported living services, others could move to the main house, which was a part of Strode Park that aimed to develop a person's independence even further. Some people were supported to move to other services within Strode Park or to external providers.

## Is the service responsive?

### Our findings

People received personalised care that was responsive to their needs. People had person-centred care plans that detailed their histories and backgrounds and were reflective of their current and changing needs. Where people needed support to make their needs known, family members and healthcare professionals were involved. At the time of our inspection, some people had the support of an advocate. An advocate is someone who supports people to express their views and wishes, and stands up for their rights. People's support needs were reviewed regularly, six monthly or as and when their needs changed. For example, following a review a person wanted to become more involved with personal hygiene and requested to have two baths a week as a goal for them to work to. Records showed that this was happening.

People were involved in meaningful activities, that they chose. Activities were person centred and each person had a weekly timetable. Activities we saw people had chosen to do included arts and craft, receiving a head massage, going shopping and to the cinema. People particularly enjoyed days out to local towns and restaurants. On the day of our inspection people were supported to attend an on site day service, called "Rise". On their return, we saw how much people enjoyed their day. We observed another person being supported with colouring and drawing by staff, which they were clearly enjoying. Other people were supported to play games. Some people needed support communicating, and staff were able to identify from their body language and the sounds they made if they enjoyed their activities.

Staff knew how each person communicated. Information in care plans gave staff clear guidance on their preferred method of communicating. Staff told us this ensured people were supported to spend time doing what they wanted on a daily basis. Staff were able to support people during medical appointments for example by using people's hospital passports. A hospital passport is a document of a person's health needs but also has information about likes and dislikes, ensuring other health professionals are aware of people's choices and how they want to be communicated with.

No one at the service was actively practicing a religion, however staff told us people liked to celebrate occasions such as Christmas.

There was a complaints policy in place. Since the last inspection, two complaints were responded to in a timely manner, by way of a letter, and were resolved satisfactorily. The complaint procedure was on display at the entrance to the building for health professionals and anyone visiting the service to see. The provider had looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand the information being given. Easy read versions of the complaint procedure, using pictures and simple words were accessible in people's bedrooms so they that they knew how to make a complaint and who to direct it to.

At the time of our inspection the service was not supporting anyone at the end of their life, however people's end of life wishes were discussed during care reviews and staff had received training in end of life care.

# Is the service well-led?

## Our findings

Staff told us they felt well supported and able to openly communicate with the registered manager. Staff clearly enjoyed working at The Coach House. This was evident from their interactions with people. Staff told us they received the support they needed to effectively support people.

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.'

One staff member told us they found the registered manager to be "open and honest", they said, "They run decisions past the team; there's a good structure. They {the manager} are involved in all the day to day things." People said that the manager was approachable and always around, so they felt they could speak with them if they wished. Our observations showed that staff were professional, caring and respectful. We received positive feedback from professionals who had regular involvement with the service. Relative surveys told us the manager was approachable and easy to talk to.

The registered manager made sure that staff were kept informed about people's care needs and about any other issues. Staff handovers and team meetings were used to update staff regularly on people's changing needs. There were a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely and to the required standard. Staff knew where to access the information they needed.

Staff and people engagement was evident with a notice board displaying meeting minutes for reference. For example, these referred to people requesting to discuss holiday destinations. During the inspection we saw that these discussions had taken place. This showed that people were being listened to and actions were being taken forward.

The deputy manager was new in post but had good oversight of the service; they said they felt well supported by the registered manager and other senior staff. They audited aspects of care both weekly and monthly, such as medicines, care plans, accidents and incidents, health and safety, fire safety and equipment. The audits identified any shortfalls and action was taken to address them. Systems were in place for quality monitoring checks, which were completed by the director of care. Recent quality assurance surveys from relatives gave positive feedback.

The provider continues to improve the service and peoples experience. They had forged good links with the community, attending local theatres for example. Also they had worked with the local police so that the police had a better understanding of people with learning and physical disabilities. Students from the local area were also invited to the service for work experience. During the inspection a group of students were helping with art and craft sessions.

The visions and values of the organisation were putting people first, being a family, acting with integrity,

being positive and striving for excellence. The registered manager and staff were clear about the aims and visions of the service. People were at the centre of the service and everything revolved around their needs and what they wanted. When staff spoke about people, they were clear about putting people first. Staff were clear about their roles and responsibilities.

The registered manager had notified the Care Quality Commission of important events as required. It is a legal requirement that the provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The rating was conspicuously displayed in the service and on the provider's website.