

Lifeways Community Care Limited

The Coach House (Registered Care Home)

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 care home without nursing for up to five people with a learning disability, an autistic spectrum condition or a mental health condition. People who use the service may have additional needs and present behaviours which can be perceived as challenging.

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

People's experience of using this service:

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The principles and values of Registering the Right Support and other best practice guidance were seen to be met in the following ways:

People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Staff understood how to communicate with people effectively to ascertain and respect their wishes.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People were protected from abuse and discrimination.

The service did meet the characteristics of 'Good' in all areas.

Rating at last inspection: at the last inspection the service was rated Good (report published in July 2016)

Why we inspected: This was a scheduled inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about this service until we return for a further inspection as required by our re-inspection programme. If we receive any information of concern we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

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 (Registered Care Home)

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was conducted by two inspectors.

Service and service type: The Coach House is a care home. The Care Quality Commission (CQC) regulates both the premises and the care provided and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced.

What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse and safeguarding. We also sought feedback from the local authority. We assessed the information in the provider information return. This is key information providers are required to send us about their service, what they do well and any improvements they plan to make. This information helps support our inspections.

During the inspection, we spoke with the three people who used the service to ask about their experience of the care provided. We spoke to two family members who visited during our inspection and two family members after the inspection.

We observed staff providing support to people in the communal area of the service so we could understand people's experiences. By observing the care received, we could determine if they were comfortable with the support they were provided with.

We spoke with five members of staff including the registered manager and the interim quality manager. We

contacted a number of professionals who were involved in people's care at the Coach House and we received three replies.

We reviewed the care plans for all three residents, including medication records. We looked at a range of records about the home and how the service was managed, including complaints, compliments and feedback; three staff recruitment files; the provider's whistle-blowing, supervision, disciplinary and equality and diversity policy; medication competency checks; maintenance records; health and safety, infection control, and medication audits.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff were aware of their roles and responsibilities to report any safeguarding concerns. Staff had received safeguarding training and this was due to be repeated in 2019. Safeguarding was included as a topic in every team meeting as the management team recognised its importance and the need to discuss any concerns as a staff team.
- Staff understood the need to report problems if they arose. Staff we spoke with were able to describe the provider's whistleblowing policy and demonstrated a sound understanding of safeguarding processes. Staff were able to set out what they would do if they had any reason to suspect people were being harmed or abused, and they demonstrated an understanding of the different types of abuse and signs to be aware of. Staff were given a reminder of the whistleblowing policy at every supervision, and they told us they would feel comfortable in raising a whistleblowing concern should the need arise.

Assessing risk, safety monitoring and management

- Chemicals were managed safely. During the inspection, we found the laundry room was locked and all chemicals and cleaning products which could be hazardous were stored in this room. Other chemicals were securely stored in a locked, unused bathroom on the first floor.
- The home was properly maintained. Records were available to confirm regular PAT testing, gas safety checks, legionella checks, weekly carbon monoxide testing, visual weekly wheelchair checks and monthly checks on thermometers. Fire safety checks were routinely carried out, and there were individual personal evacuation plans in place (PEEPs) for each person living at the home.
- The individual risks associated with people's care and support needs had been assessed, with measures in place to keep people safe. These were in areas such as road safety awareness and personal hygiene. Due to a scalding risk for one person, staff had bought a kettle which could be set to reach different temperatures. Staff had agreed with the person a safe temperature for him to set the kettle to when boiling it.

Staffing levels and recruitment

- Staffing levels fully addressed the needs of the people at the home. People had a keyworker to support them. There was an established staff team with some agency staff used. The same agency staff were used regularly to ensure consistency of support.
- The registered manager told us, "Having handpicked the staff team, I've now got a team who really care. People feel happy and safe in the home."
- Staff recruitment checks were carried out to ensure people were supported by suitable staff. Three staff recruitment files were reviewed to check that all appropriate checks were completed. This included reference checks and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions.

Using medicines safely

- Medication was securely stored and managed. Medication was kept in locked cupboards. Staff checked the temperatures in the cupboards twice each day and they checked and calibrated the thermometers they used once a month. None of the people at the home used controlled medication but there was a separate, locked cupboard available for such medication.
- Medication records were up to date and had been completed correctly by staff. The medicine administration record sheet folder contained guidance on use for all staff, including medicines expiry guidance. Medicines audits were carried out annually by a pharmacist.
- A medicines policy was available for staff and included a signed list confirming that they had all viewed it. Training records confirmed that five staff had completed training in medication at different levels.
- Care plans detailed the medicines required for each person with guidance on administering them. One person received a medicine which needed to be administered half an hour before eating and staff were able to confirm that the time corresponds with the time the person had an evening snack. Care plans contained a list of the medicines for people and photocopies of medicines packets for reference. PRN protocols for 'when required' medicines, such as asthma inhalers, were available in care plans. Care plans included details of contra-indications for relevant medicines.
- Homely remedies were recorded in care plans with advice from GPs on their use and guidance to staff on non-verbal indications of when people might need to be given these remedies.

Preventing and controlling infection

- The building was clean throughout and well maintained.
- The kitchen had been inspected by the Food Standards Agency in 2019 and had been given the maximum rating, an improvement on the previous rating. Fridge temperatures were checked and recorded daily.

Learning lessons when things go wrong

- There was evidence of changes made following incidents. An incident form in one care plan recorded that a tablet had been found in a person's bed and following this staff now remain with the person after they have taken their tablets to make sure they have been properly taken.
- Regular audits were conducted by the registered manager and registered provider. We saw an audit plan which had been completed by the provider. Actions had been identified and timescales were given for completion of actions with any progress noted.

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- People received effective care and support from staff who knew how they wanted things to be done. Staff were able to describe the people they cared for and in particular non-verbal signs which communicated their needs and moods.

- Care plans were comprehensive and reflected the people they were about. The plans included key 'at a glance' information about the people and their individual preferences and choices. Information was included about communication needs, individual behaviours and how to address them.

Staff support; induction, training, skills and experience

- Staff had all completed the provider's induction training and mandatory training in fire, life support, food safety, health and safety, infection control, manual handling, capacity and decision making, protection and safeguarding, and medication. Staff received regular training in mental capacity and in the use of deprivation of liberty safeguards.

- All staff were enrolled on QCF Level 2 and on completion they were given the opportunity to undertake Level 3. At the time of our inspection, five staff had completed the Care Certificate. The Care Certificate is an agreed set of 15 minimum standards which social care workers must abide by in their daily practice.

- Staff had received additional relevant training on topics including Makaton level 1 and 2, epilepsy and autism awareness, and management of actual or potential aggression.

Supporting people to eat and drink enough with choice in a balanced diet

- People were provided with nutritious meals of their choice and they had enough to eat and drink. Care plans included details of each person's favourite meals which was used to help choose a weekly menu. The menu was planned with the people at the care home. The team leader was a trained chef and cooked fresh meals for people.

- Daily food records were kept with details added of any problems people had with eating. None of the people living at the location had special dietary requirements.

- A single meal was planned each day for the people but people could choose an alternative if they wished to.

- One person was at risk of choking so they were supported 1 to 1 at mealtimes. During the inspection, the person was observed eating a meal together with a member of staff. The staff member was available but allowed the person to eat the meal themselves.

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

- The provider worked with other professionals to support people living at the home. One health professional we spoke with told us, "In my opinion, staff at The Coach House have been dedicated and

patient [person] and, over time, [person's] behaviours that challenge have significantly decreased."

- Another health professional we spoke with told us, "The team are always open to suggestions about how the care of an individual might be improved."

- A family member said, "I think they've done very well for [him]. He's on a lot more of an even keel nowadays."

. People had access to a range of healthcare professionals. People's care plans contained details of orthopaedic outpatient appointments; community learning disability team involvement; and referrals to community dental services. Health action plans and hospital passports were also in place. A hospital passport is a resource for people with learning disabilities who might need hospital treatment.

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

- The provider had a maintenance team in place to deal with any issues around the building and the property was well maintained. The main hallway was due to be refurbished shortly. The lounge had recently been decorated and people living at The Coach House had been consulted on what they wanted.

- People were consulted on the decoration of their rooms. One person liked to damage their room so it was decorated every six months. The person was evidently proud of their room as they liked to vacuum and mop it every morning. This activity was included in their care plan as something to be supported.

- A family member said that a person had been placed in a first floor room but they were unhappy with this as they had some difficulty with the stairs due to a health condition. The registered manager had moved them to the ground floor immediately.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff had a good understanding of principles of the Mental Capacity Act. One staff member mentioned a person who had capacity and could make decisions about his care, treatment and support. The person had refused a blood test and continued to do so despite encouragement from staff. His preference had been respected by staff.

- Two people living at the home had DoLS in place, while the third had an application in progress. These safeguards were intended to restrict their liberty in specific ways to ensure their safety.

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were comfortable in their home. We observed a natural ease and rapport between staff and people, with people indicating to us they enjoyed positive relationships with staff. We spoke with one person, who pointed to a member of staff several times, smiled and said "keyworker!" The member of staff confirmed she was the person's keyworker, and that they have a good working relationship.
- The provider had an equality and diversity policy, which was in line with the Equality Act 2010. Staff we spoke with understood the need to promote equality and diversity. They had recently been helping to challenge one person's personal prejudices and encourage them to be more tolerant of other people's differences.
- Each individual's rights and preferences were supported. One person enjoyed Latin mass and staff had found a church where he could go for these services. People liked to go to church at Christmas and this was organised for them.
- A family member we spoke with told us, "[Person] is looking a lot better than he used to. It's doing him good to be there." One member of staff we spoke with told us, "There is a calm atmosphere here." This was reflected in our observations throughout our inspection.

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

- We observed during the inspection that staff worked in a person-centred way. One member of staff who was a keyworker for one of the people at the care home described in detail aspects of their behaviour which could indicate if they were unhappy or anxious.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be active and to look after themselves. One staff member told us about a person they supported, "He likes to do as much for himself as possible. He will make drinks for people and help to prepare vegetables for a meal."
- People we spoke with told us they were able to pursue their individual hobbies and interests. One person we spoke with told us, "I like going out for a coffee and a burger." During the inspection, one person went out with a staff member to walk into town to get a drink. Another resident was taken out for a haircut. One staff member drives a person to another part of the country to visit his family 2-3 times a year, in order to help maintain this important relationship in the person's life. They had also been on holiday to Disneyland Paris with another person and carer from a different home.
- People's rooms were private. Each of the bedrooms had locks on them and residents were able to have their own keys.
- A staff handover file was left in the lounge which included information about the people at the Coach House. Some of the information was sensitive and personal and this should not have been left in a public

place. The registered manager moved the file to a more secure place immediately.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The registered manager, interim quality manager and staff team were not aware of the requirements of the Accessible Information Standard (AIS). The AIS is a requirement for all providers of care services to follow since 2016. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and, in some circumstances, to their carers. There was good practice at the home. One person had a laminated card which he used to help with his communication and staff had been trained in Makaton sign language. The need to abide by, and understand the requirements of, the AIS was discussed with the provider during the inspection and they undertook to ensure they were fully complying with the standard.
- People were supported to do activities. A family member mentioned that the person was going to a drama class and had been to a disco. They had also been going to college but this had ended and the team leader was looking into a replacement for them.
- People's preferences were respected and supported. Behavioural support plans were place, and recorded information about the importance of individuals' routines and structure to their days and weeks. Staff we spoke with demonstrated a good understanding of people's individual needs and preferences.
- Staff knew the people at the home very well and were able to respond to their preferences. At the start of the inspection, staff offered clear, helpful advice to us on the people there and how they would best be addressed. This helped to ensure that the people were comfortable and positive during the inspection.
- A family member we spoke with told us, "They've found out lots of little oddments about him. I've had to provide a lot of information about his character. They were very grateful that I could help them out."

Improving care quality in response to complaints or concerns

- At the time of our inspection, no formal complaints had been made since our previous inspection. However, we found there was a system in place for capturing, investigating and responding to complaints and concerns. Complaints, concern and feedback were seen by the registered manager as a way of making continuous improvements to the service.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Team meetings were held monthly. The meetings covered a wide range of topics including policy, care and incidents or accidents to people. The meetings included discussions of individuals, activities and feedback from relatives and professionals. There was also a 'pop quiz' to test staff knowledge of areas of importance.
- There was evidence of review and continuous learning at the care home. A comprehensive quality audit plan had been completed in October 2018 with actions identified and given clear priorities and timescales for implementation.

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

- There was a very experienced management team at the home. The registered manager had been in post for 12 years and the team leader for seven years. The registered manager understood their legal and regulatory responsibilities in regard to submitting statutory notifications to the Care Quality Commission, and visibly displaying their current rating.
- Managers and staff interacted positively throughout the inspection. A handover was observed with two afternoon staff and the registered manager. The registered manager described the mood of the people and issues with the staff. The staff were clearly knowledgeable about the people and the home. Interactions between staff and managers were relaxed and positive throughout the inspection.
- Staff felt supported by the management team. One member of staff said, "You can say how you feel and raise any concerns, they always listen". They said, "The support is amazing - there is always advice on hand from whoever is on call. I feel valued and appreciated."
- There was no awareness of the need for business contingency planning for the possible consequences arising after Brexit. Services need to take into account possible worst-case scenarios covering areas including protective equipment, medicines and staffing. The provider had provided guidance for planning but this was due to be completed by December 2019, which is after date the UK expected to have left the EU.

Working in partnership with others

- People were supported to attend events outside the home and to make trips. People attended Tewkesbury Community Hub, a local activity project
- We received very positive feedback from professionals who had worked with the service. One person had a representative to support them who said, "The team are always open to suggestions about how the care of

an individual might be improved."