

# Progress Housing Limited

## Coppice Close

### Inspection report

1- 4 Coppice Close  
Burgess Hill  
RH15 0GY

Tel: 01444247168

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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?	Outstanding ☆
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Coppice Close is a care home providing accommodation and personal care for up to 16 adults with learning disabilities and/or a variety of associated health and support needs. At the time of inspection, the service was supporting 16 people. The service was split into four bungalows, with four people living within each property.

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

#### Right Support

The type of support and care provided, maximised people's choice, control and Independence. People were supported to live as independently as possible at a service which encouraged and inspired people to live full lives. Staff supported people to make choices and to remain connected with their family, friends and the local community.

People and relatives told us staff supported people to take part in activities and pursue their interests in their local area. Staff supported people to play an active role in maintaining their own health and wellbeing. Relatives were consistently positive about how people were supported, a relative said, "The carers know [person] well and they can get the best out of [person]." The service gave people care and support in a safe, clean, well equipped, well-furnished and well-maintained environment. This met their sensory and physical needs, while making it feel homely.

#### Right Care

People received kind and compassionate care. Staff were caring and spoke very fondly of the people they supported. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs with genuine regard for the person. A relative said, "Staff all need medals, the staff know how to treat [person]."

People received care that supported their needs and aspirations, was focused on their quality of life, and followed best practice. A health professional said, "I have been really impressed with how well staff members appear to know and treat the people they support." Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. People and relatives told us they felt safe. A relative said, "I am alerted if anything is amiss even minor things so I feel I can trust them to keep [person] safe."

### Right culture

Staff placed people's wishes, needs and rights at the heart of everything they did. The registered manager and staff understood the importance of family to the people and made communication a priority. A relative said, "I find the manager to be very good, he is very hands on and proactive."

People and those important to them, were involved in planning their care. Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. We saw staff fully involving people with activities and tasks of their choosing. A staff member said, "People are treated like a family, we do anything they ask to ensure they can live their life and we encourage them to make their own choices." People's quality of life was enhanced by the service's culture of improvement and inclusivity.

People were 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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 7 January 2020 and this is the first inspection.

### Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture. This was a planned first inspection following registration with the Care Quality Commission (CQC).

### 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Coppice Close

## 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.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

Two Inspectors and an Expert by Experience carried out 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.

#### Service and service type

Coppice Close is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since registration with CQC. 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 or communicated with 11 people who used the service and six relatives about their experience of the care provided. People who used the service who were unable to talk with us used different ways of communicating including using Makaton, pictures, objects and their body language. We spoke with 11 members of staff including the deputy manager, registered manager and operations manager.

We reviewed a range of records. This included four people's care records and four medication records. We looked at four staff files 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 training data and quality assurance records. We contacted professionals who regularly visit the service, two professionals provided us with positive feedback about the care people received.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so. A person said, "The staff are good, and I feel safe living here." Another person showed me their communication book, and indicated they felt safe.
- Relatives consistently told us people were safe, comments included, "I feel [person] is safe as I am in regular contact with the staff." "[Person] is content and wouldn't be if they were unhappy, I would know if [person] wasn't safe." "[Person] is very safe, they let me know even if something minor has happened." Another relative said, "[Person] is absolutely safe living there, [person] is very well looked after by lovely carers."
- Staff had training on how to recognize and report abuse and they knew how to apply it. Staff were able to describe how they responded to concerns and this included reporting this to their manager and keeping appropriate records. The provider operated an effective safeguarding system which ensured people were kept safe from avoidable harm.

Assessing risk, safety monitoring and management

- People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions. Staff had completed detailed risk assessments with people. People received support from staff who understood risks identified in support and risk plans. Due to a person's health condition, they required time to rest at certain times of the day. We observed them speaking into a piece of equipment, choosing an audio book to listen too while resting. Using the equipment, they were able to choose and control what they saw and listened too, without putting themselves at risk, in accordance with their care plan. This ensured the person received support to minimise risks in a manner which ensured choice and control was maintained.
- People's care records helped them get the support they needed because it was easy for staff to access and keep high quality care records. Staff kept accurate, complete, legible and up-to-date records, and stored them securely.
- Staff managed the safety of the living environment and equipment in it well through checks and action to minimise risk. Staff completed fire system checks in accordance with the providers policy and procedures. Staff had completed Personal Emergency Evacuation Plans (PEEPs) for people which included consideration of specific risks. This provided assurance risks to people were being assessed and managed effectively.

Staffing and recruitment

- The service had enough staff, including for one-to-one support for people to take part in activities and have

their assessed needs met safely. A relative said, "I think there are enough staff, [person] has 1:1 at mealtimes as they are concerned about choking. [Person] needs two members of staff to hoist and there are always two." A staff member said, "I am hyper vigilant and am always around, if a staff member was new, I would hang around (to support). If a person was uncomfortable, I would request a staff change."

- Staff recruitment and induction training processes promoted safety, including those for agency staff. Staff knew how to take into account people's individual needs, wishes and goals. A health professional said, "There is a feeling to me that the right staff have been recruited and retained, which is very difficult for any provider in this day and age." A relative said, "I think there are enough staff, we often (video call) and there is always a member of staff there helping [person]."
- Observations of staff provided assurance of their knowledge and skills supporting people with their communication needs and using agreed techniques. For example, we observed staff communicating using their hands, one for yes and one for no. The person using their eyes and sound was able to indicate their choice. We observed the person becoming distressed. Staff immediately responded and knew what the sound meant. They used their hands to ask if the person was too hot. They indicated yes and without delay was supported to cool down. Records confirmed this was an agreed approach for this person.

#### Using medicines safely

- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured people's medicines were reviewed by prescribers in line with these principles. Staff had ensured people's medicine were regularly reviewed with health practitioners and for one person this had resulted in a reduction in the medicines they were prescribed.
- Staff made sure people received information about medicines in a way they could understand. For example, using easy read and doing role play. They demonstrated a commitment to supporting people to receive the COVID-19 vaccine.
- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely.

#### Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. The service had good arrangements to keep premises clean and hygienic.
- The service tested for infection in people using the service and staff.
- The service had a system to monitor the vaccination status of staff and check the status of visitors.
- The service prevented visitors from catching and spreading infections. A health professional said, "They were very thorough with regards to COVID-19 checks for visitors entering the home."
- The service followed shielding and social distancing rules.
- The service admitted people safely to the service.
- Staff used personal protective equipment (PPE) effectively and safely.
- The service made sure that infection outbreaks could be effectively prevented or managed. It had plans to alert other agencies to concerns affecting people's health and wellbeing.
- The service's infection prevention and control policy were up to date.
- The service supported visits for people living in the home in line with current guidance.
- All relevant staff had completed food hygiene training and followed correct procedures for preparing and storing food.

#### Learning lessons when things go wrong

- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned. A staff member said, "We



used to have a high level of incidents, a change in staff allocations and attitudes, they have reduced. This has helped with service users or staff apologising if something has happened. We are being more objective about looking at behaviours and how we respond, we have changed the culture and brought new staff up through this."

- The registered manager shared with us how incidents are discussed in staff meetings and how this impacted on staff practice. The registered manager said, "To create consistency we get ourselves (working) on the floor. If there is an incident, we bring the staff in for 'reflective practice'. What do you think the problem was, have a debrief, what could we improve to reduce or avoid it happening again?" The operational manager said, "When there is an incident, or [registered manager] needs advice, he has already actioned and thought about solutions. Because he knows these individuals and staff inside out. He has changed the culture in Coppice, there was culture of blame and elements of shame when there were incidences." Records confirmed this open and transparent approach to learning from incidents.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Staff completed a comprehensive assessment of each person's physical and mental health on admission. People had care and support plans that were personalised, holistic, strengths-based and reflected their needs and aspirations, included physical and mental health needs. People, those important to them and staff reviewed plans regularly together.
- Where people needed staff support when they became upset or angry, managers and staff were proactive in ensuring people received the support they needed. We saw detailed assessments were completed in line with positive behaviour support (PBS) principles. These identified, in a staged approach, ways staff could help deescalate situations where people who used the service may become upset or angry. Staff were able to explain these approaches, demonstrating their understanding and knowledge of people's assessed needs.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant and good quality training in evidence-based practice. This included training in the wide range of strengths and impairments people with a learning disability and or autistic people may have, communication tools, positive behaviour support, trauma-informed care, human rights and all restrictive interventions.
- Staff could describe how their training and personal development related to the people they supported. A staff member said, "I've had training on using a VOCA (Voice Output Communication Aid. This is an alternative communication system used to supplement or replace speech or writing for individuals with severe speech impairments, enabling them to verbally communicate.) which helps people to communicate. We had training on care skills regarding simplifying communication. I re-phrase what I'm saying, and double check people understand what I'm saying. We had communication training which was an additional training, this was about eye contact and body contact like hand touch where appropriate."
- Relatives were consistently positive about staff skills and training, a relative said, "They definitely must have had training as they are so good at how they manage [person]." Another relative said, "Staff are very well trained in all [person's] equipment and how to use it."
- New staff received support in the form of induction, continual supervision and appraisal. Staff spoke about how they had been supported into their role which included regular meetings with the registered manager. Records confirmed staff received support in line with nationally recognised guidance. People received support from staff who received regular update training and support from their peers and managers.
- The service checked staff's competency to ensure they understood and applied training and best practice. The registered manager told us how staff medicine, safeguarding and mental capacity competency was assessed to develop staff skills. This provided assurance the service was supporting staff to develop their skills and maintain best practice. Records confirmed this.

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

- People received support to eat and drink enough to maintain a balanced diet.
- People were involved in choosing their food, shopping, and planning their meals. We observed people talking to staff about what they wanted to eat that day and a person who was not able to communicate verbally, pointed to photographs of food to indicate what they wanted to add to a shopping list. A person said, "I do a bit of cooking. I do a menu each week from the food shop but choose what I like." A relative said, "It's good [person] can be involved in the preparation." Another relative said, "[Person] is involved in choosing what they order."
- Staff supported people to be involved in preparing and cooking their own meals in their preferred way. A relative said, "The staff manage [person's] diabetes well and they are imaginative about the food they produce." Another relative said, "People are encouraged to help in the kitchen."

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

- People had health actions plans and health passports which were used by health and social care professionals to support them in the way they needed. A health action plan states what is needed for a person to remain healthy, including the support they may require.
  - Multi- disciplinary team professionals were involved in and made aware of support plans to improve as person's care. A health professional said, "I have been involved in the past year or so. I have found the manager and deputy manager to be proactive in dealing with a person's issues and they have communicated well and been organised with their actions."
- Another health professional said, "I have found staff willing and able to follow recommendations to the best of their abilities. This includes coming back to me with questions and the individual's view on things."
- People were referred to health care professionals to support their wellbeing and help them to live healthy lives. Support plans gave staff guidance to follow in supporting people with appointments for example, the GP, opticians and physio. A relative said, "They contact me if [person] is unwell, have kept me up to date about vaccines and are supporting [person] with appointments at the moment in regard to teeth and eyes."

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

- People personalised their rooms and were included in decisions relating to the interior decoration and design of their home. Using a person's communication book, they told us, they liked their home, and bedroom. They said they helped choose the colours and decors. Minutes from meetings with people confirmed they were involved in decisions about their environment. Another person using a device, indicated to us, they decorated their room to their taste. Every room reflected people's tastes and interests.
- People had access to a garden, which required some attention. A relative said, "The garden needs to be sorted as a few of them would like to go out there but it's such a mess." A relative said, "There is an issue about the garden. The gazebos that were bought for visiting in summer were cheap and broke quickly and were just left on the ground." Another relative said, "I would recommend the service, but I do think they need to improve their outside space as there are rotten chairs and tables." The registered manager provided assurances a landscape contractor should be in place by 4 February to help tend to the garden and improve the area.

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.

- Staff demonstrated best practice around assessing mental capacity, supporting decision-making and best interest decision-making. Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was well documented. Records confirmed capacity assessments had been completed and people and those important to them were involved in best interest meetings. For example, protection around personal finances, medical treatments and having a behaviour and PBS plan.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to. When asked about staff people were consistently positive. A person said, "They (staff) are caring. Kind. If I am upset, they comfort me." A person said, "I like living here, and I do like the staff. I do have favourites. Not because they get it wrong, but I just gel better with others."
- We observed people were confident requesting help from staff who responded promptly to their needs. Our observations throughout the inspection confirmed staff approached people in a kind and caring way. Staff members took every opportunity to talk to people and to interact in a positive way. A staff member said, "I come to work for them, no-one else. On a very happy day it is constant laughter and constant fun. I like to give them something they sometimes lack or miss, like friendship."
- Relatives provided positive feedback about the attitude and approach of their family member's care workers. A relative said, "The staff are amazing, they know [person] so well and I like that they treat [person] in an age appropriate way." Another relative said, "Staff are caring. When [person] comes here [person] is always happy to go "home" and they wouldn't be if they were mean to [person]." A relative said, "They are all caring, and some staff really go above and beyond, they might stay later if they are in the middle of doing something with [person]. They contact me if they feel [person] is a bit upset which shows how much they care."
- A health professional when asked if people were treated well and with respect said, "Very much so. There seems to be a very engaged 'alongside' model of care in evidence which means as far as possible, people are involved in everyday choices and life experience as much as COVID-19 life allows. This includes respecting people's wants and requests, again, as far as is possible."

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

- Staff took the time to understand people's individual communication styles and develop a rapport with them. We observed staff supporting people to make decisions throughout the day, for example, going out, what games people wanted to do, what people wanted to eat and drink. A staff member said, "We offer choices by showing options for examples drinks, we have a colleague who takes pictures round for food choices." Another staff member said, "We have the time to meet with people and talk about plans what they want to do in the week, we talk like a family."
- People, and those important to them, took part in making decisions and planning of their care and risk assessments. A relative said, "I have been involved up to an extent with planning." A relative said, "We were involved with putting [person's] Care Plan together along with [person] and it was reviewed at the end of last year with an in-person meeting."

Respecting and promoting people's privacy, dignity and independence

- Staff knew when people needed their space and privacy and respected this. We saw staff providing support to people directly when needed and discreetly observing people to ensure they remained available to people if they were needed. Staff demonstrated respect and sensitivity when offering support with personal care. People's care records provided assurance staff promoted dignity and privacy. A staff member said, "This home is really nice, it's amazing, we treat people exactly how they want to be treated and with respect and dignity." A relative said, "They (staff) always knock at the door before they enter, if [person] is on the phone to me I hear that and [person] will tell them it's not convenient and they will come back later. I feel as well as being respectful to [person], they are nice to me as well." A relative said, "I think the staff are very good in relation to privacy and don't barge in say if [person] is on the toilet. They are very mindful of protecting [person's] privacy."
- People were encouraged to do as much for themselves as possible. For example, a person prepared food, did their laundry and helped order the grocery shop. Daily temperature checks were completed as a precaution for checking COVID-19 in the home, we observed a person, take their own temperature and made a record on their monitoring form. People told us about activities staff supported them with and records confirmed this. A person said, "Staff are very helpful. When I want their help, they will help me. I am quite independent when going out and doing things, they respect this." A relative said, "Prior to coming to Coppice [person] had a toilet that cleaned their area's after use. I asked for the same here and they did get one. It just increases [person's] independence and maintains their dignity."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- Staff supported people through recognised models of care and treatment for people with a learning disability or autistic people. People's care was planned in a way which was exceptionally person-centred. Staff knew people extremely well and understood their individual needs. People in the service were supported by a stable staff team who had formed an excellent knowledge of individuals and provided people with continuity of care from staff they knew.
- The service significantly improved people's quality of life and self-esteem. This was through exceptionally creative, proactive best practice approaches and dedicated support to people's emotional, mental wellbeing and physical health. For example, people who had been unable to receive dental care due to their sensory needs had got into a routine of poor oral health care. Through excellent collaborative working with external health professionals, de-sensitisation oral health plans were put in place with people to support people become more comfortable brushing their teeth and attending dental appointments. Fun electric toothbrushes were purchased of the persons choice, easy read leaflets and social stories were implemented. Magic timer apps were installed to help time the process and videos were used to help set the scene for what the routine could look like. DVDs were accessed to aid positive and encouraging methods. For individuals who required further specialist support, the management team made referrals and worked with the community learning disability team to provide a special care dentistry service, which involved several dental appointments of role play and with the dedication of staff, a further year of intensive support resulting in people being less reluctant to visit a dentist.
- Another example was introducing therapeutic parenting models for people being supported with attachment needs, for example when staff leave shift or when there is change of staffing for the next shift. People with autism and/or attachment trauma can experience anxiety around new faces. This model of care focuses on nurturing, consistency and routine to build trust with support staff. We observed the impact of this practice on people being supported. It meant people were able to communicate their feelings and anxieties using a method they were comfortable with and in control of, using a prop of their choice, for example a doll. This was an exceptionally creative application of best practice standards.
- The registered manager said, as a result of adapting the models of care used, "[Person] doesn't have PRN anymore. Over the last 12 months [person] has had it only on one occasion. They were having it daily. It's about them (the people being supported), how they feel in that moment, and ensuring our approach is personal, safe and meaningful to them." With ongoing support, the team at Coppice Close had made exceptional progress and people were consistently regaining and increasing their independence.
- A health professional said, "I felt they worked with [person] well and knew their needs and respected [person]." Another health professional said, "From my experience, where they feel they may not fully

understand or 'fathom' certain behaviours, staff have asked for support with this in how to understand and help the person. People working at Coppice know the people they support well, even when those people have very specific support needs."

- Preferences regarding gender of staff were identified and appropriate staff were available to support people. A relative said, "[Person] chooses not to be supported with personal care by male staff and they respect that." A staff member said, "I make sure people get the right support to suit their needs. My focus is on the person. I make sure the right staff are in the house and everybody is happy." We observed this in practice, people were supported by staff they liked and were known to engage with well, which impacted how they viewed that part of the day, their experience and understanding of the situation around them.
- Staff gave examples, of how working with people over time and building trust had resulted in positive outcomes for peoples. For example; A staff member said, "When [person] went to (health) appointment at the hospital, there was a three hour wait. I supported [person] and they were glued to me, it showed [person's] level of trust, I was really proud of them." This is something previously the person would not have been able to process and do. Another staff member said, "[Person] is autistic and for the first 6 months I would go and sit with them straight away and we would just chat. [Person] would always ask for their relative. I remember once we mimicked a fake conversation (to reduce the persons anxiety with role play). [Person] found this hysterical and couldn't stop laughing. To see someone who can sometimes get to a crisis point be so relaxed was heart-warming." Another staff member said, "[Person] is someone I have adapted my own working ethic round. [Person] needs time to build trust. I was told they wouldn't talk to me when I first started." The staff member built a rapport over time, talking with them about their known interests. The staff member went on, "This made our connection strong. [Person] now comes to me and speaks which means I know they are comfortable as they initiate conversation. [Person] approaches me on their terms." The service truly enriched people's lives, as well as making a significant difference through their dedication and commitment for lives to be better.
- A person said, "I feel in charge of my life. It is my life. The staff are in my home. I don't like laundry. I don't like cleaning. I don't like cooking. I don't do these things." The person laughed as they were sharing this with us. Staff we spoke with confirmed, there was a healthy attitude towards people, and they had moved away from a culture of an "activity" being cleaning or cooking which must be completed. Staff explained they didn't do some of these things in their own home, so why would there be an expectation of a person doing these things if it was going to result in distress or anxiety. There was a balanced approach to encouraging people in doing things for themselves to promote independence and autonomy, with understanding people's individual needs, desires, choices and goals, respecting a person's wishes.

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

- There was a strong family culture embedded within the home, which had impacted how staff and people thought, felt and behaved daily. The operational manager described the service as, "Coppice family." A staff member said, "It has a family atmosphere." A person described their home, "Its family." During times of when people have had to isolate due to having COVID-19, the people they lived with arranged video calls with them, from the next room and/or bungalow. A person said they did this because, "I (video called) [person], while they isolated. So [person] can see a friendly face." A person kept a dairy of what they did each day, so they could share this as a point of discussion with their relatives when they video called and saw one another. The person was proud of their diary and shared what it meant to them.
- There was a genuine affection towards one another, whether it was staff or person. We observed a person put their arm around another person asking if they were okay. The person responded with their eyes lighting up and smiling, they were comfortable and relaxed with the embrace. Another person nuzzled into a staff member when becoming anxious. The staff member put their arm around them and offered reassurance. Within seconds the person smiled, appeared more relaxed and continued with what they were doing.
- A staff member said, "I have time to sit with people and spend time with people, giving attention and



stimulation. We can chat for hours and I feel I'm enriching their lives by talking about meaningful things." A staff member said, "There is a person here who is like my little brother, we take the mick out of each other all the time." We observed the body language, and behaviour between people and staff throughout the inspection and it was positive, compassionate, personal and meaningful, with lots of light-hearted banter which created a very pleasant atmosphere.

- Staff were committed to encouraging people to undertake voluntary work, employment, vocational courses in line with their wishes and to explore new social, leisure and recreational interests. A person told us how important it was for them to attend their voluntary work, it meant they were developing their skills and knowledge in their known interest. A relative said, "[Person] has just started going to [learning and development centre] three times a week which they like." Another relative said, "[Person] is off out to the [learning and development centre] most days, when there [person] does designing and helps by answering the phone."
- People were supported to participate in their chosen social and leisure interests on a regular basis. Some activities were structured into weekly plans. This ensured people with complex needs had the opportunity to plan and prepare for the activity.
- A person said, "I choose what I do each day. Staff don't hold me back because I am disabled. I go out places on my own. Without the staff here. That's important to me." A relative said, "[Person] is excited that they have just been able to restart going to the gym and I believe swimming is just about to start again." They (staff) organised crafts, film nights and takeaway evenings during lockdown." Another relative said, "[Person] goes swimming every week." A staff member said, "[Person] loves telling naughty jokes and watching cheeky comedy. Loves to get out and about. [Person] likes going to the gym and has their own personal trainer." Another staff member gave examples of TV shows that were important to the person. They said, "[person] likes knitting, colouring and drawing but general company." We observed the person reminded of their favourite show starting and they were thankful for the reminder.

## 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.

- Staff offered choices tailored to individual people using a communication method appropriate to that person. We observed staff using different approaches with different people, all were relevant and reflected in support plans. For example, we observed staff were able to respond to nonverbal cues about how people were feeling, such as body language, behaviours and general mood. Some people used Makaton sign language and we observed staff interacting with them. There were easy read documents to support people with information, for example health procedures, which helped reduced people's anxieties.
- People had individual communication plans that detailed effective and preferred methods of communication, including the approach to use for different situations. During the inspection people and staff were engaged in various activities for example, playing a game, arranging health appointments and planning their grocery shopping. Each person's communication preferences were met which meant people with a range of needs were supported to participate in activities.
- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something. A staff member said, "We had a communication aid specialist show us how different aids are used. I slow down and use simple sentences." Another staff member said, "We have a picture book with actions in it, we can show it (to the person). Some people communicate with their eyes or body language, we observe this. We find a way to communicate with people." This had included reviewing information within care plans, support from other

staff and learning the gestures and signs people used.

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. A person said, "I don't have any complaints. If I did, I would talk to staff or [registered manager]." A relative said, "They are very kind, especially the registered manager, he will take time to talk things through with [person] if they have concerns."
- The service treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the whole team and the wider service. A relative said, "There are usually only small niggles and they get addressed." Another relative said, "There tend only to be small niggles, I email, and they respond." Another relative said, "If we have a concern, we contact the manager by email or phone. The manager is never defensive and always looks into things." The registered manager operated an open and transparent approach to managing concerns.

End of life care and support

- Staff were not currently providing end of life support, however, records confirmed they had considered peoples preferences should they be required.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Management were visible in the service, approachable and took a genuine interest in what people, staff, family and other professionals had to say. A staff member said, "[Registered manager] is really good, he has an open-door policy. I can go to him and speak to him. Another staff member said, "The manager is very good, I have a good relationship with the manager and deputy. He has an open-door policy which is great, he doesn't stay in his office, he interacts with the people." Our observations supported this.
- The registered manager was alert to the culture within the service and spent time with staff, people and family discussing staff behaviours and values. The operational manager said, "What they (staff) don't need is to think they have done something wrong and that culture of blame, the incident happened because of them. [Registered manager] has unpicked that and looked at the experiences of the people we support but also how we support the staff through that process. He does a lot of debriefs. What happened, what escalated the situation, what can we change, how can we improve. It has been an amazing journey to watch. To watch and listen to him. He gets the job. And cares." A staff member said, "The team is the best and the management team at the moment is so supportive." Records confirmed staff being valued, supported to develop and improve practice.
- Management and staff put people's needs and wishes at the heart of everything they did. A staff member said, "It's a positive place, the people are lovely, the manager is lovely. I won't ever want to leave, it's fantastic." A health professional said, "I feel [registered manager] and [deputy manager] work very well as a management team and this shows in the quality of care provided." A relative said, "I would definitely recommend this service as really I have never had a moment worry."

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

- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support. The provider monitored quality through online systems and completed monitoring visits. The operational manager, registered manager and staff carried out a variety of audits which included health and safety, medication, infection control and reviews of people's records. Any actions resulting from these audits formed part of an action plan on which the registered manager reported monthly to their line manager. It was evident from records reviewed actions were being managed effectively.
- The registered manager had the skills, knowledge and experience to perform their role and a clear

understanding of people's needs and oversight of the services they managed. The registered manager had been in post in Coppice Close for many years. This was the first inspection under the current provider. The registered manager told us about the process the organisation was going through in terms of reviewing their systems and policies. They were able to demonstrate how they maintained oversight of the needs of people and staff using an online management system.

- The registered manager was aware of their responsibilities to notify CQC of significant events for example safeguarding allegations and serious injuries. Staff gave honest information and suitable support, and applied duty of candour where appropriate. The registered manager ensured staff meetings included opportunities for staff to reflect and learn from practice. This provided assurance the quality of the service was being monitored.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider kept up to date with national policy to inform improvements to the service. The registered manager had considered guidance including the principles of Right support, right care, right culture. Other guidance had been considered and reflected on, was 'The Quality of Life tool'. The operational manager told us how this had impacted on their work, and how this was being looked at across all services owned by the provider. The operational manager said, "It's all about the person, the person, the person." Emphasising the person being at the heart of their service. They told us of their plans to further develop their understanding around positive behaviour support as a result of reviewing this guidance.

- The provider invested sufficiently in the service, embracing change and delivering improvements. A staff member said, "I have gone to [registered manager] with suggestions 9/10 he implements things straight away." The staff member gave an example of their suggestion on how to improve sanitising was listened too and implemented. Another staff member said, "I have made some suggestions and given feedback, it was addressed straight away. For example, replacing the washing machine and replacing a person's mattress." This improved the persons wellbeing and added additional comfort.

- The provider sought feedback from people and those important to them and used the feedback to develop the service. The provider listened to feedback and in response, issued a 'You said. We did.' This resulted in an organisational improvement project in communication. The operational manager said, "The change [registered manager] has had on the service blows my mind. The changes for [person], they are a different person. He has such a knack for looking at a situation and think how can I make it better, how can I support my staff in learning about how they can advocate for the people in the homes like no other service I have seen. It makes me so proud; he listens." A relative said, "The manager is charming, very perceptive and very approachable." Another relative said, "I find it to be well managed by the Manager and deputy."

Working in partnership with others

- The service worked well in partnership with health and social care organisations, which helped to give people using the service a voice/ improve their wellbeing. A health professional said, "In my dealings with the deputy manager, they have been very thorough and organised." The success of this joined up working meant people could remain living safely at their home.