

# Because We Care Limited







# The Coach House

## Inspection report

9 Radcliffe Mount  
West Bridgford  
Nottingham  
NG2 5FY  
Tel: 0115 9818901  
Website:

Date of inspection visit: 30 June 2015  
Date of publication: 24/08/2015

### Ratings

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

### Overall summary

We inspected the service on 30 June 2015. Twenty four hours notice of the inspection was given because the service is small and people living there are often out and we wanted to be sure people would be at home. The Coach House provides accommodation and personal care for up to four people with a learning disability. The home is located in West Bridgford, Nottinghamshire. On the day of our inspection four people were using the service.

The service had a registered manager in place at the time of our inspection. A registered manager is a person who

has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe in the service and the manager knew what information should be shared with the local

# Summary of findings

authority when needed. Staff knew how to respond to incidents and how to escalate concerns. This meant there were systems in place to protect people from the risk of abuse.

Medicines were managed safely and people received their medicines as prescribed. Staffing levels were matched to the needs of people who used the service to ensure they received care and support when they needed it.

People were supported by staff who had the knowledge and skills to provide safe and appropriate care and support.

People were supported to make decisions and where there was a lack of capacity to make certain decisions, people were protected under the Mental Capacity Act 2005.

People were supported to maintain their nutrition and staff were monitoring and responding to people's health conditions.

Staff valued people and empowered people to achieve their goals and aspirations. People's independence and choice in the way they lived their life on a daily basis was achieved through

Innovative and creative methods.

People lived in an open and inclusive environment and were supported to develop their daily living skills and to make their own decisions about how they were supported and by whom.

People were involved in giving their views on how the service was run and involved in decisions about the service. The systems in place to monitor the quality of the service provided was effective.

# 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 felt safe and the risk of abuse was minimised because the provider had systems in place to recognise and respond to allegations or incidents.

People received their medication as prescribed and medicines were managed safely.

There were enough staff to provide care and support to people when they needed it.

Good



### Is the service effective?

The service was effective.

People were supported by staff who received appropriate training and supervision.

People made decisions in relation to their care and support.

People were supported to maintain their hydration and nutrition and risks to health were monitored and responded to appropriately.

Good



### Is the service caring?

The service was caring.

People were empowered to live their life the way they chose. Staff used innovative methods to drive people to achieve as much independence as they wanted.

Staff treated people and respect and valued them as people in their own right, ensuring people's privacy was tailored to individual wishes.

Good



### Is the service responsive?

The service was responsive.

People were involved in planning their care and were empowered to achieve their goals and aspirations. People had an active social life with access to further education and places of work.

People felt comfortable to approach the management team and staff with any issues and felt these were dealt with appropriately and sensitively. Discussion about any issues people had were a part of daily life in the service and were seen as a method of tailoring the support to address the issues.

Outstanding



### Is the service well-led?

The service was well led.

People were involved in giving their views on how the service was run and in decisions about the service.

The management team were approachable and had effective systems in place to monitor the quality of the service.

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.

We inspected the service on 30 June 2015. We gave 24 hours notice of the inspection as we wanted to be sure people would be at home. The inspection team consisted of two inspectors.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law.

During the visit we spoke with three people who used the service and two members of care staff. We also spoke with one of the managers who worked in the service and the registered manager. We looked at the care records of two people who used the service, medicines records of four people, staff training records, as well as a range of records relating to the running of the service including audits carried out by the manager and registered provider.

# Is the service safe?

## Our findings

People felt safe in the service and said that if they had any concerns they would speak with the staff or the manager. We observed people were very comfortable with staff and the manager. One person said, “I will talk to the manager if I’m not happy. The three managers will sort it out quick.” Another person told us that staff would “definitely” respond if they raised concerns.

People could be assured that incidents would be responded to appropriately. Staff had received training in protecting people from the risk of abuse. Staff we spoke with had a good knowledge of how to recognise and respond to allegations or incidents of abuse. They understood the process for reporting concerns and escalating them to external agencies if needed. The manager demonstrated that they had shared information with the local authority following incidents in the service.

People were empowered to take risks to enable them to have freedom without having unnecessary restrictions placed upon them. We saw that people were supported to go out into the community alone when they chose and there were systems in place to ensure staff knew they were safe, such as a formal check that the person had enough money and a mobile phone to contact the service if they needed to. We observed this in practice during our visit with people going out into the community alone or with relatives and staff. One person who used the service was being supported by staff to attend appointments. Staff would support them to embark and disembark from public transport and give them the independence to attend the appointment or visit a shop whilst remaining in close proximity.

Risks to individuals were recognised and assessed and staff had access to information about how to manage the risks. There were risk assessments in place informing staff how to

support people safely both in the service and in the community, whilst still supporting their independence. There were management plans in place to inform staff how to respond if there was an emergency in the service.

People felt there were enough staff working in the service to meet their needs. One person we spoke with told us that there were “definitely” enough staff to help them with their needs. We observed there were enough staff to ensure that people’s individual needs and requests for support were responded to quickly. An example of this was a person who wished to be supported to purchase a specific item on the day we visited. They were supported to choose the item they wanted and to go out and purchase it and were able to use it within a few hours.

Staff we spoke with told us they felt there were enough staff working in the service to meet the needs of people. The manager told us that the staffing levels were designed to match the needs of the people living in the service.

People relied on staff to administer their prescribed medicines and we found the systems were safe and people were receiving their medicines as prescribed. People told us they were receiving their medicines. There was information available which was written in a format to suit the people who used the service detailing what medicines they were taking and staff used this if people had any questions about the medicines they were receiving. Information was also available about how people preferred to take their medicines, what the medicine was for and possible side effects.

Staff received training in the safe handling and administration of medicines and had their competency assessed to ensure they were following safe practice. We looked at the storage and administration of medicines and we found medicines were stored safely and there were systems in place to monitor this. Records showed that medicines were being administered to people as prescribed.

# Is the service effective?

## Our findings

People that we spoke to said that staff were able to support them with their needs. We observed staff supporting people and we saw they were confident in what they were doing and had the skills needed to care for people safely.

Staff told us they enjoyed working in the service and felt they had the training they needed to enable them to do their job safely. They told us they were given training in a range of subjects relating to the work they did. They told us they had regular supervision from the manager and any additional training requirements were identified during supervision and acted upon in a timely manner. One staff member stated, "Everything is put in place here and I have the training I need to do my job." Records we saw confirmed staff were given regular training in a range of subjects relevant to their role and that they were given the opportunity to discuss their role with the manager.

Staff were given an induction when they first started working in the service. This included a range of information and training staff required in order for them to begin providing care and support to people, such as reviewing policies and procedures and a mandatory three day training programme comprising of training in medication awareness, moving and handling, health and safety and safeguarding vulnerable adults.

People told us they felt they were supported to make their own decisions. One person said, "I do what I want to do." We observed people making decisions throughout our visit. For example one person wanted to purchase an item and staff supported them to check their finances and decide if they should purchase the item. Once the decision was made staff went with the person to make their purchase. Another person had made a very big decision about their life and there had been meetings held with the person, and professionals involved in their care to ensure they understood the decision they were making. The person had then been supported with carrying out their decision with a great deal of support from staff to enable them to carry this out.

The staff that we spoke with had a basic understanding of the Mental Capacity Act (2005). The MCA is in place to protect people who lack capacity to make certain decisions because of illness or disability. There were care plans in place detailing how much support people needed with

decisions and whether they required information to be presented to them in different formats. For decisions the person was not able to make due to capacity, a detailed capacity and best interest's assessment had been undertaken which incorporated the views of the person, their family and professionals.

The manager and staff displayed an understanding of the Deprivation of Liberty Safeguarding (DoLS). The manager had made applications for a DoLS where appropriate. DoLS protects the rights of people by ensuring that if there are restrictions on their freedom these are assessed by professionals who are trained to decide if the restriction is needed.

People who sometimes communicated with behaviour staff may find challenging were supported safely. Care Plans were in place with regards to how staff should respond to instances of behaviour which staff may find challenging. Staff had been trained in the use of appropriate techniques using positive behavior support approaches. One of the care plans that we looked at detailed what might trigger the person's behaviour and what staff should do to de-escalate the behaviour. The plan also detailed the type of holding technique which would be used by staff in order to protect themselves or other people who used the service if this person expressed themselves through their behaviour.

People were supported to eat and drink enough. People told us they got enough to eat and we saw people used the kitchen as they would in their own home with people helping themselves to food and drinks whenever they wished.

People's nutritional needs were assessed regularly and there were care plans in place informing staff of people's nutritional needs. One person had lost some weight and the manager had discussed with the person's doctor and their recommendations to prompt the person to eat more had been added to the person's care plan. We spoke with this person and they told us they had always been, "Fussy with food. I don't eat loads." They told us staff prompted them to eat more. Staff were weighing this person regularly to monitor their weight.

Another person had a detailed risk assessment and care plan in place with regards to managing their nutritional intake. We witnessed staff engaging with the person and following the care plan, presenting information and

## Is the service effective?

guidance in a way that could be understood by the person. The staff we spoke with had a good understanding of the persons needs around nutrition, how they should support the person and the possible consequences of not following the care plan. An action plan about nutrition had been drawn up with the relevant professionals and was being followed.

People were supported with their day to day healthcare. We saw from care records that staff sought advice from

external professionals such as psychologists and doctors to support people with their health care. Individual health files were provided for people which detailed information such as how the person communicated their health needs, any allergies they had and these were kept updated following appointments with healthcare professionals. People were supported to see a doctor when they needed to and to visit the dentist and optician on a regular basis.

# Is the service caring?

## Our findings

People told us they felt other people who used the service and staff were their family and we observed this to be the case. We observed staff interacting with people who used the service and we saw positive relationships had been developed. There was much friendly banter, laughter and fun in the service throughout or visit and there was a vibrant and fun atmosphere. We saw the ethos of the service was very much centred on this being people's home where they lived their life as they wished to. When people who used the service made themselves a drink they asked staff if they wanted one and vice versa and this created an inclusive environment where people and staff were seen as equal. People who used the service and staff sat together ate together and generally spent the day much like a family would, chatting and working together in a relaxed way.

People were supported by staff who knew them well and understood their individual needs and their likes and dislikes. Our observations showed staff clearly knew people's preferences and how to communicate with them effectively. For example when a person appeared agitated; staff quickly noticed and asked them what was wrong. They encouraged them to talk about what was bothering them and then facilitated an activity that the person had been unable to fulfil earlier. The person was calm, smiling and chatting after this. Another person was sometimes reluctant to take their medicines and so staff had formulated a plan which was written in a way the person would understand. This plan was used to help the person to understand why they needed to take the medicines and how they would improve their health and well-being.

One staff member we spoke to said that they continually sought feedback from the people they work with and ask them about their goals and how they work towards them. Another staff member said that they had recently got to know the people they support much better after spending time with them on holiday, they told us, "I've learnt so much about them over the last few days and that it what I enjoy about the job, you never stop learning about people."

Both of the staff we spoke with spoke of people with warmth and compassion. People responded well to staff interaction, which was given in a relaxed and warm manner. Staff spoke to people in a way that encouraged increased confidence and praised people on their

achievements. The staff we spoke with told us that they were able to read through care plans of the people they cared for on a monthly basis which kept them up to date with any changing needs.

People had communication passports, which showed the ways in which they communicated. Staff were very knowledgeable about people's communication methods. This meant they understood when a person was indicating how they were feeling and why this might be. We saw this in practice when a person was behaving in a certain way and staff recognised this and took time to have a discussion with the person which resulted in finding out what was really worrying them. They were then able to provide reassurance and this was communicated well to the person, who then happily carried on with their day.

People's comfort was important to staff and we observed examples where staff anticipated people's needs such as, by ensuring that people had sunscreen on when they were going outside, were wearing adequate footwear and had had enough to eat before going out into the community.

Positive relationships were nurtured not only within The Coach House but throughout the group of care homes owned by the provider within close proximity to each other. A monthly disco was held at The Coach House and people who used the other services run by the provider were attended this and friendships had been formed. People from the other services were welcome to visit anytime and one person did this on the day of our visit. We also observed one person asked staff what was being provided for the evening meal and then asked what was available at another home which was run by the provider so they could decide which service to eat in. Staff told us that people had the option of eating at the other services if they wished and that people spent their time between these services. People were also supported to spend time with their relatives and friends and to maintain their relationship with them.

The manager told us that staff also moved around the three services owned by the provider in the area and this was facilitated to match the needs of people who used the service with the most appropriate staff. She told us that one member of staff had built a positive relationship with one person and the person had benefited from this and so the staff member had been moved so they could work with the person. One of the staff we spoke to told us that they



## Is the service caring?

had moved over to The Coach House from another of the services in the group due to their experience and skills in managing challenging behaviour through the use of positive diversion techniques.

The manager told us that no-one was currently using an advocate, although one person had used one recently. Advocacy was discussed at meetings held for people who used the service so that people would know when and how they could access one. People had access to information on speaking with an advocate and these were written in a format tailored around the needs of the people who used the service. Advocates are trained professionals who support, enable and empower people to speak up.

People were supported to have their privacy and were treated with dignity. People who used the service discussed this at regular meetings and staff made sure they

understood what dignity was and what they should expect from staff. One person we spoke with clearly had an understanding of the way staff needed to conduct themselves to ensure they treated people with dignity. Care plans gave detail of how individuals would like staff to support them in a way which gave them their requested level of privacy.

Staff were supported to register to be a dignity champion and several had done this to learn more about the values of privacy and dignity and embed this in the service. We spoke with two members of staff about how they would respect people's privacy and dignity and both showed they knew the appropriate values in relation to this and gave examples such as people being able to choose who they let into their bedroom, being able to lock their doors and knocking on bedroom doors before entering.



# Is the service responsive?

## Our findings

People were involved in planning their own care and support. People we spoke with knew about their care plan and were in the process of compiling booklets with information which they kept in their rooms detailing what was important to them and activities they enjoyed. We saw that people had designed the layout of a document which detailed how they communicated. People had signed care plans where they were able and where people did not have the capacity to sign their care plan staff had recorded how the person's views had been considered. Staff used different methods to get people's preferences of care such as the use of picture cards.

Meetings were held for people to get involved in and these were used to communicate what was happening in the service, and to get people's decisions on what activities they would like to do. There was also a weekly menu planning meeting where people chose the meals for the following week. One person had expressed a desire to do the weekly food shop and they were supported to do this on the day of our visit. The person had compiled a list of what shopping was needed through discussions with other people about what they would like to eat.

Staff we spoke with had an excellent knowledge of the preferences of people and how they liked to spend their time and how they preferred to be supported. Staff knew what would work well for individuals and what would not. We saw people's preferred daily routines and how they liked to be supported were detailed in their care plan and these went into great detail to ensure staff would know how to support them in a way they liked. One member of staff who we spoke to said that they sought feedback from people about how they had enjoyed activities and whether these were supporting them to achieve their personal goals.

People's independence and choice was an important part of the ethos of the service and staff had an appreciation of this. When we asked a person who used the service who chose what they did with their life, they told us, "Me!" One person's care plan reflected that their independence was being built upon and with consistent support to empower the person's independence the person now travelled to college independently of staff. The staff we spoke to told us that this had a positive impact on the person's confidence.

The manager described how staff had worked with one person who had changed and developed in a positive way since moving into the service a few years ago. This was an innovative approach which had been developed over time, ensuring that the person was able to develop at their own pace with the support of staff. This had resulted in the person increasing in confidence and independence. The person told us this had a positive impact on them and that they felt behaviour had improved and they had more independence as a result of this.

We saw people had been given support to improve their daily living skills and one person now made many of their own meals. People had also wanted to cook meals for other people who used the service and so staff had supported them to access training in the safe preparation of food so they could cook meals safely for everyone in the service. Another person wanted to attend appointments alone but was not confident to go there alone. To enable the person to have the privacy and independence staff had supported this by taking the person to their appointments and then waiting across the road for them.

The ethos of the service was to support people in positive risk taking. It was recognised that whilst some activities people chose may pose risks because of behaviour and other factors, there should be a balance of empowering people to participate in everyday activities which would enhance people's lives.

One person had wished to take an independent holiday and although staff had recognised the risks this could pose they had put in a great deal of planning and supported the person to achieve their goal. To assess whether the holiday was achievable, risk management strategies had been implemented and over a period of time the person had been supported to go away alone on short breaks. This was aimed at increasing the person's confidence and any learning from the short breaks was used to form the plan for the holiday. The person had also been given guidance and practice to improve their independent living skills until the person was at a stage where they were confident enough to have the holiday. The person told us they had really enjoyed the holiday and were clearly very pleased with their achievement.

People were supported to access the community and engage in a wide range of activities of their choice and individual interests were followed such as swimming, ice skating and shopping trips.



## Is the service responsive?

People were supported to have regular holidays and had recently been to the coast and to cities of interest. People had also been supported to access further education and two people went to college on a regular basis. One person had a voluntary job aimed at developing their skills and another was being supported to look for a job. A member of staff attended an 'activity championship' meeting with staff members from the provider's other services to discuss ideas for activities.

One person, who was known to like music and singing, had been supported to join a choir and told us about performances they put on with the group at public places. This person was from an afro-Caribbean background and had also been supported to join an afro-Caribbean singing group. When the person told us about these groups they were smiling and animated which showed it was an activity they enjoyed. This person told us they had always wanted to go ice skating and the staff at the service had helped them to achieve this and they now went every week.

People felt they could speak with staff and tell them if they were unhappy with the service. One person told us, "I would

tell them (staff) straight away if there was anything wrong." We witnessed a person raising an issue on the day of inspection and the manager responded with empathy and understanding to the concern raised, taking time to speak to the person about the concern, provide reassurance and agree a course of action with them. Staff confirmed that people discussed any issues they had on a daily basis and these were acted on and resolved straight away.

We saw there was a complaints leaflet which was written in a format tailored to fit the people who used the service (easy read format). Individuals also had their own easy read booklet with pictures and information on what they should do if they wished to raise a concern and what they should expect afterwards. One person showed us their booklet which they kept with them and they understood what to do if they had any concerns. It was clear from discussions with people that the complaints booklet was widely known about and had been discussed with them to ensure they knew when they should speak up about concerns.

# Is the service well-led?

## Our findings

People told us they had a good relationship with the management team and this was evident during our visit. We saw registered manager interacting with people and they clearly knew people's personalities very well and engaged in an open and inclusive way. One person told us they would like some additional furniture for the garden and we asked if they would like us to request this from the manager and the person said, "No, I will tell her" and laughed. This showed the person was very confident in speaking up about what they wanted. Staff confirmed this person and other people who used the service were very confident and comfortable making requests for the service.

People benefitted from an open and transparent culture within the home. Staff were able to raise any issues or put forward ideas with the management team and felt they were listened to. Staff were happy and worked well together which created a happy atmosphere and in turn was reflected in people's care. Staff clearly enjoyed working at the service and staff told us they enjoyed their job. One Member of staff stated that the management team were, 'Brilliant, they are really good. They would act if something wasn't right and it would be addressed straight away.' We observed people who used the service and staff who worked together to create an inclusive atmosphere.

There was a registered manager in post and she oversaw the management of the service and had a small team of managers who alternated working on a daily basis between the other services in the group. Because We Care has a number of care homes in close proximity and a team of managers moved around the different services working in each one. The team of managers met regularly to discuss

individual services and share best practice. Each manager had their own area of responsibility to ensure consistency such as audits and reporting to external bodies when there was an incident or a change in the service.

People we spoke with told us they knew all of the managers who came to work in the service and liked them. The manager who was in the service when we visited clearly knew the needs and personalities of the people who used the service and told us that having a rotation of managers worked well as they all knew the people in each of the services in the group.

The registered manager energised staff to empower people to develop their skills with support from staff. It was clear that people were actively encouraged to develop the service and make decisions about how the service ran on a daily basis, this ensured people were at the heart of the service.

People were supported to have a say in how the service was run through regular meetings and an annual survey. We saw the results of the most recent survey and these were very positive and where requests had been made these were being acted on. The surveys were written in a format people who used the service would understand. People's views were sought on a daily basis through constant involvement and staff and the managers listened and tailored the service to adapt to the requests and views of the people who lived there.

The manager carried out audits of a range of areas of the running of the service for example care records, staffing levels and competency. We saw these were effective and had achieved a service which was organised, clean and safe which resulted in positive outcomes for the people who lived there.