SBDP1 Limited

The Coach House SBDP1 Limited

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

The inspection took place on 9 and 10 November 2016 and was unannounced.

The Coach House provides residential care for up to 66 people, some of whom may be living with dementia or have mental health needs. The home is divided into three separate units, The Coach House, Chapel View and The Willow. At the time of this inspection there were 64 people living within the home, 38 in The Willow, 22 in The Coach House and 4 in Chapel View.

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 in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection in January 2015, we identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches related to person centred care and medicines administration and management. At this inspection, carried out in November 2016, we found that the provider had made sufficient progress to no longer be in breach of the regulations.

The service had processes in place to ensure that only those suitable to work in the home were employed. New staff received an induction that prepared them for their role. The provider encouraged staff training and development and this was delivered in a variety of forms. The training the staff received was relevant to their role.

People benefited from receiving care and support from positive staff who told us they were happy working at The Coach House. Staff received support from their managers and colleagues and worked well as a team. Staff morale was good and staff told us that they felt valued by the management team and provider. We saw that staff clearly understood their roles, the responsibilities that came with that and demonstrated accountability.

Everyone we spoke with said there were enough staff to meet people's individual needs. Staff told us that they had time to spend with people engaging on a one to one basis. During our visit we saw that people's needs were met promptly and efficiently.

Care and support was delivered in a respectful and courteous manner and staff understood the importance of empowering the people they cared for. People had choice in how they spent their day and staff respected these decisions. People's dignity was maintained and staff were discreet when assisting people. Staff adapted their language to suit the needs of each individual.

People's independence was promoted at every stage of the care and support delivery. Staff understood the need to maintain people's privacy and confidentiality and respected this.

The provider had processes in place to help protect people from the risk of abuse. Staff were knowledgeable in safeguarding procedures and could tell us how they managed this. Staff knew how and where to report any concerns they may have both inside their organisation and externally.

The individual risks to people had been identified, assessed, appropriately managed and regularly reviewed. These demonstrated people's changing needs. Although not all risks associated with the building and working practices had been recorded, the risks had been mitigated by regular maintenance checks. Accidents and incidents had been recorded and analysed to identify any trends or contributing factors in order to help mitigate future risk.

Medicines management and administration followed good practice and people received their medicines as the prescriber intended. Staff had access to supporting information that assisted in the safe handling and administration of medicines.

The CQC is required to monitor the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and report on what we find. DoLS applications had been appropriately submitted for some people who used the service and these were individual to them. However, although the senior management team could explain how they had assessed these people's capacities to make decisions in relation to these applications, these hadn't been recorded.

People, and where relevant their relatives, had been involved in the planning of care and support that people received. Care plans were individual to each person, accurate and had been regularly reviewed. Copies were in people's bedrooms so they had easy access to these.

Staff told us that they had time to spend with people engaging in social and leisure interests. There was an activities coordinator in place and events were arranged on a regular basis which people spoke positively about.

People's nutritional needs were met and they received enough to eat and drink. People had a choice in what they had and received any specialist diet required. Assistance at mealtimes was dedicated, supportive and inclusive.

Access to healthcare provision was available as and when required. Staff had the knowledge to identify any healthcare issues and knew what actions were required. Referrals to healthcare professionals were made promptly and appropriately and recommendations followed. The three healthcare professionals who provided us with feedback on the service all spoke highly of the service.

The provider had systems in place to monitor the quality of the service and drive improvement. This included regular audits, meetings and gaining people's feedback in both a formal and informal manner. We saw that actions had taken place as a result.

People had confidence in the management team and told us they were approachable, visible, accommodating and knowledgeable. The provider visited the service regularly to provide support. The atmosphere of the home was welcoming and jovial and people told us they would recommend it.

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 received their medicines as the prescriber intended.

The risks to people had been identified and appropriate measures put in place to help reduce those risks.

Processes were in place to ensure suitable staff were employed. There were enough staff to meet people's needs.

Is the service effective?

Good

The service was effective.

Staff demonstrated that they had the skills and knowledge to provide the individual care and support to the people who used the service.

The service was adhering to the principles of the MCA in practice but lacked documentation to demonstrate this.

People's nutritional and healthcare needs were met and they received all the support they needed to achieve this.

Is the service caring?

Good

The service was caring.

People were supported by staff that were empathetic, courteous and understood the importance of empowering the people they supported.

The service had involved people in their plans of care and their relatives had been consulted as required.

People had choice in how they spent their day and they were supported in these decisions.

Is the service responsive?

Good

The service was responsive.

People received person centred care that met their individual needs.

Activities were provided and there was a culture that encouraged all staff to engage in meeting people's social and leisure needs.

Although the service had received no recent complaints, there was a procedure in place to appropriately manage any concerns that people may have.

Is the service well-led?

Good

The service was well-led.

The culture within the home was one of encouragement, involvement and progress. Staff told us that they were happy in their work and they demonstrated a good team working ability and confidence in their roles.

The management team were experienced, visible and approachable.

The system the provider had in place to monitor the quality of the service was effective.

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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 inspection took place on 9 and 10 November 2016 and was unannounced. One inspector and an expert-by-experience carried out the first day of the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The second day of inspection was carried out by one inspector and a pharmacist inspector.

Before we carried out the inspection we reviewed the information we held about the service. This included statutory notifications that the provider had sent us in the last year. A statutory notification contains information about significant events that affect people's safety, which the provider is required to send to us by law. 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 contacted the local authority safeguarding team, the local authority quality assurance team and a number of healthcare professionals for their views on the service.

During our inspection we spoke with two people who used the service, two relatives and one visiting healthcare professional. We also spoke with the registered manager, the deputy manager, the care coordinator, one senior care assistant, one head of shift, one cook and one care assistant. We observed care and support being provided to the people who used the service on both days.

We viewed the care records for three people who used the service. We also case tracked the care and support one person received and viewed a number of medicine administration records and associated documents. We also looked at records in relation to the management of the home. These included the

recruitment files for three staff members, minutes from meetings held, staff training records, quality monitoring information and maintenance records.

Good

Is the service safe?

Our findings

At our previous inspection carried out on 7 January 2015, we found that people were not receiving safe care and treatment. This was because the people who used the service were not fully protected against the risks associated with medicines administration and management. We had found gaps in medicines records and could not be sure people had received their medicines as the prescriber had intended. The service had also failed to take action to ensure that where medicines were administered to people covertly that this was safe and appropriate to do so. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, carried out on 9 and 10 November 2016, we found that the service had made sufficient progress to no longer be in breach of this regulation.

Our pharmacist inspector looked at how information in medication administration records and care notes for people living in the service supported the safe handling of their medicines.

Medicines were being stored safely for the protection of people who used the service and at the correct temperatures. Records showed that people were receiving their medicines as prescribed and changes to people's medicines were properly documented. There were frequent checks and audits in place to enable staff to monitor and account for medicines.

We noted supporting information was available when medicines were given to people to enable staff handling and giving people their medicines to do so safely and consistently. There was personal identification and information about known allergies or medicine sensitivities available to staff. When people were prescribed medicines on a when required basis, there was written information available to show staff how and when to give people these medicines consistently. Charts were in place to record the application and removal of prescribed skin patches and these had been completed by staff.

For people with limited mental capacity to make decisions about their own care or treatment, there were records of decisions to administer their medicines crushed in food or drink (covertly). The records showed staff had followed appropriate procedures, however, the assessments were not dated and gave no indication of review dates to ensure they remained appropriate to give people their medicines in this way.

At our previous inspection carried out on 7 January 2015, we also found that people were not receiving care and support in a person centred manner. This was because people had not received the pressure relieving care specified within their care plans. We had found gaps within repositioning charts and we could not be sure that people had received the care and support they required to maintain their health and wellbeing in regards to their skin integrity. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, carried out on 9 and 10 November 2016, we found that the service had made sufficient progress to no longer be in breach of this regulation.

Where people were at risk of developing pressure areas, these risks had been identified, assessed and reviewed on a regular basis. Appropriate actions had been taken in order to mitigate the risks. These included ensuring people had pressure relieving equipment, good nutrition and regular repositioning. We

saw that repositioning charts were up to date with no gaps and were located wherever the person was within the home. This helped to ensure that they were accessible to staff and easy to complete. We found the same for any food or fluid charts that the service used for those people at risk of developing pressure areas.

People told us that they felt safe living at The Coach House and that they would feel comfortable talking with staff if they didn't. The people who used the service told us that staff assisted them to remain safe. One person who used the service told us, "Oh yes, safe, yes. I'm well looked after." When we asked one person's relative if they felt their family member was safe and well treated they told us, "Absolutely. We've never had any concerns. We find the manager is always available." Another relative said, "Oh goodness yes, No worries at all, [family member's] happy and healthy. If I was concerned I'd see the senior or [registered manager's name]."

Close circuit television (CCTV) was in use in the communal areas of two of the three units, The Willows and The Coach House. The service had taken appropriate action in relation to the installation of this. This included consulting with those who used the service, their relatives and staff. The registered manager was clear on its use which was in order to keep the people who used the service safe. The provider had a CCTV policy and strict procedures were in place around its use, the storage of the footage and access to it. This ensured compliance with relevant legislation.

The service had procedures in place to help protect people from the risk of abuse. Staff had received training in this and were knowledgeable in regards to preventing, protecting, identifying and reporting abuse. They were able to give us examples of symptoms that may indicate a person was being abused and knew the different types of abuse people could experience. They were able to tell us where they could report any concerns they may have both inside their organisation and externally. The registered manager told us that they worked closely with the local authority safeguarding team in order to protect people.

The individual risks to people who used the service, and staff, had been identified, assessed and regularly reviewed. Plans were in place to manage risks appropriately and staff had knowledge of these and the actions required to mitigate the risk. We could see from the risk assessments we viewed that people's changing needs had been managed as required. Detailed information was recorded on people's behaviour in order to manage any risks associated with this and to identify any trends or contributing factors. This was in order to keep people safe and so the service could ensure the person received the care, support and treatment they needed to help maintain their health and wellbeing.

Some risks to the building had been identified, assessed, recorded and managed. This included the risks associated with adverse events such as legionnaire's disease and fire. These were up to date and had been reviewed on a regular basis. Although some risks associated with the building had not been recorded, we saw that regular maintenance checks were in place and had been completed, to mitigate these risks.

Accidents and incidents had been recorded and were regularly analysed to mitigate the risk of future occurrences. When this was discussed with the deputy manager they demonstrated that they understood the need for robust recording in this area and could tell us the actions the service took to help protect people from avoidable harm. This included ensuring people received regular health intervention, the use of assistive technology and referrals to appropriate health professionals such as the local falls team.

Processes were in place to mitigate the risk of employing staff that were not suitable to work within the service. A Disclosure and Barring Service (DBS) check was carried out on potential staff and this was in place prior to staff starting in post. Additional checks included obtaining references, photographic identification

and confirmation of address and national insurance number.

People who used the service, their relatives and staff all told us that they had no concerns in relation to staffing levels. People told us that they received assistance when they needed or requested it. One person who used the service told us, "Staff are usually thereabouts." Another said, "The staff come pretty quick. It's comfortable here." The relatives we spoke with agreed. One said, "Yes, I'm amazed how many there are [staff]. If [family member] needs help with personal care, staff are there. Believe me, if I wasn't happy, you'd soon know about it." One health professional told us that staff were always available to assist people when they visited to undertake assessments or provide treatment. Another told us, "They provide a high ratio of staff on the floor at all times." One staff member we spoke with told us, "We have lots of time to do person centred care."

Good

Is the service effective?

Our findings

People agreed that the staff who supported them had the skills and knowledge to do so. They told us staff were competent in their roles and knew what support people required to keep them well. One relative we spoke with said, "Staff have more than enough skills. Where [family member's] personal care is concerned, they can be quite challenging, but the staff cope with this really well." One health professional told us, "Staff are well trained and approachable and have a good rapport with people." Another health professional said, "Staff are really facilitative." A third health professional told us that the staff had the skills to meet the needs of people with the most complex needs.

Staff had received an induction when they first started in their role. This included a number of shifts where they worked alongside a more experienced member of staff and the completion of workbooks to demonstrate knowledge in their role. One member of staff described the induction they had received as, "Really good." They went on to tell us that at the end of each of their induction days, a senior member of staff made the time to speak with them, check they had no concerns and to discuss their day.

The staff we spoke with were complimentary about the training they had received and they told us this was up to date. One staff member said about the training they had received, "Fantastic – it was amazing." They went on to tell us about the training they had had in supporting people living with dementia. They told us that they had had the opportunity to wear equipment that simulated what it felt like for people living with dementia. The staff member said, "It taught me what it's like for the people I support - why they react in the way they do. It gave me such perspective." They gave us an example of how they had changed their approach as a result. Another staff member said, "I've definitely used what I've learnt in training." They too gave us an example of how the training had helped them support people. They described how they sang with people when assisting them with personal care or talked with them about their family or subjects that interested them. The staff member said, "I want to make them feel relaxed."

The provider encouraged training and staff development including achieving qualifications in health and social care. Staff told us this and we saw that the provider had a training plan in place. Training sessions had been booked for staff through to the summer of 2017. Staff felt supported and received regular supervision sessions with their line manager. One staff member said, "You get all the support you need."

During our inspection we saw that staff put into practice the training they had received. We saw examples of staff supporting people living with dementia in a way that encouraged their emotional wellbeing and provided comfort. Staff supported people to mobilise in a way that was safe and reassuring and we saw that it followed good practice.

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. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The service had submitted a number of DoLS applications to the local authority for consideration to potentially restrict people's liberty in order to keep them safe. Of those we viewed, we saw that these were individual to the people they referred to and appropriate. The registered manager was able to explain the rationale behind these applications and had a working knowledge of the MCA.

However, the mental capacity assessments the registered manager had undertaken prior to making these applications had not been recorded. Through discussions with the registered manager, staff, people who used the service and their relatives, we concluded that the service was adhering to the MCA in practice. The lack of written mental capacity assessments was not having a detrimental impact on the people who used the service. When we discussed this with the registered manager they acknowledged this was required and told us this would be completed as a priority.

People's nutritional needs were being met. The people who used the service told us they enjoyed the food and received enough to eat and drink. One person said, "I'm quite satisfied with the food. Yes there's enough and we get a choice. I'm eating much better since I've been in here. They bring drinks round during the day; it's good." One relative we spoke with told us, "[Family member] loves their egg and bacon for breakfast. Do you know the cook has been known to come in early to do this for them. I think that's very good." This same relative told us how much better their family member was eating since moving into the home. Another relative said, "The food's good. There's a good choice. [Family member] likes fish and there's often fish."

People had care plans in place to meet their nutritional needs and we saw that these had been updated on a regular basis. Where required, we saw that the service had made referrals to healthcare professionals and that their advice was followed.

We observed lunch being served in the dining room of two of the three units of the home. In both units the atmosphere was calm, relaxed and welcoming. We saw that tables were laid out attractively and prepared for people as they arrived for lunch. At least one member of staff was available to greet people as they arrived and this was done with warmth and cheerfulness. Further staff quickly arrived as required and throughout lunch there were enough staff to provide the assistance people needed.

Many people required one to one assistance with their lunch which they received. We saw that this support was dedicated, encouraging and individual to each person. We saw that staff ensured people were comfortable and had all they needed in order to eat and drink, including adaptive equipment. Staff gained people's consent before assisting them with clothes protectors and made sure people had choice. The support people received was respectful and kind. Staff checked that the food was acceptable to people and whether it was the right temperature for them. We saw that staff assisted people at each person's own pace and ensured that the person they were supporting was in control of the situation. Regular and warm interactions were observed and staff managed the individual needs of each person well. This resulted in people receiving a social, positive and individual lunchtime experience.

People received support to access healthcare provisions as they needed or requested them. One person who used the service told us, "I see a doctor and a chiropodist regularly." The relatives we spoke with told us that their family members received the healthcare intervention they needed and that the service was good

at keeping them updated in regards to this. One relative said, "They always ring me after a GP appointment to keep me updated." The healthcare professionals we spoke with were complimentary about the way the service maintained people's health and wellbeing and had no concerns in relation to this.

Good

Is the service caring?

Our findings

The people who used the service, their relatives and the healthcare professionals we spoke with all talked highly of the caring and considerate support staff provided. One person who used the service said, "Staff seem to listen to what I want." Another person told us, "Oh yes, staff care. I feel listened to." One person's relative said that staff were 'exceptionally' kind, compassionate and respectful. A second relative told us, "They're [the service] trustful. When you're giving over the care of someone so precious you have to be sure of everything. You need peace of mind and when I leave here I know [family member] is really well looked after." One healthcare professional we spoke with said, "Staff are nice. They engage with people; it's never patronising. They just adapt their language to suit people's needs. They do that really well."

Throughout our visit we saw that staff provided care and support in a patient, respectful and courteous manner. We saw that they chatted easily with the people who used the service, their colleagues and visitors. Staff were seen to have cheerful interactions with people and used appropriate and respectful touch to comfort and reassure people. One relative we spoke with told us, "Staff show warmth to people here by touching their arm or hand. It's always appropriate and very important." When assisting people to mobilise with equipment, we saw that staff carefully explained the procedure and offered reassurance throughout. When one person knocked their drink over during lunch, we saw a staff member offer soothing words before efficiently and quickly cleaning the area up and retrieving the person another drink. Another staff member offered complimentary and encouraging words to another person who used the service. We saw the person smile broadly before engaging further with the member of staff.

Staff knew the needs of the people they supported. Through discussions with staff and the people who used the service, together with observations, the service demonstrated that people's likes, dislikes and preferences were understood. One person who used the service told us, "The staff know my routine." Staff were able to tell us about the people they cared for. They had an understanding of people's health diagnoses and how this impacted on them physically, behaviourally and emotionally. One staff member we spoke with was able to tell us in detail about one person they supported. They told us about their family circumstances, working history and their interests. They demonstrated that they had insight and empathy into the person's life history and how this affected them currently. Another staff member told us what was important to this same person and explained their routine, needs and the rationale behind these decisions. One healthcare professional who provided us with feedback on the service said, "Each carer knows each person inside out."

People's independence was encouraged and promoted. One relative we spoke with said, "Staff get [family member] standing and give encouragement with eating and drinking. They always show respect and kindness." Another relative told us, "Staff encourage [family member] to do things, yes." We saw a number of examples of staff encouraging people to do as much for themselves as possible. One staff member spent time assisting a person with their lunch. The staff member worked together with the person to achieve the result. The staff member assisted the person to cut their food up and scoop on the fork whilst the person themselves took the fork from the plate to their mouth. This took a good amount of time but the staff member demonstrated patience throughout whilst warmly facilitating the task. On another occasion we

saw a staff member encouraging a person to use their napkin to wipe some food debris off their face. Throughout our visit, we saw staff promoting people's choice and encouraging mobility.

Staff understood the importance of maintaining people's dignity and privacy. One staff member explained how they achieved this. They told us how important it was to ensure the person remained in control and involved in any task the staff member was assisting them with. They told us the practical steps they took which included covering people up when assisting with personal care and encouraging them to change clothes if they appeared anything but clean. We saw that staff discussed confidential matters in private and that personal documents were securely stored.

As much as possible, staff encouraged people to make choices in how they spent their day and the decisions they made. One person who used the service told us, "I do what I want." We saw that staff assisted people to do what they wanted at a time they chose. For example, we saw a number of occasions where staff assisted people to mobilise wherever they chose to go even if another activity or task was taking place at the time. This not only ensured that people had choice but also assisted those people living with dementia to feel validated.

People and, where appropriate, their relatives, had been involved in the planning of the care and support they required and wished for. One relative we spoke with old us, "The family have had a full care plan discussion. We have Power of Attorney and the care coordinator went through everything with us. We know if we have any issues we would be able to sort them out." Another relative said, "The staff keep me updated." The care plans we viewed confirmed that people had been involved in the planning of their care and support.

People's relatives told us that they could visit their family members whenever they wanted and that they were made to feel welcome. One relative told us how important it was to them that the service provided this flexibility in order for them to see their family member around their other commitments. The healthcare professionals we spoke with told us that they were always made to feel welcome when they visited the service. One said, "All the carers have a cheerful and welcoming persona and you are always offered drinks."

Good

Is the service responsive?

Our findings

The people who used the service told us that their needs were met by the support they received. They said they felt listened to and involved in decisions. One person told us, "The staff talk to me. They care about me." Their relatives agreed. One said, "Everything is good. My [family member] is happier, healthier, cleaner and well looked after." A healthcare professional told us, "I believe the staff are person centred and are aware of each person's individuality and they display this throughout their working day on the floor."

We viewed the care and support records for three people who used the service. This was to see whether the service had identified, assessed and reviewed people's needs in a person centred manner. Each care plan we viewed contained enough information for staff to be able to support that person. We saw that they were individual to the person, accurate and had been regularly reviewed. Duplicate care plans were also available in people's rooms. This ensured that they were available to the person they related to and their relatives if appropriate. The location of care plans also ensured that staff had easy access to relevant information that helped them to provide care and support to the people who used the service. For all the care plans we viewed, we saw that the copies in people's rooms were up to date and corresponded with those found in the care office.

Care plans contained information that detailed what support people required. In addition, individual risks to people had been identified and the actions required of staff in relation to these had been incorporated into the care plans. They contained information such as what was important to the person they related to, their medical history and current conditions, any risks associated with their care and support and guidance for staff on how to meet these needs. For the person whose care and support we case tracked, we saw that the assistance they received was as documented within their care plan. This included the use of pressure relieving equipment, the receipt of a specialist diet, specific instructions relating to how they dressed and the amount of staff required to assist them to mobilise. We concluded that people received a service that met their individual care and support needs.

We saw that care plans contained information on what was important to people, their hobbies and interests. They detailed their family members and gave detailed information on their social interests. For example, for one person who enjoyed music, the care plan specified what type of music the person enjoyed along with the names of their pets that came to visit. This helped staff to forge meaningful relationships with people as they understood what interested them.

The service employed a member of staff whose role it was to organise activities. However, we saw that all staff participated in meeting the social and leisure needs of those who used the service. People told us that they participated in activities as they wished and enjoyed them. One relative we spoke with said, "[Family member] doesn't do much now but the staff do spend time with them." Another relative we spoke with talked positively about the special events the service arranged. One healthcare professional told us, "This home has good activities and are happy to facilitate people's religious beliefs by taking them to church and facilitating group meetings at the home which I found very refreshing."

Staff members told us that they had time to spend with people on an individual basis and that they supported them with such activities as reading, playing games, painting people's nails and providing hand massages. Throughout our visit, we saw staff spending time with the people who used the service. This was either on an individual basis or in small groups. We saw one staff member reading the daily newspaper with one person whilst others spent time engaging with people over a game.

The service had processes in place to manage any concerns or complaints people may have. However, none had been received in the previous 12 months. The people who used the service, and their relatives, told us that they had no need to complain but would feel comfortable in doing so if required. One person who used the service told us, "I would tell them if I wasn't happy." Whilst a second person said, "I have no complaints, no complaints at all." One relative we spoke with said, "We have never complained but we know how to and would do if needs be." People told us that the staff were approachable and that the registered manager had an 'open door' policy that encouraged discussion. We saw that the service had its complaints procedure on display.

When we discussed the management of complaints with the registered manager they told us how they managed this. They told us that it was important to meet with people on a face to face basis. This was in order to address any minor concerns people may have and to reduce the risk of concerns becoming escalated complaints. They told us that this gave the service the opportunity to rectify and respond to the concerns immediately.

Good

Is the service well-led?

Our findings

People talked positively about the management of the home and its management team. The people who used the service told us that they saw the registered manager on a regular basis and that they were visible and approachable. One person told us, "[The registered manager] is very nice." Another said, "Yes, I see the managers around – they seem friendly." One relative we spoke with said, "The managers and staff are 100% genuine and do everything they can to keep the people who use the service happy." Another relative told us, "The manager is very approachable."

The healthcare professionals that provided us with feedback, agreed. One said, "I have always found the manager to be most helpful and feel they run a tight ship." Another told us, "The service is led by [registered manager's name]. The office door is generally open and quite often the people who use the service like to say hello to the staff inside the office. All office staff appear to know all the people who use the service and interact with them." A third healthcare professional told us that they had no concerns about the service and that there was always a nice atmosphere within the home. They said, "It's a really positive place to visit."

Staff were supportive of the management team and had faith in them. One staff member we spoke with said, "[Registered manager] is so approachable and sorts problems out. They know the home inside and out." They went on to say, "I think the home has come on leaps and bounds in the last 12 months." A second staff member told us, "[Management team] are about all the time, talking to the people who use the service, giving us a hand." Whilst a third staff member described the management team as 'lovely'. This staff member went on to say that they felt respected and valued by both the management team and provider whom they saw on a regular basis.

Staff told us that they were happy in their roles and we saw that the atmosphere of the home was welcoming, friendly and accommodating. One staff member told us, "I love my job. I can go home and know I've done a good job." Staff told us that morale was good and that they worked well as a team. One staff member said, "We're like a big family. We help each other out. Everyone knows what they're doing." The other staff we spoke with agreed. One said, "We're a good team and we try and help each other." Another staff member said, "Staff are amazing. Nothing is too much trouble for them."

Throughout our visit we saw that staff were respectful, professional, cheerful and warm in all their interactions. We saw that staff were efficient and competent in their roles and that the home ran smoothly. Senior care staff were directive in their approach and demonstrated confidence in their abilities and responsibilities. Those staff we spoke with clearly understood their roles and the accountability that came with it.

An open, inclusive and supportive culture was promoted. The people who used the service were involved in daily tasks such as folding linen and assisting staff with practical tasks. The relatives we spoke with talked of a service that had an 'open door' policy that communicated clearly and on a regular basis. They told us that the service was progressive. The staff we discussed this with, agreed. They told us that their development was promoted and one staff member described the culture as 'encouraging'. This staff member went on to

say that staff meetings were open and that the arena was one where staff could voice their opinions. They told us that staff were encouraged to bring topics to the meetings for discussion.

The provider had sought people's feedback on the service provided and analysed the results. Out of the 25 responses received, all were positive in all areas except one. Where five people had provided feedback that was less than positive in this one area, we saw that action had been taken as a result. These results had been made available to the people who used the service and any visitors to the home. We saw that the feedback received from healthcare professionals via questionnaires was positive with complimentary comments submitted.

The provider had an effective system in place to monitor the quality of the service provided. This included the regular completion of audits on care plans, health and safety matters, the home's environment and staff training. The provider also undertook regular monitoring visits and produced reports that corresponded with the key lines of enquiry used by CQC.

There was a registered manager in post at the time of our inspection that had worked at the home for many years. They told us that they felt supported and listened to by the provider. Resources were available for the home and the registered manager gave us examples of the responsive nature of the provider in relation to this. The provider visited the home twice a week and the registered manager told us that they were available at all other times. We know from the information held about the service that they had reported events as required in the past.

People spoke positively about the service provided by The Coach House. They told us that the service sought to improve and that it was effective in meeting people's needs. When we asked the people who used the service and their relatives whether they would recommend it, they agreed they would.