

Strode Park Foundation For People With Disabilities

The Coach House

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

The Coach House is a residential care home providing personal care to up to 9 people. The service provides support to younger people with a learning disability, who maybe autistic with a physical disability and a sensory impairment. At the time of our inspection there were 8 people using the service. People were cared for in one adapted building with bedrooms over 2 floors.

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

Right Support:

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.

Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. People were supported to pursue their interests, goals and aspirations.

People had a choice about their living environment and were able to personalise their rooms. The service made reasonable adjustments for people so they could be fully in discussions about how they received support, including support to travel wherever they needed to go. Staff supported people to make decisions following best practice in decision making. Staff communicated with people in ways that met their needs.

Right Care:

Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care. People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs.

People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life.

Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks.

Right Culture:

People were supported by staff who understood best practice in relation to the wide range of strengths, impairments, or sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs.

Staff placed people's wishes, needs and rights at the heart of everything they did. The service enabled

people and those important to them to work with staff to develop the service. Staff valued and acted upon people's views.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was inadequate (published 21 December 2022). The provider sent CQC regular updates after the last inspection to show the improvements being made. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 20 December 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 13 and 15 September 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, good governance, person centred care, staffing.

We undertook this comprehensive inspection to check they had followed their action plan and to confirm they now met legal requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Coach House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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?

Good ●

The service was 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.

The Coach House

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 2 inspectors.

Service and service type

The Coach House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. [Care home name] is a care home [with/without] nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service,

what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 7 people who lived at the service and 2 relatives about their experience of the care provided. We spoke with 10 staff including the registered manager, deputy manager, director of care, team leaders, care quality monitor, care staff, cook and the administrator. We spent time observing interactions between staff and people in communal areas. We reviewed a range of records including 4 people's care records including medicines records. We looked at 3 staff recruitment records and a variety of records relating to the management of the service including meeting minutes and audits.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Inadequate. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection, the systems in place had not identified all safeguarding incidents placing people at risk of abuse. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Previously, people had not been consistently protected from abuse. Incidents had not always been reported to the local safeguarding authority. Staff had not always recorded incidents on the correct forms. At this inspection, staff had received guidance on where incidents should be recorded and reported to the management team. Records showed staff had reported incidents in the appropriate way.
- The registered manager understood their responsibilities to report any concerns to the safeguarding authority and to work with them to reduce the risk of them happening again. The registered manager had reported concerns as required. People told us, they felt safe living at the service and comfortable to raise concerns with staff.
- Staff had training on how to recognise and report abuse and they knew how to apply it. They were confident to raise any concerns they had with the management team and were assured these would be acted on. Staff knew how to whistle blow to the local authority who were responsible for investigating safeguarding allegations.
- Effective systems were in place to ensure people's money was safe and they always had access to it when they wanted it. People confirmed they always had money when they wanted to go out for meals, drinks, shopping or other activities.

Assessing risk, safety monitoring and management

At our last inspection, the provider had not assessed the risks to people's health and welfare or doing all that is reasonably practicable to mitigate risks. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At our last inspection, risks to people's health and welfare had not been assessed and there was not always guidance in place for staff to mitigate the risks. Staff had not always followed guidance placing people at risk when they did not receive their medicines as recommended during a seizure. At this

inspection, there was clear guidance for staff and records showed staff had followed the guidance when supporting people.

- Care plans had been updated with detailed guidance for staff to be able to support people safely. When people were living with epilepsy there was information about how the person would present when they were experiencing a seizure. The use of specific medicines was clearly defined, guidance explained to staff the different scenarios for giving the medicines including seizures lasting longer than 5 minutes. Care records showed people had experienced seizures, but these had not lasted long enough to require the medicine to be required.
- Some people were at risk of choking. Care plans included guidance about what to do if people choked and the action to take. There was information about how people's food should be prepared from the Speech and Language Therapist, during the inspection people received their meals as per guidance.
- There were specific support plans in place for people who experienced anxiety and required support to be reassured. There was information about why the person may become anxious and how staff should approach them to reduce the risk of this happening. Staff described how they supported people and records showed the number of incidents had reduced.

Learning lessons when things go wrong

- Previously, lessons were not being learned or systems improved when things went wrong. At this inspection, improvements had been made. There was a matrix in place to record all the incidents reported, incident reports were completed with the action taken.
- When incidents had happened, they were analysed, and an action plan was devised. For example, one person had become anxious staff had followed the guidance to reassure them, which had been successful. Staff then analysed what had been the trigger for the anxiety and found it was because the person was worried about something happening the next day. The care plan was altered to request staff not to give the person information until the day involved. This had been successful, and the person was much calmer when going out.

Using medicines safely

At our last inspection, the provider had failed to manage medicines safely. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At the last inspection, medicines were not managed safely. At this inspection, improvements had been made and medicines were now managed safely. Some people were prescribed 'as required' medicines, these medicines now had clear and detailed protocols in place for staff to follow. For example, when people were prescribed medicine for constipation, there was guidance about when a person should be given the medicine such as after no bowel movement for 4 days. Records showed people had been having their bowels open regularly and had not required the medicine.
- Records were now accurate, medicine instructions were correct, and medicines had been signed by staff to confirm they had been given. People now had medicines care plans containing information about their medicines and why they had been prescribed. People's medicines records provided staff with guidance about how people preferred to take their medicines and what to do if people refused them. One person told us staff had supported them to have liquid medicines as they preferred these to tablets.
- Some people were prescribed emergency medicines for the treatment of allergies or epilepsy. Staff had completed training to administer the medicine, knew when it should be given and were confident to give it. Effective systems were in place to make sure the medicines went out with people.

Staffing and recruitment

At our last inspection the provider had failed to deploy enough staff to meet people's needs. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- At the last inspection there were not sufficient staff to meet people's needs. At this inspection, there were enough staff, including for one-to-one support for people to take part in activities and go out, how and when they wanted. Additional staff had been recruited since our last inspection and some had begun work and others were awaiting the outcome of recruitment checks. Bank and agency staff were filling any gaps until they began work, these staff were paired to work with permanent staff. We observed people spending time with staff doing activities, chatting together and going out with one-to-one support. People's support was not rushed, and they were assisted at their own pace.
- The numbers and skills of staff matched the needs of people using the service. An additional staff member had been deployed at night and people told us staff came quickly when they called for them. The provider was working with funding authorities to make sure sufficient staff time was commissioned to support people to do the things they wanted to do.
- Staff were recruited safely. People had shown candidates around the service and been part of the interview panel. They told us they had enjoyed working with the management team to select new staff. They had asked questions which were important to them, such as staff's ability to support them to travel.
- Checks had been completed on staff's character, skills and experience. DBS checks were completed before staff worked with people. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

At our last inspection the provider had not consistently managed people's health conditions placing them at risk. This was a breach of regulation 12 of the Health and Social Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Previously, people did not receive support with physiotherapy exercises and had not always been referred to health professional when their needs changed. At this inspection, the registered manager had arranged for staff to receive training to support people with their exercises. The physiotherapist held a monthly clinic at the service to support people and staff. Records and staff confirmed they were supporting people with their exercises to keep them as well as possible. People had been referred to the dentist and had received the treatment they needed, they were supported to follow the guidance and advice.
- People's weight and general health had been monitored by staff. People had been weighed regularly, when they had lost weight, people were referred to the dietician. People were supported to follow the guidance and received supplements as prescribed.
- One person told us they could become anxious at times. Staff were supporting them to work with the local authority learning disability team to develop coping strategies to understand and manage their emotions. People used local health care facilities and told us they had received their covid vaccinations at the local vaccination centre. During the inspection, staff discussed people's treatment with the GP on the telephone and the GP visited one person to check them over as staff had concerns.

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. They told us they enjoyed the food at the service as well as going out for meals.
- People were involved in choosing their food and planning meals. The cook met with people weekly to discuss the menu for the upcoming week. People's choices and preferences were always included.
- People could have a drink or snack at any time, and they were given guidance from staff about healthy eating. Some people made hot and cold drinks for themselves. Staff made drinks for other people when they requested and knew their favourites including milkshakes and diet cola.

- People with complex needs received support to eat and drink in a way that met their personal preferences. Some people used adapted cutlery and crockery to eat and drink independently.
- When people needed support staff sat with them and supported them at their own pace. One staff member said to a person, "When you're ready [person's name]" and the person opened their mouth when they wanted the next mouthful of food. Staff were not disturbed and concentrated on supporting the person and spending quality time with them. We observed people were sitting in the correct position following health professional guidance at mealtimes.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Previously, evidence based guidance had not been consistently used to ensure people had effective outcomes. At this inspection, assessment tools were being used consistently to assess people's needs. Nationally recognised tools such as Waterlow score, to assess people's skin integrity, were reviewed regularly. Staff followed the assessment guidance such as using the appropriate equipment, there was no one with skin damage at the service.
- The service had not had any new admissions for a long period of time. We discussed with the registered manager how a new admission would be managed. They described how they would gain as much information as possible from professionals before meeting the person. Following the meeting, if it was decided it would be appropriate for the person to live at the service, a transition plan would be agreed. The transition plan would include visits to the service and overnight stays before a move would be agreed.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to support staff to have adequate training, and supervision. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- At our last inspection, staff had not always received training appropriate to their role and to support people's individual needs and preferences. At this inspection, people were supported by staff who had received relevant and good quality training in evidence-based practice. This included training in to meet people's individual needs. More staff had been trained to administer medicines and rotas were planned to ensure a medicines trained staff member was on duty at all times.
- A new 12 week induction process had been introduced since our last inspection. This included shadowing experienced staff, practical moving and handling training and competency assessments of staff's skills. All staff completed the Care Standards Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Updated training and refresher courses helped staff continuously apply best practice. This included the governments preferred mandatory training on learning disability and autism. Systems were in operation to make sure staff were always up to date with training and did not work if their training was out of date.
- The service checked staff's competency to ensure they understood and applied training and best practice during supervision and appraisals. All staff had received supervision since the registered manager had come into post. They told us the registered manager was supportive and they were encouraged to develop in their roles.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At our last we made a recommendation for the provider considers the latest guidance on meeting the MCA 2005 and reviews their practice accordingly. At this inspection improvements had been made.

- When people were assessed as not having capacity to make decisions, best interest meetings were held. The meetings included staff, relatives and health professionals who know the person well, these decisions had been recorded in people's care plans. The registered manager described how meetings had been arranged to discuss plans for when people's health started to deteriorate.
- Staff supported people to make decisions by making sure they had all the information needed to make an informed decision. Staff discussed strategies with people to keep them safe while taking positive risks.
- People had DoLS in place where appropriate and staff had submitted applications when they were due to expire.

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

- People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment which met people's physical needs. The building had been adapted to support people in wheelchairs to move around independently. People used lifts without support and moved freely around all areas of the building.
- People had personalised their rooms which were decorated in the way they preferred. This included wallpaper and other furnishings. They were included in decisions relating to the interior decoration and design of their home. Staff chatted to people about planned changes to bathroom facilities and people told staff what they needed to make them easily accessible for them. There were also plans to develop a sensory room for people to relax in.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

At our last inspection the provider had failed to ensure care was designed to meet people's needs and preferences. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- At the last inspection, people were not being supported to be as independent as possible. At this inspection, people had the opportunity to try new experiences, develop new skills and gain independence. People had told staff about their aspirations, these included sailing, swimming and working in transport services. The manager was actively seeking opportunities for people to achieve their goals. People were informed of the progress and were involved in meetings to plan opportunities.
- People described to us how staff supported them to be as involved as possible in their care and support. One person told us, staff washed their back and feet as they could not reach these areas, while another person told us they held the shower hose while staff washed them. People used the remote control to turn the television up or down and change the channel.
- Staff routinely sought leisure activities and opportunities for people to widen their social circle. Two people were going on holiday shortly after our inspection and were looking forward to meeting new people and taking part in different activities. People told us they enjoyed regularly going out for meals in local restaurants and shopping for things they like such as clothes and music.
- Staff knew when people needed their space and privacy and respected this. People moved freely around the service and were able to spend time alone in their bedroom when they wished. One person told us staff gave them privacy while they enjoyed a soak in the bath and had, "peace and quiet."

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

- Staff respected people's choices and wherever possible, accommodated their wishes, including those relevant to protected characteristics. People had been encouraged to share their gender identity and were supported to safely express this as they wished. People's diversity was encouraged, and staff described people in respectful, inclusive ways.
- People felt listened to and valued by staff. A person told us staff were, "Helpful, not bossy. They help when needed."
- People were given time to listen, process information and respond to staff and other professionals. Staff

understood some people were reserved when meeting people for the first time and asked them, "Would you like to tell them or would you like me to tell them?", when we began chatting to them. As people's confidence grew, staff supported people to chat to us without support.

- Staff supported people to express their views using their preferred method of communication. Some people used communication aids to share their views and opinions. These were fully changed and operational during our inspection and people used them when they chose.
- People were enabled to make choices for themselves, and staff ensured they had the information they needed. People told us they got up and went to bed when they wanted. One person chose to spend the day in bed during our inspection and staff made sure they were comfortable and had enough to eat and drink.

Ensuring people are well treated and supported; respecting equality and diversity

- People and staff were equal, and everyone was valued as an individual. We observed people and staff joking and laughing together and this created a warm and inclusive atmosphere.
- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to. One person asked a staff member for a cuddle as they were feeling sad. The staff member reassured them and gave them the cuddle they requested. Both looked relaxed and comfortable, and the person told us the staff member, "Gives good cuddles when I ask for them."
- Staff were patient and used appropriate styles of interaction with people. Staff distracted a person and made them laugh when they became anxious. This was effective and the person relaxed. They supported us to chat with people in ways they preferred about their experiences of the service. Again, this was effective, and people told us what was important to them.
- Staff ensured people were protected from exposure to any environmental factors they would find stressful. For example, a person requested staff stand with them during the weekly fire alarm test. Staff agreed to do this and offered the person the opportunity to do an activity they enjoyed in the garden while the alarm was tested.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

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

At our last inspection, people had not received person centred care due to poor provision of activities and care planning by the provider. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- At the last inspection, people had not been supported to take part in activities important to them. At this inspection, improvements had been made and people were spending as much time as they wanted taking part in activities and spending time with friends.
- People who were living away from their local area were able to stay in regular contact with friends and family via telephone and video calls. A person told us they had a mobile phone which they used to message their friends.
- Staff helped people to have freedom of choice and control over what they did. One person was very interested in building maintenance and told us, "The maintenance staff work alongside me". They had personal protective equipment, such as ear defenders and a hard hat to keep them safe and supervised what happened. The person had enjoyed being involved in setting of the fire alarms as part of a fire drill.
- People used their local community services as well as travelling further afield. This included using local barbers and shops as well as traveling to London and further afield for days out and holidays. A person described going to London on the train to see a show.

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

- At the last inspection, there was not enough staff to support people in the way they preferred, and they were unable to enjoy evening activities. At this inspection, staffing levels had improved, and people were now able to go to bed and get up when they wanted. People were supported to go out when they wanted and spend time with their friends.
- Staff knew people well and described how people liked to be supported, they respected people's decisions about how they wanted to live and express themselves. One person decided they did not want to get up, staff supported them in their room during the day. Staff told us, "They will be up and about tomorrow and ready to go." We spent time with the person the next day and they were happy with how the staff supported them.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People were provided with information in the way they preferred. People communicated with us using their communication aids, to discuss their experience of living at the service. People had communication passports in place for when they attended appointments.
- Staff understood how each person communicated their needs. We observed staff responding to people's non-verbal cues and supporting their needs. People were provided with pictorial information when needed to explain or support with decisions.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place. People and relatives told us, they would speak to senior staff or the registered manager if they had any concerns and were confident, they would be taken seriously.
- There had been no formal complaints since the last inspection. The registered manager understood and described the process they would follow if they received a complaint.

End of life care and support

- Nobody at The Coach House was receiving end of life care. People's care plans contained very basic information about any conversations which had taken place with families, including if they did not want to discuss this yet.
- The registered manager understood the importance of planning people's care if their condition began to deteriorate.

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.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection, the provider did not have an effective system to monitor the quality of the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- At the last inspection, there had been a significant deterioration in the quality of the service. At this inspection the quality of the service had improved, there was a new registered manager, who had been in post since November 2022. The registered manager had addressed the shortfalls found at the last inspection, they had identified further improvements required and put a plan in place to continue to improve the service.
- The management team had been strengthened with new team leaders in place and the staff team had been increased with new staff being employed. Staff told us communication had improved, there was now a clear structure to each shift, and they understood their role and their responsibilities. People now received support with their physiotherapy exercises as staff knew who was responsible for supporting the person.
- The registered manager ensured there was time for the management team to meet once a week and discuss any issues. This time was used to discuss any incidents, staff issues and plans for the next week including the activities people wanted to do.
- People's care plans had improved, these plans were now detailed, and person centred. Checks and audits had been completed on all areas of the service, when shortfalls had been identified, an action plan had been developed to make sure remedial action was taken.
- The provider had employed an external consultant to complete regular audits on the quality of the service. The consultant had identified some shortfalls, and these had been rectified including the introduction of supervisions, the progress was reviewed at each visit and signed off when completed.
- The registered manager understood their responsibility to inform CQC of significant events which occurred within the service, notifications had been sent as required.

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

- Previously, the service did not have a person-centred culture. At this inspection, this had changed and the culture within the service was now person centred. The provider and management team worked hard to

instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish.

- 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 told us the manager was, "high profile". We observed people chatting to the management team throughout of inspection. They received immediate responses which were appropriate and supported people to understand what would happen next.
- Staff felt respected, supported and valued by management team, which supported a positive and improvement-driven culture. Staff told us, "The manager deserves to be praised," for the improvements they had made since coming into post. Changes had been made slowly and staff understood the reasons for the changes. A staff member commented, "The manager keeps us in the picture" and "The changes are for the better."
- Managers set a culture that valued reflection, learning and improvement and they were receptive to challenge and welcomed fresh perspectives. Staff felt able to raise concerns with managers without fear of what might happen as a result. Staff told us the manager listened to them and acted to address any shortfalls or address issues.

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

- The registered manager understood their responsibilities regarding duty of candour. The registered manager had written to each staff member about the last inspection report, including an explanation of the shortfalls and an outline of how these were going to be tackled.
- The registered manager had built positive relationships with relatives since joining the service. Relatives told us the service had improved, a relative said, "We are delighted, it is better." Another told us, "They are open and honest and provide feedback." They confirmed they were informed if their relative was unwell or there had been an incident.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and staff were asked their opinions on the quality of the service. People were invited to attend regular meetings and asked for suggestions about how to change and improve the service. People were informed of the last inspection report and what changes were being made to improve the service. People had been asked to take part in the provider's open day and meeting prospective staff, which they had been keen to do.
- Staff attended regular meetings to discuss the service and people's needs. They were given the opportunity to make suggestions and were given updates on the improvements that were being made within the service. The registered manager had asked staff how they wanted to keep up to date, they had requested a weekly email, which the registered manager had put in place.

Working in partnership with others

- People received support from the specialist healthcare professionals to keep them as healthy and independent as possible.
- The registered manager attended Skills for Care and local care home forums to keep up to date with changes in adult social care.