

Lifeways Community Care Limited

The Coach House

Inspection report

34A Stapenhill Road
Burton On Trent
Staffordshire
DE15 9AE

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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

The Coach House is a care home providing personal care to one person with a learning disability at the time of the inspection. The service was a small domestic style home. It was registered for the support of up to two people. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

Quality assurance tools in relation to the person's medicines had not always identified where improvements were required. Despite this, the person was supported by trained staff to receive their medicines as prescribed. The provider had not met their legal requirement to notify CQC where required.

The person was supported to maintain a balanced diet and were encouraged to engage in meal choices and preparation. The person accessed healthcare professionals as required. Staff worked closely with professionals to ensure the person received effective support that was based on their preferences.

The person was supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The person was supported by safely recruited staff who knew them well.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that the person can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for the person reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. The person's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The registered manager reviewed the quality of the service and lessons were learned when things went wrong to ensure risks to the person were reduced. The person and their family felt able to raise concerns with the management team and we saw complaints were responded to in line with the provider's policy.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 14 December 2015). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

The Coach House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

The Coach House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service and one relative about their experience of the care

provided. We spoke with three members of staff including the registered manager, deputy manager and a care worker. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included care records and medication records. We looked at one staff file in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records. We spoke with two professionals who regularly visited the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same.

Good: This meant people were safe and protected from avoidable harm.

Using medicines safely

- Records relating to medicines did not always contain protocols where the person was prescribed medicines 'as required'. Despite this, medicines were administered by trained staff who were knowledgeable about the person's medicines.
- Staff did not consistently record the temperatures in the medicines room. For example, we saw no temperature was recorded for 18 days. We raised this with the registered manager who acted immediately to ensure systems were in place to ensure 'as required' medicines protocols were in place and staff consistently checked and recorded the temperature of the medicines room.
- The person received their medicines as prescribed and medicines were reviewed by health professionals regularly to ensure they remained effective.

Systems and processes to safeguard people from the risk of abuse

- The person was supported by staff who received safeguarding training and were knowledgeable about the different types of abuse. One staff member told us, "I would report it to [the registered manager] and we would investigate the concerns and alert the safeguarding team."
- The provider had procedures in place to ensure concerns about the person's safety were reported appropriately. We saw where concerns had been raised the registered manager had reported these to the safeguarding team.

Assessing risk, safety monitoring and management

- The person had personalised risk assessments in place which included guidance for staff to manage and reduce the level of risk.
- Risk assessments focused on the person's goals and promoted the least restrictive options for people's support. For example, risk assessments encouraged the person to prepare their own meals.

Staffing and recruitment

- There were sufficient numbers of trained staff to ensure the person's needs were met in a flexible way. For example, people could choose how they wanted to spend their day.
- Staff were recruited safely. Staff had received checks from the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decision and prevent unsuitable people from working with the person.

Preventing and controlling infection

- The provider had effective systems in place to ensure infection control procedures were followed. For example, staff used protective personal equipment including aprons and gloves when they were supporting the person.

Learning lessons when things go wrong

- We saw there were systems in place to ensure learning could be considered when things went wrong. For example, when incidents had occurred these had been recorded, considered and records reviewed to reflect the person's changing needs.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The person's physical, mental health and social needs and choices were comprehensively assessed prior to the start of and during their care. A relative told us, "It was lovely as [the deputy manager] came to see us and to meet [person's name] before they moved in."
- The provider sought other professionals' advice where this was required. For example, from speciality nurses.
- The provider worked alongside staff to ensure changes in the person's needs were recognised and their care plans remained up to date.

Staff support: induction, training, skills and experience

- Staff received an induction which supported them to meet the person's needs. One staff member told us, "My induction was useful and I had good guidance from [the management team.]"
- The person was supported by an experienced staff team who told us the training was 'good' and had completed training such as first aid.
- There was an effective system in place to monitor staff training to ensure this was up to date.

Supporting people to eat and drink enough to maintain a balanced diet

- The person was supported to maintain a balanced diet by staff who understood their preferences.
- Staff encouraged the person to engage in making choices about their food and cooking to develop their skills and independence.

Staff working with other agencies to provide consistent, effective, timely care

- The person was supported by a consistent staff team who knew them well.
- Professionals we spoke with were consistently positive about The Coach House. For example, one professional told us, "[The provider] have been really proactive in their approach to supporting people to maintain consistency and monitoring [people's] behaviours."

Adapting service, design, decoration to meet people's needs

- The person had chosen the décor within the home. A relative told us, "[Staff] bought curtains, carpets and pictures to make [person's name] feel at home. They let us put our stamp on it."
- The home was spacious and all bedrooms had ensuite shower rooms.

Supporting people to live healthier lives, access healthcare services and support

- The provider worked alongside health professionals to support the person to access healthcare and support. The person's care records contained information of health professionals involved in their care such as their GP.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

- The person had capacity assessments which were decision specific and reviewed when their needs changed.
- Staff understood the importance of helping the person to make their own choices regarding their care and support and staff asked for consent prior to offering support.
- Where best interests decisions had been made staff involved the person's family and professionals.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The person was treated with kindness and compassion. A relative told us, "Everybody is very friendly."
- Staff understood equality and diversity. The person's religious, cultural and social needs were considered during care planning and delivery.
- The person was supported in a sensitive way when they became distressed. For example, staff knew what helped the person feel calm.

Supporting people to express their views and be involved in making decisions about their care

- The person was encouraged to make choices about their day including what they would like to eat and drink and whether they would like to go out.
- The person's care plans considered their choices and preferences and staff provided support accordingly.
- The provider involved the person, their relatives and professionals in reviews of their care. A relative told us, "[Relative's name] is always invited to reviews."

Respecting and promoting people's privacy, dignity and independence

- The person was treated with dignity and respect.
- Staff promoted the person's independence.
- Staff ensured the person's privacy. One staff member told us, "We close the shower door and bathroom door when [person's name] is in the shower."
- The person's right to confidentiality was respected and records were kept secure.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

Good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The person had personalised care plans which reflected their physical, mental, emotional and social needs. For example, care plans included the person's preferences and guidance for staff on how to support the person to reflect them.
- The person was empowered to have as much control as possible. For example, we saw the person and their family were regularly consulted about their care.
- The person was supported by staff who knew them well and supported them to engage in activities they enjoyed. For example, the person spent time walking.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The person was supported with their communication. For example, staff understood the person's nonverbal methods of communication.
- The provider met the Accessible Information Standard and information was available in formats the person could understand.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported the person to maintain relationships with those important to them. For example, the person spent time with their friends. A relative told us, "We can visit anytime. We could just drop in. Staff encourage you to come over."
- The person was supported to access their local community to reduce the risk of social isolation and enhance their wellbeing.

Improving care quality in response to complaints or concerns

- The person's family knew how to give feedback about their care and support. A relative told us, "I feel able to raise worries with [the management team]."
- Complaints were responded to in line with the provider's policy and procedure.

End of life care and support

- No one was receiving end of life care at the time of our inspection however the provider was aware of the importance of the person being involved in planning their end of life care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement.

Requires improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had not ensured we were notified of an event as required by the law. Despite this, the registered manager was clear about their responsibilities and had a good understanding of regulatory requirements. The registered manager acted immediately to ensure the one missed notification was sent into us.
- Quality assurance tools in relation to medicines records had not identified where room temperatures had not been recorded and 'as required' guidance was not in place.
- Despite this, the provider regularly reviewed the quality of the service and we saw quality checks were effectively completed on care files and actions taken when the person's care needs changed.
- The registered manager had an 'open door' policy. One staff member told us, "The registered manager is really good and helpful. They are always there for you."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We received positive feedback about the management team and their person-centred approach. One professional told us, "They are professional, always listen and respond to any of my concerns. They will put themselves out for you, coming in on their days off."
- Staff meetings took place and were used as an opportunity to share concerns and revisit current guidance.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities in relation to the duty of candour. The registered manager told us, "If anything has gone wrong we would obviously apologise to [person's name] and their family and take steps to prevent anything similar occurring again."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager engaged the person and their families in feedback about the service. For example, they communicated daily with the person's family about their care and support.

Continuous learning and improving care

- The registered manager reviewed all accidents and incidents to ensure risks to the person were reduced in the future.

Working in partnership with others

- The service worked collaboratively with other agencies to ensure the person received the care they needed. One professional told us, "Staff have followed our support strategies and are really keen on working jointly with us."