







# Strode Park Foundation For People With Disabilities The Coach House

## Inspection report

Lower Herne Road  
Herne Bay  
Kent  
CT6 7NE  
Tel: 01227 740871  
Website: [www.strodepark.org.uk](http://www.strodepark.org.uk)

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### Ratings

Overall rating for this service	Good	
Is the service safe?	Good	
Is the service effective?	Requires improvement	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Good	

### Overall summary

This inspection took place on 15 and 16 October 2015 and was unannounced.

The Coach House is part of the wider provision of The Lifestyles Academy for Independence, which includes day provision and outreach services, within the Strode Park Foundation which is an independent voluntary organisation and registered charity. The service is a nine bedded home which supports young adults with physical

and learning disabilities to make choices, take risks and supports people to achieve independence skills. At the time of the inspection there were nine people living at the service.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

# Summary of findings

People told us and indicated by using a thumbs-up sign that they felt safe living at the service. People looked comfortable with other people, staff and in the environment. Staff understood the importance of keeping people safe. Staff knew how to protect people from the risk of abuse.

Risks to people's safety were identified, assessed and managed appropriately. People received their medicines safely and were protected against the risks associated with the unsafe use and management of medicines.

Accidents and incidents were recorded and analysed to reduce the risks of further events. These were used as a learning opportunity and shared with other services run by the provider.

Recruitment processes were in place to check that staff were of good character. There was a training programme in place to make sure staff had the skills and knowledge to carry out their roles effectively. People were supported by sufficient numbers of staff.

People were provided with a choice of healthy food and drinks which ensured that their nutritional needs were met. People's health was monitored and people were supported to see healthcare professionals when they needed to. People's weights were not consistently monitored and recorded.

The registered manager and staff understood how the Mental Capacity Act (MCA) 2005 was applied to ensure decisions made for people without capacity were only made in their best interests. However, we have made a recommendation regarding consent.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by

ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. DoLS applications had been made to the relevant supervisory body in line with guidance.

People and their relatives were involved with the planning of their care. People's needs were assessed and care and support was planned and delivered in line with their individual care needs. Staff were kind, caring and compassionate and knew people well. People were encouraged and supported to increase their independence by setting their own goals.

People were supported by staff to keep occupied and there was a range of meaningful social and educational activities available, on a one to one and a group basis, to reduce the risk of social isolation.

People, their relatives and staff were encouraged to provide feedback to the provider to continuously improve the quality of the service delivered.

The registered manager coached and mentored staff through regular one to one supervision. The registered manager worked with the staff each day to maintain oversight of the service. Staff said that the service was well led, had an open culture and that they felt supported in their roles. Staff were clear what was expected of them and their roles and responsibilities.

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People told us that they felt safe living at the service. People were protected from the risks of avoidable harm and abuse. People received their medicines.

Risk assessments detailed the potential risk and gave staff guidance on what control measures could be used to reduce risks and to keep people as safe as possible. Accidents and incidents were recorded and analysed to reduce the risks of further events.

The provider had recruitment and selection processes in place to make sure that staff employed were of good character. People were supported by enough suitably qualified, skilled and experienced staff to meet their needs.

Good



### Is the service effective?

The service was not consistently effective.

Staff were trained and supervised to ensure they had the skills to meet people's needs. Staff understood and followed the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards. However, consent was not always requested and recorded for the use of restraints including bed rails.

People's health needs were met and they were offered a variety of nutritious and suitable food and drink. However, people's weights were not consistently monitored and documented.

The building and grounds were suitable for people's needs. Some areas of the service had been decorated but there were a number of areas which had not been completed.

Requires improvement



### Is the service caring?

The service was caring.

People told us or indicated that they were happy living at the service. Staff displayed caring, compassionate and considerate attitudes towards people and their relatives.

Staff understood and respected people's preferences and individual religious and cultural needs. Staff spoke with people in a way that they could understand and were patient, allowing people time to respond.

Staff promoted people's dignity and treated them with respect. People and their loved ones were involved, when they chose to be, in the planning, decision making and management of their end of life care. Staff understood the importance of confidentiality.

Good



# Summary of findings

## Is the service responsive?

The service was responsive.

People received personalised care, treatment and support. Care plans were reviewed and kept up to date to reflect people's changing needs and choices.

Staff had a good understanding of people's needs and preferences. A range of meaningful activities were available.

There was a complaints system and people knew how to complain. Views from people and their relatives were taken into account and acted on. The provider used compliments, concerns and complaints as a learning opportunity.

Good



## Is the service well-led?

The service was well-led

There was an open and transparent culture where people, relatives and staff could contribute ideas for the service.

People and staff were positive about the leadership at the service. There was a clear management structure for decision making which provided guidance for staff. Staff told us that they felt supported by the registered manager.

The registered manager completed regular audits on the quality of the service. The registered manager analysed their findings, identified any potential shortfalls and took action to address them.

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 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 15 and 16 October 2015 and was unannounced. The inspection was carried out by one inspector.

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 reviewed the information included in the PIR along with other information we held about the service. We looked at previous inspection reports and notifications received by CQC. Notifications are information we receive from the service when a significant events happen, like a death or a serious injury.

We looked around all areas and grounds of the service. We met with people living at the service. Some people were not able to communicate using speech but used their own form of sign language, body language or communication aids to express themselves. We spoke with four members of the care team, the registered manager and the chief executive. During our inspection we observed how the staff spoke with and engaged with people. Some people using the service were not able to talk with us because of their health conditions so we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at how people were supported throughout the inspection with their daily routines and activities and assessed if people's needs were being met. We reviewed five care plans and associated risk assessments. We looked at a range of other records, including safety checks, four staff files and records about how the quality of the service was monitored and managed.

We last inspected The Coach House in May 2014 when no concerns were identified.

# Is the service safe?

## Our findings

People told us and indicated by using a thumbs-up sign, when we asked, that they felt safe living at the service. People looked comfortable with other people, staff and in the environment. Analysis from the most recent relatives' survey confirmed that they believed that their loved ones were safe living at the service.

When a person moved into the service the registered manager completed a 'pre assessment' to check that they were able to meet this person's needs and the registered manager made sure that the staff on duty had the right mix of skills, knowledge and experience. The number of staff required to meet people's needs was kept under constant review. The staff rota showed that there were consistent numbers of staff available throughout the day and night. However, a number of staff had left employment at the service and the registered manager was actively trying to recruit five new staff. Additional resources, to cover any shortfall, came from 'bank staff' who were employed to work at all of the Strode Park Foundation services. On the days of the inspection the staffing levels matched the number of staff on the duty rota. Staff we spoke with said they did not feel there were always enough of them on duty but that they worked together, flexibly, to make sure shifts were covered and people were kept safe.

People were protected from the risks of avoidable harm and abuse. The provider had a clear and accurate policy for safeguarding adults from harm and abuse. This gave staff information about preventing abuse, recognising signs of abuse and how to report it. All the staff we spoke with had received training on safeguarding people and were all able to identify the correct procedures to follow should they suspect abuse. Staff understood the importance of keeping people safe. Restrictions were minimised so that people felt safe but also had as much freedom as possible regardless of their disability or needs. The registered manager raised concerns with the relevant authorities in line with guidance. People were protected from the risk of financial abuse. There were clear systems in place to safeguard peoples' money and these were regularly audited.

Staff were aware of the whistle blowing policy and the ability to take concerns to agencies outside of the service if

they felt they were not being dealt with properly. Staff told us they were confident that any concerns they raised would be listened to and fully investigated to ensure people were protected. People were protected from discrimination.

Some people had behaviours which may, from time to time, challenge others. Staff supported people in a caring manner, and took time to care for people who became agitated or upset. The staff knew how to distract people, or gently remove them from situations which could increase their agitation. On occasions staff had to use physical intervention to protect people. Physical intervention was only used when it was safe, appropriate and proportionate to do so and when it had been assessed as necessary and agreed to by the person or their advocate. Staff completed regular training on 'Safe and therapeutic holding' to ensure that people were kept safe. This training included de-escalation techniques – de-escalation means making a risk assessment of the situation and using both verbal and non-verbal communication skills in combination to reduce problems. Guidance was provided to staff on how to positively manage people's behaviour and records of interventions were completed and reviewed by the registered manager. Guidance detailed what signs to look for; what the possible causes of frustration or agitation might be; steps to take to prevent behaviours; what individuals may do when they display frustration and what actions staff should take to make sure people were safe. It was evident throughout our observations that staff had enough skills and experience to manage situations as they arose and meant that the care and support was given consistently. Staff understood how to support each individual's behaviour and protect them from the risk of harm.

Potential risks were assessed so that people could be supported to stay safe by avoiding unnecessary hazards. Risk assessments identified possible hazards and explained what control measures were needed to reduce risks without restricting people. People were encouraged to move around the service and were supported to take reasonable risks to maintain their independence. When people had difficulty moving around the service there was guidance for staff about what each person could do independently, what support they needed and any specialist equipment, such as wheelchairs and walking aids, they needed to help them stay as independent as possible. Moving and handling assessments were carried

## Is the service safe?

out to make sure that staff supported people safely. Risk assessments were reviewed and updated as changes occurred. Risks and dangers were discussed with people in a way they could understand.

Accidents, incidents and near misses were reported to the registered manager. Accidents were recorded on an accident form and these were regularly reviewed to identify any patterns or trends. When a pattern had been identified action was taken by the registered manager to refer people to other health professionals and minimise risks of further incidents and keep people safe. An overview of accidents and incidents was monitored by the senior management team and discussed at regular health and safety meetings. This was shared with other services run by the provider as it was used as a learning opportunity.

People were supported to live in a safe environment. There were policies and procedures in place for emergencies, such as, gas / water leaks. A dedicated facilities team followed a 'safe works programme' to make sure scheduled checks on things such as, portable appliance (PAT) tests and legionella tests were completed. Specialist equipment was regularly serviced to make sure it was safe for people to use. A 24/7 maintenance 'on call' system was in place in case of emergencies.

Fire exits in the building were clearly marked. Regular fire drills were carried out and a fire evacuation register was completed which noted the whereabouts of people and staff and which areas of the service were checked. Staff told us that they knew what to do in the case of an emergency. Each person had a personal emergency evacuation plan (PEEP) in place so staff knew how to evacuate each person if they needed to. A PEEP sets out the specific physical and communication requirements that each person had to ensure that people could be safely evacuated from the service in the event of an emergency. At night there was one 'sleep in' member of staff. In the case of an emergency there was a plan in place to contact another service in the grounds for assistance.

The registered manager was supported by the Human Resources department within Strode Park Foundation. The provider's recruitment and selection policies were robust and thorough. These policies were followed when new staff were appointed. Staff completed an application form, gave a full employment history, and had a formal interview as part of their recruitment. People living at The Coach House took part in the interview process, gave the applicant a tour

of the service and introduced them to people and staff. Notes made during interviews were kept in staff files. Two written references from previous employers had been obtained and checks were done with the Disclosure and Barring Service (DBS) before employing any new member of staff to check that they were of good character. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. DBS checks were carried out on staff every few years and any changes were discussed with staff. A disciplinary procedure was in place and followed by the registered manager.

People received their medicines safely and were protected against the risks associated with the unsafe use and management of medicines. Staff had completed training in medicines management. Medicines were handled appropriately and stored safely and securely. Medicines were disposed of in line with guidance. Daily checks were completed on medicines stocks and records. When medicines were stored in the fridge the temperature of the fridge was taken daily to make sure the medicines would work as they were supposed to. Each person had a locked medicines cabinet and MAR in their bedroom. If people had any allergies to medicines these were clearly marked on the front of their cabinet. Staff told us they were aware of any changes to people's medicines and read information about any new medicines so that they were aware of potential side effects. Some people were at risk of having seizures and there was clear guidance for staff to follow in the event of this happening, including information about any emergency medicines.

We looked at the medicine administration records (MAR) for five people. The MAR were completed correctly and there were no missing signatures. The recording of topical medicines (creams) was completed in three different places and not always consistent. We discussed this with the registered manager and since our inspection the provider has amended their policy and discussed with staff the importance of being consistent in the recording of creams.

Medicines audits were regularly completed by the senior staff. When an error had been made this was raised with the registered manager and action was taken to ensure that people were kept safe. Medicines errors were discussed at the senior management 'clinical governance' meetings to reflect, learn from mistakes and, when needed, amend

## Is the service safe?

ways of working or policies. The registered manager completed competency assessments of staff administering of medicines and, when necessary, staff were supported with extra coaching and mentoring.



# Is the service effective?

## Our findings

People told us and indicated that staff looked after them well and staff knew what to do to make sure they got everything they needed. Staff knew people well and chatted with people in a cheerful manner, communicating in a way that was suited to people's needs, and allowed time for people to respond. The atmosphere was relaxed, friendly and lively.

Staff told us that they had an induction when they began working at the service. The induction was completed over a number of weeks and was signed off, by the registered manager, as staff completed each section and were assessed as being competent. Staff were supported during their induction, monitored and assessed to check that they had attained the right skills and knowledge to be able to care for, support and meet people's needs. Staff shadowed a lead carer to get to know people and their individual routines. The registered manager confirmed that a new induction had recently been introduced and was modelled on the new Care Certificate. The Care Certificate has been introduced nationally to help new carer workers develop key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. The registered manager had received training on monitoring and assessing staff competencies and evaluating the work completed by new staff working towards the Care Certificate.

Staff received regular training and were able to tell us what training courses they had completed. A training schedule was kept by the HR department which showed when training had been undertaken and when it was due to be renewed to ensure staff knowledge was kept up to date. Training included specialist training relevant to people's needs, such as, courses about epilepsy and associated medicines, diabetes and the autistic spectrum. Staff were encouraged and supported to complete additional training for their personal development. This training included completing adult social care vocational qualifications. Vocational qualifications are work based awards that are achieved through assessment and training. To achieve a vocational qualification, candidates must prove that they have the ability (competence) to carry out their job to the required standard.

Staff told us that they had regular supervision meetings when they could discuss their role, training needs and any concerns or problems. Staff said that they would go to the registered manager any time to discuss concerns or ask questions and that there was an 'open door' attitude. Staff said they felt supported through formal systems, such as, appraisal, staff meetings and informal discussions with the registered manager. When training needs were identified staff were supported to access the necessary training. If staff were not achieving their personal objectives they were supported by the registered manager to look at different ways to achieve them. Staff received extra supervision, coaching and mentoring if issues were highlighted.

Staff explained that people and their relatives were involved with planning their care and that when someone's needs changed this was discussed privately with the person. The registered manager and staff had knowledge of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) and were aware of their responsibilities in relation to these. The MCA is a law that protects and supports people who do not have the ability to make decisions for themselves. The Care Quality Commission monitors the operation of the DoLS which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. Applications to the supervisory body had been made in line with the guidance; however, no people were currently subject to a DoLS authorisation.

Some people were subject to some restrictions including the use of bed rails which prevent people from falling out of bed. There were no informed consent forms to indicate if the use of bed rails or wheelchair lap straps had been agreed with people or their loved ones or to show that these were the least restrictive options available.

**We recommend that the provider seek advice and guidance from a reputable source about seeking peoples' consent to the use of such restraints.**

When people were unable to give valid consent to their care and support, staff acted in people's best interest and in accordance with the requirements of the Mental Capacity Act (MCA) 2005. The MCA is a law that protects and supports people who do not have the ability to make decisions for themselves. Staff had received training on the MCA. Staff understood and had a good working knowledge

## Is the service effective?

of the key requirements of the MCA and how it impacted on the people they supported. They put these into practice effectively, and ensured that people's human and legal rights were protected.

If people did not have the capacity to make complex decisions meetings were held with the person and their representatives to ensure that any decisions were made in people's best interest. People and their relatives or advocates were involved in making complex decisions about their care. An advocate is an independent person who can help people express their needs and wishes, weigh up and take decisions about options available to the person. They represent people's interests either by supporting people or by speaking on their behalf.

During the day we saw people being supported to make decisions, such as, whether they wanted to go out, where they wished to go, what food and drinks they would like and whether they wanted to be involved in activities at the service.

Care plans had been written with people and their relatives and, when possible, had been signed by people to show they agreed with them. When people had a Lasting Power of Attorney (LPA) in place this was documented in their care files and staff liaised with the LPA about their loved one's care and treatment. LPA is a legal tool that allows you to appoint someone to make certain decisions on your behalf.

People were supported to have sufficient to eat and drink and to maintain a balanced diet. People were offered choices of hot and cold drinks and snacks throughout the day. Throughout meal times staff were observant, attentive and supported people in a way that did not compromise their independence or dignity. Staff took their time when supporting people and focussed on the person's experience. The food looked appetising; people ate well and took all the time they wanted to eat their meal. People who had difficulty swallowing were seen by the speech and language therapists to make sure they were given the correct type of food to reduce the risk of choking. Some people had their food pureed and this was presented in individual food groups on the plate. There was clear guidance for staff to follow on the required consistency of foods and drinks. Adapted cutlery was in place to promote people's independence.

People's health was monitored and care and support were provided to meet any changing needs. When it was

necessary health care professionals were involved to make sure people were supported to remain as healthy as possible. Staff followed guidance given by health professionals to make sure that people received effective support and care. The registered manager and staff worked closely with health professionals, such as, GPs, dentists and opticians. People were supported to attend appointments with nurses, doctors and other specialists they needed to see. There were individual risk assessments in care plans for people's skin care and continence needs and these were reviewed for their effectiveness and reflected any changes in people's needs.

People generally received consistent, personalised care, treatment and support. There was guidance for staff which identified which people were at risk of losing or gaining too much weight and what support people needed. People's weights were monitored and action was taken to refer people to health professionals, such as, dieticians or speech and language therapists, when needed. If people chose not to be weighed then this was noted. People's individual circumstances were taken into account. However, one person's nutrition notes on 03/01/2015 stated 'Needs to have his weight monitored' and the action note was 'Needs to be weighed monthly'. The weight chart for this individual showed their weight remained stable but they had only been weighed on 20/11/2014, 27/01/2015 and 13/05/2015. A body mass index (BMI) record on 23/01/2015 for this person noted that 'X is obese. Diet needs to be monitored. Review in 3 months. Low risk of malnutrition' and a further entry on 16/05/2015 noted 'BMI shows X is obese. He is at low risk of any malnutrition but diet and weight is to be continued to be monitored'. There was no guidance for staff of any actions to be taken to support this person to lose weight and their weight had not been checked on a monthly basis.

The design and layout of the service was suitable for people's needs. The premises and grounds were designed and adapted so that people could move around and be as independent as possible. There was good wheelchair access throughout. A smoking shelter was provided in the grounds of Strode Park House for people who chose to smoke.

The service was clean, tidy and free from odours. Staff wore personal protective equipment, such as, aprons and gloves when supporting people with their personal care. Toilets and bathrooms were clean and had hand towels and liquid

## Is the service effective?

soap for people and staff to use. Foot operated bins were lined so that they could be emptied easily. Outside clinical waste bins were stored in an appropriate place so that unauthorised personnel could not access them easily. However, there were two general waste bins outside which were overflowing. We discussed this at the time with the registered manager and they contacted the Facilities Team to address this immediately.

Some areas of the service had been decorated but there were a number of areas which had not been completed. New flooring had been laid in the entrance area but the walls and woodwork needed attention. Some windows were in need of painting as the wood was bare and paint was flaking exposing it to the elements. Decoration of the lounge area had been started but only two walls had been completed. At the last inspection radiators in the lounge had been removed / moved and new copper heating pipes installed. Subsequently, holes in walls had been filled with

plaster but had been left unpainted. Staff from head office completed 'environmental walks' and reported to senior management and the Facilities Team for actions to be taken. We checked records of these audits and comments regarding the lounge area, dated September 2014, noted 'Walls need attention. Copper pipes need repainting'- this work remained outstanding. New furniture was due to be purchased but could not be done until the decorating had been completed.

People were encouraged to personalise their rooms with their own possessions, pictures and photographs. People were involved with making decisions about the design and decoration of the service. There were a number of boxes in the lounge which contained flat-pack furniture. Staff told us that a person had decided to have their room redecorated and had chosen their new furniture but that the painting of the room had still not taken place and that it had been waiting to be done for 'quite some time'.

# Is the service caring?

## Our findings

People told us and indicated that they were happy living at the service. Staff communicated with people in a way they could understand and were patient, giving people time to respond. Staff had knowledge of people's individual needs and showed people they were valued. Staff made eye contact with people when they were speaking to them. Staff displayed caring, compassionate and considerate attitudes towards people.

People valued their relationships with the staff team and they spoke highly of individual members of staff. During our inspection staff spoke with and supported people in a sensitive, respectful and professional manner that included checking whether they needed any support. Staff had built strong relationships with people and were familiar with their life histories, wishes and preferences and knew them well. There was a calm and friendly atmosphere and people looked very happy living at The Coach House.

Care staff were called 'independence trainers' as there was a focus on developing people's skills so they may live more independently. People were supported to identify their own objectives and goals and these were regularly reviewed. Staff proactively promoted people's independence and supported people when needed. For example, people were encouraged and supported to do their own laundry. To reduce the risk of people's clothes getting mixed up, each person had different coloured pegs so they could easily recognise their own laundry. The service had a day centre, 'Lifestyles Academy for Independence', which people attended. Independent living skills, such as cooking and cleaning, were included in people's weekly schedules. Staff consistently took care to ask permission before intervening or assisting people. People had the opportunity to work towards ASDAN (Award Scheme Development and Accreditation Network) qualifications - this is an educational charity which offers programmes and nationally recognised qualifications that explicitly develop people's skills for learning, skills for employment and skills for life.

Staff recognised the importance of social contact and companionship. Staff supported people to develop and maintain friendships and relationships. People could choose whether to spend time in their room or in communal areas and there was plenty of space for people

to spend time with their loved ones. People were clean and smartly dressed. People's personal hygiene and oral care needs were being met. People's nails were trimmed and gentlemen were supported to shave.

Most people had family members to support them when they needed to make complex decisions, such as coming to live at the service or to attend health care appointments. Advocacy services and independent mental capacity advocates (IMCA) were available to people if they wanted them to be involved. An advocate is someone who supports a person to make sure their views are heard and their rights upheld. They will sometimes support people to speak for themselves and sometimes speak on their behalf. People's religious, ethnic and cultural needs were taken into account and staff arranged for clergy from different denominations to visit when people requested this. Staff told us that they supported people to attend church services when they wanted to go to them.

People were provided with information in a way they could understand. Staff explained how they had supported people to vote if they chose to and that they had sat and talked with people individually and in groups with easy to read information to help them make a decision. People's sexual health and sexual orientation was discussed with them and people were supported to see the relevant health professionals.

People told us that they felt the staff treated them with dignity and respect. Staff completed training on equality and diversity. Our observations of staff interacting with people were positive. Staff were discreet and sensitive when supporting people with their personal care needs and protected their dignity. Staff knocked on people's bedroom doors and waited for signs that they were welcome before entering people's rooms. They announced themselves when they walked in, and explained why they were there. People were not rushed and staff made sure they were given the time they needed.

People and their loved ones were involved, when they chose to be, in the planning, decision making and management of their end of life care. People's preferences and choices for their end of life were clearly recorded, communicated, kept under review and acted on. Plans were written in an easy to read format. Staff told us that some people did not wish to discuss their end of life care and this was respected and kept under review. Staff told us that they discussed death and dying with people's relatives

## Is the service caring?

and that it was a very difficult subject to approach. Some relatives had not wanted to discuss this with staff and would prefer to deal with it at the time. The registered manager told us that they gave people the explanations they needed at the time they needed it and in a format that they could easily understand to make sure people had all the information they needed.

Care plans and associated risk assessments were kept securely in a locked cabinet to protect confidentiality and were located promptly when we asked to see them. Staff were aware that it was their responsibility to ensure that confidential information was treated appropriately and with respect to retain people's trust and confidence.

# Is the service responsive?

## Our findings

People and their loved ones had been involved in identifying their needs, choices and preferences and how these should be met. This information was used so that the provider could check whether they could meet people's needs or not. The care plans we reviewed showed that a pre-assessment was completed when a person was thinking about using the service. Before people chose to live at The Coach House they were offered pre-admission and orientation visits to meet the other people living there and to meet staff. The registered manager and staff monitored and observed how people got on during these visits and spoke with other people at the service afterwards. The registered manager listened to people's feedback to consider if people would be compatible and comfortable with each other. From the pre-assessment information an individual care plan was developed to give staff the guidance and information they needed to look after the person in the way that suited them best.

People received their personal care in a way that they had chosen and preferred. People and their loved ones were involved in the planning of their care and support needs. People were encouraged by staff to participate in and contribute to the planning of their care. Each person had a detailed, descriptive care plan which had been written with them and their relatives. Care plans contained information that was important to the person, such as their likes and dislikes, how they communicated and any preferred routines. Plans included details about people's personal care needs, communication, mental health needs, physical health and mobility needs. Risk assessments were in place and applicable for the individual person. When people's needs changed the care plans and risk assessments were updated to reflect this so that staff had up to date guidance on how to provide the right support, treatment and care. Some people were unable to sign their care plan to confirm that they had been involved in planning and reviewing their care. These people had an ink stamp with their name on so that they could print their name on the paperwork.

Easy to read 'All about me' care and support plans were written with people to make sure they could be supported in the way that suited them best. This is a tool which tells health and social care professionals about people's interests, needs, preferences and likes and dislikes. People's care and support plans were regularly reviewed

and updated to make sure staff had the latest guidance to follow. People were assigned a keyworker – this was a member of staff who was allocated to take the lead in co-ordinating someone's care. Information about people was updated as and when staff found out more about people. There was information in the care and support plans about what people could do for themselves and when they needed support from staff. When people needed support with their mobility there was detailed guidance for staff about how to move people safely using specialist equipment like hoists and slings.

People said that they received the care they needed and that the staff were responsive to their needs. The service had a strong, visible person-centred care culture. People were relaxed in the company of each other and staff. Staff had developed positive relationships with people and their friends and families. During the inspection staff were responsive to people's individual needs, promoted their independence and protected their dignity. There was a good team spirit amongst the staff and a friendly manner towards people. Staff told us that there were no restrictions on visiting times. A relative noted on a recent survey, "I am always made welcome on my visits by my loved one and the staff".

People told us that they would talk to the staff if they had any concerns and felt that they would be listened to. Analysis of a recent survey showed that all those who responded knew who to raise any concerns to and that they felt they would be listened to. The provider had a policy in place which gave guidance on how to handle complaints. When complaints had been made these had been investigated and responded to in writing and within timescales. People told us they would raise any concerns with the registered manager or staff and felt that their concerns would be listened to and acted on. An easy to read guide on how to complain was in each person's room and a copy was on the noticeboard for people and relatives to refer to.

People were supported to keep occupied and there was a range of meaningful social and educational activities available, on a one to one and a group basis, to reduce the risk of social isolation. There were regular trips to night clubs which people enjoyed. Some people attended college and others were supported into employment if they wished. Some people chose to work on reception at The Coach House. People told us how much they enjoyed doing

## Is the service responsive?

this. Each person had been supported to paint a canvas as part of the redecoration of the lounge area and people told us that they enjoyed doing this. There were strong community links, not only with local churches but with local clubs and associations. During the summer month's people attended 'Theatre in the Park' events in the grounds of Strode Park House. A dedicated computer area was in the lounge and this included adapted equipment, such as, special keyboards. People were encouraged and supported

to keep in contact with their friends and family using Skype. Some people were more competent with IT than others and staff told us how they were spending time with others to train them in using the computers. Regular visits from a trained PAT dog (Pets as Therapy) and handler were organised. We were told that this was in line with current studies which show that animals have a beneficial effect on people with compromised and/or mental / physical disability.



# Is the service well-led?

## Our findings

People knew the staff and management team by name. People told us that they would speak to staff if they had any concerns or worries and knew that they would be supported. There was an open and transparent culture where people, relatives and staff could contribute ideas about the service. The registered manager welcomed open and honest feedback from people and their relatives. Staff were encouraged to question practice and to suggest ideas to improve the quality of the service.

People, their relatives and staff were actively involved in developing the service in a meaningful way, helping to drive improvement in the quality of service. People and their relatives regularly completed questionnaires about the service and the results of these were analysed and actions taken to continuously make improvements. A suggestions box had recently been put in the entrance area for people, visitors and staff to use.

Regular residents meetings were held and people were encouraged to make any suggestions about the quality of service and any improvements they felt were needed. Minutes of these were produced in an easy to read format and showed what action was needed and who would complete any action. Topics such as, food, activities, college and employment and plans for the decoration of the service were discussed to make sure people were involved and 'had a say' in the running of the service. Records of the meetings showed that the quality of service had been openly discussed with people to ensure they were involved in any changes and improvements.

Staff understood the culture and values of the service. The registered manager and staff told us that teamwork was really important and that everyone 'pulled together'. Staff told us that there was good communication between the team and that they worked closely and helped one another. Our observations showed that staff worked well together and were friendly and helpful to people, nothing was too much trouble.

Staff were clear what was expected of them and their roles and responsibilities. The provider had a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely. Staff knew where to

access the information they needed. Records were in good order and kept up to date. When we asked for any information it was immediately available and records were stored securely to protect people's confidentiality.

We asked staff for their views on the management and leadership of the service. All of the staff we spoke with felt the service was well led. Staff told us that they were happy and content in their work and felt supported by the management team. To encourage an open and transparent culture, during the induction process new staff spend time with the senior management team from Strode Park Foundation and were able to ask them any questions. The Provider Information Return (PIR) completed by the provider before the inspection noted that 'The aim of this is to ensure a collective spirit, to reduce potential hierarchical tensions and to inculcate a sense of shared values'. Monthly senior management meetings, involving staff from all of the locations run by the provider, were held and minutes of these were circulated to staff to keep them up to date. Many staff employed at the service had been there for a long time. The provider had a staff 'long service scheme' in place. Staff received an award for five, ten and 20 years' service.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.

There was a clear management structure for decision making. The registered manager worked alongside staff to provide guidance. The registered manager was supported by a service lead and experienced senior team leaders. The registered manager kept an overview of the service and were constantly observing and monitoring staff. The registered manager held regular meetings with staff. Staff told us that they actively took part in staff meetings and that records were kept of meetings and notes made of any action needed. When lessons could be learned from concerns, complaints, accidents or incidents these were discussed.

There were strong links with the local community. The management team worked alongside organisations that promoted best practice and guidance. They kept themselves up to date with new research, guidance and developments, making improvements as a result. The



## Is the service well-led?

registered manager told us that people living at The Coach House and staff were working closely with Canterbury Christ Church University to help teach nurses, radiographers, paramedics and social workers about living with a disability. The LOUD initiative (Learning Observing and Understanding Disability) involved three people, supported by staff, talking with health professionals about their experiences, such as, having X-rays and undergoing surgery, how they were treated and what could be done to improve their experience.

There was a system in place to monitor the quality of service people received. Regular quality checks were completed on key things, such as, fire safety equipment, medicines and infection control. When shortfalls were identified these were addressed with staff and action was taken. Environmental audits were carried out to identify and manage risks. Reports following the audits detailed any actions needed, prioritised timelines for any work to be completed and who was responsible for taking action.