

# Because We Care Limited

# The Coach House

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We inspected the service on 13 September 2017. Twenty four hours' notice of the inspection was given because the service is small and people living there are often out, and we wanted to be sure people would be at home. The Coach House provides accommodation and personal care for up to four people with a learning disability. The home is located in West Bridgford, Nottinghamshire. On the day of our inspection three people were using the service and one person was on holiday with their family.

At our last inspection in June 2015, the service was rated 'Good'. At this inspection we found that the service remained 'Good'.

People continued to receive a safe service. People told us they felt safe living at The Coach House. Staff had attended safeguarding training and were aware of their role and responsibilities in protecting people from avoidable harm and abuse. Risks associated with people's needs had been assessed and staff had detailed and up to date information about how to assist people in managing any risks. The environment was regularly checked for health and safety, including security. Staff had information available about how to manage any event that could affect the safety of the service. People were supported by appropriate staffing levels to meet their dependency needs. The provider had safe staff recruitment procedures and these were followed. The storage and management of medicines were found to be safe.

People continued to receive an effective service. Staff received an appropriate induction, ongoing training, support and opportunities to review their work. Staff understood the principles of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards that protected people's human rights. People were involved in the development of the menu and their nutritional needs were known and understood by staff. People were supported to attend health appointments with primary and specialist healthcare services, and staff worked well with external healthcare professionals.

People continued to receive good care. People were positive about the staff who supported them and described them as being kind, caring and supportive. Staff demonstrated a good understanding of people's needs, and respected their privacy and dignity. Staff had detailed, and up to date information to support them to meet people's individual's needs and aspirations. People had access to independent advocacy information if they required this support.

People continued to receive a responsive service. People received an assessment of their needs and support plans were developed to support staff on how to meet their needs. People were supported to contribute to their community and participate in opportunities important to them. People had access to the provider's complaint policy and procedure. Where concerns had been raised they had been responded to appropriately.

The service continued to be well-led. People, relatives, external professionals and staff were positive and complimentary about the service. People and their relatives received opportunities to give feedback about

the service and its development. The provider had arrangements in place for monitoring and assessing the quality and safety of the service including the care people experienced.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# The Coach House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection that took place on 13 September 2017. We gave 24 hours' notice of the inspection as we wanted to be sure people would be at home. The inspection team consisted of one inspector.

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 reviewed information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. We also contacted commissioners (who fund the care people) of the service and external health care professionals and asked them for their views. We received feedback from a consultant psychiatrist and clinical psychologist.

On the day of the inspection visit we spoke with two people who used the service about some aspects of the service they received. We used observation to help us understand people's experience of the care and support they received.

We spoke with the registered manager, the provider's operations manager, an assistant manager and one support worker. We looked at all or parts of the care records of four people along with other records relevant to the running of the service. This included the management of medicines, quality assurance audits, training information for staff and recruitment and deployment of staff, meeting minutes and arrangements for managing complaints.

After our inspection visit we contacted a person who used the service by telephone as they were not present on the day of the inspection, and two relatives for their views and the service their family member received.

## Is the service safe?

### Our findings

People were protected from avoidable harm and abuse. People told us they felt safe. One person said, "We get on like a family, we sometimes have fall outs but the staff sort it out and calm the situation." Relatives were positive their family member was supported to remain safe. One relative said, "If there are any incidents they are always dealt with effectively, anything major the staff call me."

Staff were clear about their role and responsibility in protecting people from the potential risk of abuse. One staff member said, "The compatibility of people is considered before people move in, on the whole people get on well, where there is any conflict it's easily sorted. Any safeguarding concerns get reported and acted upon." Records confirmed staff had received adult safeguarding training and there was a safeguarding policy and procedure available to support staff. We did a sample check of people's personal money, and records confirmed these were managed appropriately.

People told us they had no undue restrictions placed upon them. One person said, "I'm independent and come and go as I please." Another person who required support from staff to access the community said their support needs did not impact on their opportunity to go out when they wished. Risks associated with people's needs and the environment had been assessed and planned for. Staff had sufficient and up to date information to support them in meeting people's needs safely.

People were supported by sufficient numbers of staff who had the right mix of skills, experience and knowledge. Relatives were positive about staff competency and staffing levels. Equally staff had no concerns about the deployment of staff and said this met people's needs and protected their safety. Records confirmed the provider had effective recruitment procedures. These helped the provider in making safer recruitment decisions.

People received their prescribed medicines safely. One person told us that staff managed their medicines which they received at the same time every day. Relatives had no concerns about how their family member's medicines were managed. Records confirmed staff had received appropriate training in medicines management. Checks and systems were in place for the ordering, storage and administration of medicines.

## Is the service effective?

### Our findings

People received effective care and support from staff that had completed an appropriate induction, received ongoing training and had opportunities to discuss their work. People were confident staff knew and understood their needs. One person said, "Staff are really good, they support me and talk to me, they know me really well." Relatives were positive about staff describing them as competent and knowledgeable.

Staff told us about the induction for new staff and what ongoing training and support they received. They were positive this enabled them to provide effective care. One staff member said, "The support is very good, we receive lots of training and have regular meetings to discuss our work and our knowledge is checked by having topic discussions in supervisions." Staff training records confirmed staff had received appropriate training to meet the needs of people they supported, and this included training the provider had identified as mandatory.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and are called the Deprivation of Liberty Safeguards (DoLS).

Staff showed they understood the principles of the MCA. Care plan records showed capacity assessments and best interest decisions had been made for specific decisions where a person lacked mental capacity to make these themselves. The registered manager had submitted DoLS applications for assessment to the supervisory body where required, and were waiting for an assessment. Some people could experience periods of high anxiety that affected their mood and behaviour. Staff were knowledgeable about people's individual needs and had clear information to support people at these times. Feedback from external healthcare professionals was positive about how risks associated with people's behaviour were managed. One professional said, "Staff respond well and flexibly, without panicking."

People's nutritional needs had been assessed and planned for. People told us they were involved in weekly menu meetings. One person said, "We get a say about the meals we want and staff help us to eat healthily." We observed people were offered choices of meals and drinks and were involved in making snacks and drinks.

People had their healthcare needs assessed and monitored and they were supported to attend both primary and specialist health services as and when required. One person said, "Staff go to any appointments with me." Relatives were positive that their family members health needs were known, understood and met by staff. External healthcare professionals were positive about how staff supported people. One professional said, "Staff have followed up on any clinical steps I have suggested and they are organised. When they bring patients to my clinic for a review, the staff are up-to-date in terms of any relevant issues and patients feel free to express their views."

## Is the service caring?

### Our findings

People were supported by caring staff that knew their needs well. One person said, "I'm comfortable with all the staff, I can talk to them about any worries and they help." Relatives were positive about the staff who they described as, "Very polite, knowing and very, very good." Feedback from external professionals was positive. One professional said, "Staff have formed a very strong and secure relationship with [person they support], which is also part of keeping things stable." Another professional said, "I have worked with this team for a number of years. I have found the management and care team to be professional in their approach and very caring."

Staff spoke positively about their work and clearly demonstrated they knew people well, their needs, routines and what was important to them. We observed people were relaxed within the company of staff and friendly exchanges were had.

We observed staff were caring, courteous and respectful towards people. They involved people in discussions and decision making. People's care records contained detailed information about their daily routines and diverse needs and staff spoken with could explain how they supported people. People's care records showed people had been involved in decisions about the care and support provided.

People were treated with dignity and respect. One person said, "I feel staff listen and respect me." We observed staff respected people's personal space, and recognised when people were becoming anxious and responded with a calm and reassuring manner.

People were encouraged to do as much for themselves as they were able to. People told us how they supported staff with domestic tasks. Relatives told us there were no restrictions on when they visited their family member.



## Is the service responsive?

### Our findings

People experienced care and support that met their needs and preferences. Before people moved to the service an assessment of their needs was completed to ensure they could be met. People received a transition plan when they moved to the service, enabling them to have planned visits before they moved permanently. After the assessment stage support plans were developed to support staff to understand what was important to the person, what their routines, needs and preferences were. Staff were positive they had the required information to provide a responsive and individualised service.

People were supported to participate in activities of their choice and to develop friendships wider than the group of people they lived with. For example, the provider had a number of other similar services and social opportunities were made available across all the services. People who used the provider's services met regularly to discuss, plan and share ideas about individual and group activities they wanted to do. A person told us how they had developed a friendship with a person who lived in another service and described how they visited each other and spent time together. The operations manager told us how the organisation had developed a monthly disco in the community that was not only available for people within the organisation but the wider learning disability community.

People told us about the holidays they had enjoyed and said how the staff had supported them to attend places of their choice. One person told us they had been to Spain with one staff member. Another person said a small group had gone to the east coast and that they had enjoyed their holiday. Social inclusion was an important aspect of people's experiences and opportunities. An example of this was one person was in the process of seeking voluntary work in the local community, another person was attending a vocational college course to develop their daily living skills. People also participated in local community activities and opportunities. People had individually or as a group, participated in a local learning disability games competition and certificates on display confirmed this.

On the day of our inspection visit people chose to go into the local city centre to play bingo and to have lunch out. They were supported by two staff and used public transport to get to the venue. People spoke positively about the activity clearly showing this activity was a favourite.

Information was available for people about how to report any concerns or complaints and this was presented appropriately to support people with their communication needs. Relatives said they would have no hesitation to raise any concern or complaint. Where a complaint or concern had been made we saw this had been documented and responded to in accordance with the complaint policy. This told us people could be assured any concerns or complaints were taken seriously and acted upon.

## Is the service well-led?

### Our findings

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager had notified CQC of notifiable events they are required to do, however, we identified some events had not been reported to us and discussed this with the management team. We were assured this was an oversight and a misunderstanding and would not happen again.

People had opportunities to share their experience about the service. Monthly meetings were held and we saw examples of these records. Included were discussions about food options, any issue relating to the service including staff updates. The provider also sent quality assurance questionnaires annually to people who used the service and relatives. We saw feedback questionnaires dated January 2017 and saw positive comments were received in relation to all aspects of the service.

The registered manager provided staff with opportunities to be involved in developing the service at staff meetings and through 'one-to-one' meetings with staff. Staff were positive about the leadership of the registered manager and assistant manager. One staff member said, "Staff are clear about the structure and their role and responsibilities." Staff supervision meetings included topic discussions with staff, this was an additional method used to check their knowledge and understanding. Staff had also signed up to The Social Care Commitment. This agreement is between employers and employees, where both sides sign up to seven clear commitments to develop skills and knowledge within their workforce.

Staff were aware of the whistle blowing policy and said they would not hesitate to use it. A 'whistle-blower' is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organisation.

The operations manager told us how the service had developed open forum meetings that included external organisations. This was a supportive meeting that gave participants opportunities to share information of best practice and to support each other.

The registered manager had systems and processes in place to monitor the quality and safety of the service and specific checks were completed, daily, weekly and monthly. These included the safety of the environment, medicines management and care records. Accidents and incidents were recorded and monitored. Monthly reports were completed for each person as a method of reviewing people's progress. The operations manager also visited the service and completed audits. This robust quality assurance process meant senior managers had continuous oversight of the service.