

Lifeways Community Care Limited

The Coach House (Registered Care Home)

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection was unannounced and carried out on the 27 and 28 July 2016. The Coach House is a residential care home providing individualised support for people with a learning disability. At the time of the inspection four people were using the service.

There was 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 of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was safe. Risk assessments were implemented and reflected the current level of risk to people. There were sufficient staffing levels to ensure safe care and treatment.

People were receiving effective care and support. Staff received training which was relevant to their role. Staff received regular supervisions and appraisals. The service was adhering to the principles of the Mental Capacity Act 2005 (MCA) and where required the Deprivation of Liberty Safeguards (DoLS).

Staff told us there was an open culture and the environment was an enjoyable place to work. Staff were extremely passionate about their job roles and felt integral to the process of providing effective care to people. Family members said the management team were approachable.

The service was caring. We observed staff supporting people in a caring and patient way. Staff knew the people they supported well and were able to describe what they like to do and how they like to be supported. People were supported sensitively with an emphasis on promoting their rights to privacy, dignity, choice and independence. People were supported to undertake meaningful activities, which reflected their interests.

The service was responsive to people's needs. Care plans were person centred to provide consistent, high quality care and support. Daily records were detailed and recorded every hour throughout the day.

The service was well led. Quality assurance checks and audits were occurring regularly and identified actions to improve the service. Staff, relatives and other professionals spoke positively about the registered manager.

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.

Medicine administration, recording and storage were safe.

Risk assessments had been completed to reflect current risks to people.

Staff were suitably recruited and were knowledgeable about protecting people from abuse.

Is the service effective?

Good ●

The service was effective.

Staff received appropriate training and on-going support through regular meetings on a one to one basis with a team leader or senior manager.

People received good support to meet their healthcare needs.

Staff were aware of the principles of the Mental Capacity Act 2005 and people's rights were protected through the use of the Deprivation of Liberty Safeguards.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect.

People were supported to access the community and were encouraged to be as independent as possible.

We received positive feedback about the support provided from people living at the home and other relatives and professionals.

Is the service responsive?

Good ●

The service was responsive

Staff delivered care in a person centred way and were clearly

responsive to people's needs.

People were supported to follow their preferred routines and take part in meaningful activities.

Specific focus was given to getting to know each person as an individual. There was an emphasis on each person's identity and what was important to them.

Is the service well-led?

Good ●

The service was well-led

People and staff benefitted from clear, supportive leadership from the registered manager and provider.

A comprehensive range of audits monitored the quality of the provision.

There was a strong commitment to deliver a high standard of personalised care and continued improvement.

The Coach House (Registered Care Home)

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.

Prior to the inspection we looked at information about the service including notifications and any other information received by other agencies. Notifications are information about specific important events the service is legally required to report to us. We reviewed the Provider Information Record (PIR). The PIR was information given to us by the provider. This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

This was an unannounced inspection which was completed on 27 and 28 July 2016. The inspection was completed by one adult social care inspector. The previous inspection was completed in November 2014 and there were a number of breaches of regulation at that time.

During the inspection we looked at all four people's care records and those relating to the running of the home. This included staffing rotas, policies and procedures, quality checks that had been completed, supervision records and training information for staff.

We spoke with five members of staff and the registered manager of the service. Because we were unable to speak with many people due to their communication difficulties or learning disabilities we spent time observing what was happening in their home.

Is the service safe?

Our findings

The service was safe. People's medicines were safely managed and the practice and procedures followed resulted in minimal risk for error. People's medicines were stored safely and their medicines were given as prescribed. People were supported to take their medicines as they wished. One person's care plan said "At nine pm please give me my evening medication with a coffee and then ask me to settle down for the night, if you do not say this I will not concept the time and I will stay up all night". Staff followed the care plans and people confirmed this. Another person's care plan said "I like to self-administer my creams and lozenges" and "I can communicate when I am in pain". There were clear policies and procedures in the safe handling and administration of medicines. Medication administration records (MAR) demonstrated peoples medicines were being managed safely.

Staff had been provided with training on how to recognise abuse and how to report allegations and incidents of abuse. Policies and procedures were available to everyone who used the service. Staff confirmed they attended safeguarding training updates. The registered manager and staff recognised their responsibilities and duty of care to raise safeguarding concerns when they suspected an incident or event that may constitute abuse. Agencies they notified included the local authority, CQC and the police. One staff member said "If I had concerns about the practice of my colleagues I would feel safe in reporting any concerns".

The provider had implemented a robust safeguarding procedure for people's finances. Each person had been involved in a best interest meeting with relatives and other professionals to ascertain their ability to manage their own finances. A financial capability and risk assessment workbook had been completed for everyone. People's money was audited monthly by a team leader and there was an additional regular audit by the registered manager. We were informed this was to minimise any risk of financial abuse to the people living at the home. One person's risk assessment stated "Although I can recognise coins, I am unaware of the value of money; my brother manages my finances".

New employees were appropriately checked through robust recruitment processes to ensure their suitability for the role. Records showed us people had a Disclosure and Barring Service (DBS) check in place. A DBS check allows employers to see if an applicant has a police record for any convictions that may prevent them from working with vulnerable people. We looked at records for five staff which evidenced staff had been recruited safely.

There was a detailed maintenance plan which was completed at the start of the year. This identified any work required in the home, who was responsible for completing the work and when it was scheduled to be completed. Staff and relatives felt maintenance issues were identified promptly and the work required was completed in a timely manner. One record from the property maintenance company showed us an eight week plan for repairs to the building. This included creating a safe work space for staff and people who live at The Coach House.

Staff showed a good awareness in respect of infection control and food hygiene. There were different

chopping boards which were used for different foods to minimise the risk of cross contamination. We were shown records of the temperatures for the fridge and freezers which were taken twice daily. A checklist had been implemented and was being used to ensure the kitchen area, environment, waste disposal, linen handling and storage of cleaning products were checked daily. Water temperatures were recorded daily for each person's bathroom. On a few occasions they were recorded as too hot. Staff told us they had contacted the plumbing company who came out and fixed the problem. As this had been a recurring problem a new boiler had been fitted in August 2015. A gas check was being completed on the first day of our inspection.

All staff had received fire safety training and people had personal emergency evacuation plans (PEEP). These contained information to ensure staff and emergency services were aware of people's individual needs and the assistance required in the event of an emergency. There were regular fire safety checks in place. The last fire drill record said "I didn't get the red bag which has emergency items in it as one person held my arm the whole time to get out of the building". This had been recorded in the persons PEEP.

Is the service effective?

Our findings

The service was effective. Staff had been trained to meet people's care and support needs. The staff we spoke with felt they had received excellent levels of training which was of good quality and informative to enable them to do their job effectively. These included mandatory courses such as Safeguarding, MCA and DoLS and First Aid. Staff were able to continue their development by attending other courses. One staff member had recently completed Mental Health and Autism awareness courses to further their knowledge in these areas which would benefit the people who lived in the home.

Staff had completed an induction when they first started working at the home. This was a mixture of face to face and online training, and shadowing more experienced staff. New staff members attended a nine day training programme organised by the provider. The registered manager also informed us each new member of staff had an induction pack which detailed core tasks and training they needed to complete. The Care Certificate had been introduced and new members of staff were completing this as part of their induction. The registered manager told us on the last induction programme lots of the staff team, including senior managers had spent a day visiting the new inductees on their first training day over 30 miles away so that they could introduce themselves personally and explain what The Coach House provides for people. The registered manager said the new staff appreciated meeting the team face to face.

Staff received regular supervision and an annual appraisal which enabled the registered manager to formally monitor staff performance and provide staff with support to develop their skills and knowledge. This was to ensure people continued to receive high standards of care from staff that were well trained. Staff had supervision every other month and records showed us that these had all been completed. One staff member said "I always get supervision and I find it helps me, timesheets used to be confusing but after my supervision now it is clear".

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met. 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 lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible and legally authorised under the MCA. The application procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS).

The provider had policies and procedures in place regarding the MCA and DoLS. Everyone's mental capacity had been assessed and records confirmed this. DoLS applications had been made appropriately for some people and the registered manager was awaiting further contact from the local authority regarding the outcomes. Staff had received training on MCA and DoLS and they were able to describe the principles and some of the areas which may constitute a deprivation of liberty. A best interest meeting had been held for one person the day before the inspection. This was clearly documented.

People were able to choose what they would like to eat. This was discussed with people individually due to different communication needs. One person liked to control their own diet and their care plan stated "Requires no support with eating but likes to have soup with a bread roll for every lunch. [The person] will not have breakfast, just a coffee". One staff member explained to us choices were given daily to other people as too much information would be confusing for them and planning in advance did not work well. Menus were varied, healthy and included personal choices. One person was offered a dinner choice the day of our inspection and chose fish pie. Each person had a risk assessment about eating and drinking. This included areas such as choking, medicines, coughing and any behavioural issues i.e. hiding food. People's weight was recorded every month.

People had contact with health and social care professionals and this was documented in their care plans. People could access doctors, opticians and dentists when required. In each care plan, support needs were available for staff with regard to attending appointments and specific information for keeping healthy. One person would only attend the dentist where they used to live which was over 50 miles away. The registered manager had arranged for this to be facilitated and a relative of the person said "It is good that they will take [the person] to visit their old dentist. It is only once a year".

Is the service caring?

Our findings

The service was caring. One person said "I like being here and I feel safe". One member of staff we spoke with was passionate about the service and said they were happy in their job role. One staff member who had worked at The Coach House for three years and was now in a team leader role said "I love my job, I've been here for over three years, and I work closely with my staff team. I feel knowledgeable about the home and the people who live here".

By speaking to staff and looking at records it was evident promoting people's rights and supporting people to increase their independence and make choices was important to the team. The service operated a keyworker system, where a staff member was identified as having key responsibility for ensuring a person's needs were met. Each keyworker was responsible for planning and facilitating people's care plans which involved a review to update changing needs. A report showed us keyworkers would review people's needs every month. Each set of notes was very detailed and included hopes and dreams for the future. One person's notes said "I am very scared by the opticians". Staff told us that they had arranged for an optician to visit the home to reduce anxieties.

The registered manager informed us people, relatives and their representatives were provided with opportunities to discuss their care needs during their assessment prior to moving to the home. The registered manager also stated they used evidence from health and social care professionals involved in the person's care. Examples of the involvement of family and professionals were found throughout people's care files in relation to their day to day care needs.

Advocates, who are individuals not associated with the service were used to support people if they were needed. We spoke to one person's advocate after the inspection who said "The staff have built lovely relationships and are very attentive. People are safe and I always get a positive response when I visit".

People were supported to dress accordingly to their individual tastes. They looked well-presented and well cared for. People's choices around clothes and what they liked to wear was documented in their support plans. People were encouraged to help with looking after their clothes. One person's care plan said "I like to sleep in my socks and I need to be reminded to change these".

Care records contained the information staff needed about people's significant relationships including maintaining contact with family. Relatives told us they were able to visit when they wanted to and were made to feel welcome by the staff on duty.

Is the service responsive?

Our findings

The service was responsive to people's needs.

There had been many compliments about the staff at the home from relatives and professionals. One health professional said "I would like to commend the staff for their on-going care of [the person]. Their diligence has been over and above board. They have great compassion and have maintained dignity throughout the person's medical admission, they all have a can do attitude". One relative said "I have nothing but admiration for them, they are very welcoming and the improvement is great. I really feel they are doing great things".

Each person had a care plan and a structure to record and review information. The support plans detailed individual needs and how staff were to support people. Each care file had a page detailing likes, dislikes and hopes and dreams so it was easy for staff to identify individual preferences.

Staff confirmed any changes to people's care were discussed regularly through the 30 minute shift handover process to ensure they were responding to people's care and support needs. The daily notes contained information such as what activities people had engaged in, their nutritional intake and also any behaviour which may challenge so staff working the next shift were well prepared. The daily notes were recorded hourly with a structure to enable staff to monitor people's wellbeing throughout the day. This gave staff the ability to notice any patterns of behavioural changes and to respond to these. Daily notes included what people ate and drank throughout each day.

Reports and guidance had been produced to ensure unforeseen incidents affecting people would be well responded to. For example, if a person required an emergency admission to hospital, each care file contained a hospital passport. This contained basic contact details, medication and daily needs. Staff were clear as to what documents and information needed to be shared with hospital staff. A hospital grab sheet was available for each person which provided emergency services with essential information about the person. One person's grab sheet said "I always carry a bag when I leave the house; this contains my cassette player, reading glasses and my book".

Staff attended regular team meetings and team leaders had their own separate time allocated for a meeting every month. Staff explained regular meetings gave the team consistency and a space to deal with any issues. Records confirmed these took place regularly. The meetings had specific outcomes and the most recent meeting gave details of a person's significant sensory needs and instructions on how to operate new piece of equipment to support them.

There were no meetings held for residents of The Coach House due to the challenges in communication. Staff told us "If we discussed plans for the week with all of the people who live here they would take things literally and want to do things there and then. Instead we offer choices to them on a daily basis so that it is easier for people to understand". One person had a weekly planner on their wall, a white board and calendar in their room which was their preferred method of making decisions about meals and activities.

One person who lived at The Coach House and is fairly new to the service would stay in their bedroom all day in their previous home. We saw the person standing in the courtyard talking with staff and being encouraged to join in with the conversation. The same person had a real interest in trucks and horses and spoke about going to the lorry park. The registered manager organised for someone to bring a lorry to The Coach House car park to encourage the person to socialise and go outside.

People were able to plan weekly activities and go out if they wanted to. Relatives and people gave us a list of activities people had been participating in. These included; Art and drama groups, rambling, bowling, cinema and walking to the local garden centre for coffee and cake. One person who lives at The Coach House really enjoyed the recent Euro 2016 football competition and would prompt staff before each football game so they could watch it with them. Another person is supported by staff to attend Latin Mass in Cheltenham every week.

People's care plans gave guidance to staff to support people whilst in the community. One person's risk assessment said "I do not like dogs or seeing people in wheelchairs" and "Please do not use the words permanent or long term". This information would enable staff to support the person and manage any risk associated with their anxieties.

In 2015 all of the people and staff team participated in a local charity boat race at the Tewkesbury big weekend. Family and friends were invited to attend. People ran a stall selling cakes which staff had spent the previous week baking and the home won a trophy for the most charity sponsorship raised. The proceeds went to a local animal shelter. There were photos of everyone involved in the hallway of the home and staff were passionate about their achievements and of getting "everyone involved". The home plans to make this a yearly event as it was such a success.

Is the service well-led?

Our findings

The service was well led. There were many positive comments about the provider, the registered manager and the overall leadership of the service. One health professional said "I can only report good things; the staff are excellent and are very pro-active. The transition was well organised and it is really good". One relative said "I can always speak to the registered manager whenever I want to and if they are not available the deputy manager is good too".

Staff told us they felt very well supported by the registered manager and provider. They said they felt valued and their work was appreciated. One member of staff told us "The manager is approachable in and out of work. Both of the managers care a lot about the people who live here and are compassionate. The manager rang me at my own home to check in a while ago".

Regular audits of the service were taking place. This included daily, weekly and monthly audits by the registered manager and team leaders. During the weekly audits care plans were reviewed and updated. The registered manager strived to continually improve the service. A previous audit showed that daily notes were brief so the registered manager had recently changed them to be more in-depth. By changing these staff could look for patterns and monitor people's wellbeing and provide more person centred care. The registered manager felt fully supported by the provider who would visit the service and quality assure their systems, processes and records regularly.

The organisational records, staff training database and health and safety files were organised and available. Policies and procedures were in place and easily accessible. Guidance documents for staff were detailed and all in one place to see. Examples of these included a lone working policy and shift related work schedules. A large number of easy read policies were available for people if they wanted them. Some examples of those available were; Dignity and respect, Independent advocacy and voting and registering to vote. One person had been support to vote in the recent EU Referendum. Staff explained the person had to register first and then attend the voting place locally on the day.

The registered manager told us people's care was regularly monitored whilst being in the home. If in hospital, staff continued to visit the person regularly to ensure their care and treatment was of a satisfactory standard. On the first morning of the inspection the registered manager was attending a hospital appointment with a person and stated they could not be back until lunchtime. This showed a person centred approach to the person's health and wellbeing.

The provider had introduced an "above and beyond reward" for staff who deserved recognition for excellent care. The registered manager said she was going to nominate many of the staff team for their recent understanding and excellent care for one person who had become ill and had been admitted to hospital. The manager told us some staff had visited the person in hospital whilst not at work to show them a friendly and familiar face.

The provider sent out a yearly survey to staff which enabled staff to give feedback anonymously if they

wished to. The registered manager told us they can then have outcomes to try and improve the service. Staff were encouraged to make suggestions in the "any other business" part at the end of every team meeting so they could make recommendations as a team. Staff had received a pay rise in August 2016 due to the survey responses.

From looking at the accident and incident reports, we found the registered manager was reporting to us appropriately. The provider has a legal duty to report certain events that affect the well-being of the person or affects the whole service. There had been three incidents recorded in May 2016 and these had all been investigated thoroughly with outcomes. One person had slammed a window and the latch had broken. The registered manager had contacted a maintenance company for it to be fixed. There had been two internal complaints within the previous 12 months and these had outcomes. One person's shaving mirror was broken and had been fixed. Some closer working with relatives had been required and a weekly email had been introduced to provide more effective communication.