Solihull Metropolitan Borough Council

Coppice Close

Inspection report

1 Coppice Close
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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

We carried out this inspection on 8 April 2016.

Coppice Close provides residential care and support for up to four people with learning disabilities or autistic spectrum disorder. At the time of our inspection there were three people living at the home.

The service has a registered manager. 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. A registered manager had been in post for five years. This person was responsible for some other of the provider's services. The assistant manager was responsible for the day to day running of the service.

Relatives and staff told us people who lived at the home were safe. Staff had a good understanding of what constituted abuse and knew what actions to take if they had any concerns. Staff were proactive in identifying risks to people's safety and how to minimise these.

There were enough staff to care for the people they supported. Checks were carried out prior to staff starting work to ensure their suitability to work with people who used the service. Staff received an induction into the organisation, and a programme of training to support them in meeting people's needs effectively.

Care plans contained information for staff to help them provide personalised care. Care was reviewed regularly with the involvement of people and their relatives.

People received care from staff who knew them well. People and relatives told us staff were caring and had the right skills and experience to provide the care required. People were supported with dignity and respect and people were given a choice in relation to how they spent their time. Staff encouraged people to be independent.

People received medicines from trained staff and medicines were administered, stored and disposed of safely.

Staff understood the principles of the Mental Capacity Act (2005) and how to support people with decision making, which included arranging further support when this was required.

People had enough to eat and drink during the day, were offered choices, and enjoyed the meals provided. People were assisted to manage their health needs, with referrals to other health professionals, and equipment was arranged where required.

People knew how to complain and could share their views and opinions about the service they received.

Staff were confident they could raise any concerns or issues with the managers, who were approachable, and they would be listened to and acted upon.

There were processes to monitor the quality of the service provided. This was through regular communication with people and staff. There were other checks which ensured staff worked in line with policies and procedures. Checks of the environment were undertaken and staff knew the correct procedures to take in an emergency.

The management team strove to adapt and improve the service to meet people's changing needs.

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.

People received their medicines from trained and competent staff. Staff had a good understanding of what constituted abuse and knew what to do if they had any concerns. There was a thorough staff recruitment process and enough experienced staff to provide the support people required. People received support from staff who understood the risks relating to their care and how to minimise these.

Is the service effective?

Good

The service was effective.

Staff were trained to ensure they had the right skills and knowledge to support people effectively. Staff understood the principles of the Mental Capacity Act (2005) and how to support people with decision making. People were supported with their nutritional needs. Staff referred people to other professionals if additional support was required to support their health or social care needs.

Is the service caring?

Good

The service was caring.

People were supported by staff who they considered kind and caring. People were encouraged by staff to be as independent as possible and given choices about how they spent their time. Staff ensured they respected people's privacy and dignity. People received care and support from consistent staff who understood their individual needs.

Is the service responsive?

Good

The service was responsive.

People received a service that was based on their personal preferences. Care records contained detailed information about people's likes, dislikes and routines. People and their relatives were encouraged to be involved in reviews of their care. People

were given opportunities to share their views about the service and the management team responded to any concerns raised.

Is the service well-led?

Good

The service was well-led.

People and relatives were happy with the service and felt able to speak with the management team if they needed to. Staff were supported to carry out their roles, and considered the registered manager and assistant manager to be approachable and responsive. There were effective systems to review the quality and safety of service provided. The management team continued to adapt the service to meet people's changing needs.

Coppice Close

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.

The inspection took place on 8 April 2016 and was announced. We told the provider we were coming 48 hours before the visit, so they could arrange for people and staff to be available to talk with us about the service. The inspection was conducted by one inspector.

The home is required to send us a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We received this information prior to our visit and it reflected the service we saw.

Before our visit we reviewed information received about the service, for example the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We looked at information received from relatives and visitors.

During our visit we spoke with three people who lived at the service, four staff including the assistant manager and three support staff. The registered manager was not working at the service on the day of our visit. We also spoke with two relatives by telephone.

Good

Is the service safe?

Our findings

Relatives told us people who lived at the home were safe. One relative told us, "[Person] tells us everything. They know they can talk up if they need to. Knowing they are safe, is like a weight lifted off our shoulders."

Prior to staff starting work at the home, the provider checked their suitability to work with people who lived there. One staff member told us, "I had a CRB (criminal records bureau) check done. I could not start work before this." We checked two staff files and saw background checks had been completed and two references were sought before staff were able to start work at the home.

There were enough staff available to support people, and at the times they preferred. One relative told us, "This is usually enough staff, they can be a driver short sometimes." One staff member told us, "The staffing levels are slightly up now." Another staff member told us, "Yes, there are enough staff here." The assistant manager explained that they had changed the deployment of staff recently. This was so that they could support people more during the day, to enable people to go out more often. They told us, "We want to provide a better service, give people an opportunity to do more."

Seven staff worked at the service and there were currently two vacancies, which existing staff covered or bank staff (temporary staff who work 'as required'). The assistant manager told us, "We try as much as possible to get the same staff, and some staff pick up extra hours." The assistant manager told us agency staff were rarely used and if they were used, staff familiar with people who lived in the home, were requested. This was to ensure a consistent service for people.

Staff undertook assessments of people's care needs to identify any potential risks when providing their support. One staff member told us, "We are very proactive, we risk assess as we go along." They gave an example of one person whose health had changed, this had been identified as a risk and 'acted on quickly'. The risk assessment had been updated and a referral had been made to another professional for further advice and support. Another person had a long standing health condition which put them at risk, and documents showed actions staff needed to take to reduce risks or if they had concerns. Risk assessments were updated as people needs changed and were reviewed every six months.

We looked at how medicines were managed and found they were administered, stored and disposed of safely. One relative told us, I have no concerns about medicines, they are very good with the tablets." Some people received medicine 'as required', for example for pain relief, and all of the people at the home were able to tell staff if they required this.

All staff were trained to administer medicines. Training was provided every two years and 'refresher' training was held every six months. The management team checked staff competency to administer medicines and we saw some staff had completed a 'medicine competency assessment' in December 2015 to check their knowledge in this area. The management team carried out weekly and monthly audits of medicines to check there were no errors or concerns.

Staff understood the importance of safeguarding people and their responsibilities to report any concerns. One staff member told us, "If I had any concerns (about people's safety), I would go to my line manager, there is a whistleblowing policy and a number we can phone." Another staff member told us, "Safeguarding could be using people's money, or making them do things they don't want to. I would tell the management or phone up the safeguarding team."

The assistant manager told us people had money given to them to spend when they went out. This was then signed for on return to the home, detailing the amount spent that day. However, no receipts were obtained for this expenditure, so there was no evidence of what had been spent, which would ensure the person's money was kept safe and reduce the risk of potential abuse. This could put both people and staff at risk. We discussed this with the assistant manager, who agreed receipts would ensure people's money was kept safe with any amount spent being accurately recorded.

Staff were aware of the procedures to take if the home required evacuation. One staff member told us, "All evacuation procedures are written down, we have tests each week, we go outside and simulate an emergency." Fire alarm tests were carried out weekly and we saw these documented. Personal emergency evacuation plans were documented on people's care records, explaining people's individual care needs in an emergency, so they could be effectively supported.

Accidents and incidents were recorded for each person. Records were analysed to see if there were any patterns in incidents, to identify any changes required to prevent incidents reoccurring. These included 'ABC' 'Antecedent, Behaviour, Consequence' forms following any behavioural incident. For example, one person visited a health professional when there had been an incident, and the form documented ways to prevent this from occurring in the future.

A maintenance service was available if any repairs were required. Window restrictors were fitted and checks were carried out, including water temperature checks, gas and electrical safety and legionella testing to ensure people remained safe from potential risks. Checks were carried out for vehicle safety also, as two people had access to their own vehicles at the home.

Good

Is the service effective?

Our findings

Relatives told us staff had the skills and knowledge to meet their family member's needs. One relative told us, "The staff could train other staff, they are so good."

Staff received an induction when they started working at the home. One staff member told us, "I had a corporate induction and one to one support in the house shadowing (working alongside) staff. I had to read all the policies and procedures." The assistant manager told us about a new staff member who had recently come from another of the provider's services, "The month before they started they shadowed shifts, looked at care notes and risk assessments, they worked some extra shifts and this gave them a better understanding of people."

Staff received training suitable to support people with their health and social care needs. One staff member told us, "The training here is first class." They went on to say, "I've just done the 'anger management' training, it was about 'disengagement', the emphasis now is on avoidance, it was useful." Another staff member told us, "There is enough training. We can ask if we need more, we are encouraged to identify what we need." Staff had also completed training in areas such as autism awareness, epilepsy management, and first aid.

A 'handover' meeting was held each day as the staff shift changed, where information was passed on from one shift to the next about people's health or well-being, so people could be supported consistently. Additionally staff recorded in a daily note book for people, and a medical note book.

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.

The provider had trained their staff in understanding the requirements of the Mental Capacity Act. One staff member told us about this, "You assume people have capacity, and work from there, people can choose. Their choices may not be what you agree with."

All of the people at Coppice Close were able to make some of their own decisions. Where they were not able to, support was offered with 'best interest' meetings involving family members, advocates or social workers. This assistant manager told us a meeting had been held recently to decide about one person's understanding of some important information.

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. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty (DoLS) were being met. We found three people's liberty was being restricted. Decisions had been correctly taken to

submit applications to a 'Supervisory Body'. At the time of our visit three of the applications had been authorised.

Staff understood the importance of gaining consent from people before they supported them. During our visit we observed staff asking people for their consent, before assisting them with care. We observed a staff member administering medicines and asked what they would do if a person refused to take these. They told us, "The protocol would be to leave it for a while, then try again, we would see if they would take if from another team member, if not I would note it and report it to manager." The staff member understood the need to gain consent from the person first.

People's nutritional needs were met with support from staff, and people had a choice of meals. One person told us, "I like to have brunch here." Some people were able to make their own drinks and basic meals, and were encouraged to do this by staff. People planned their meals each week with staff and were involved in buying some of their own groceries, with staff support. Some people had some additional dietary needs. One staff member told us, "We are pro-active with people, one service user used to eat very quickly and we identified we needed to slow them down." They told us they had sought advice from a healthcare professional and now encouraged the person to eat more slowly.

People were supported to manage their health conditions and had access to health professionals when required. One person told us, "I go to the surgery." One relative told us, "We only have to mention it, for example, [person] has a chesty cough, then they get them checked over." One staff member told us, "People are seen by the doctor quickly, it is quite good." Referrals had been made to speech and language therapy when required. We also saw a referral to occupational therapy for equipment to support a person, and referrals to the psychology team for psychological intervention and support.

Good

Is the service caring?

Our findings

People told us staff were caring and kind. One person told us, "I like it here, the staff look after me." Another person told us about one staff member, "[Staff name] looks after me." One relative told us, "They take [person] on holiday, there is no more can they do."

One staff member told us what caring meant to them, "We always make sure they know someone is there for them." We saw 'dates to remember' were recorded on people's care records. This meant staff were aware of special days such as birthdays for people or their relatives, and ensured they sent cards or celebrated this if people wished to. Staff were arranging for one person to go on holiday for a short break and were getting some brochures for them to look at, to choose where they would like to go.

The people who lived at Coppice Close were of a similar age, got along well with each other and had lived there for a long time. During our visit, we observed people supported by staff in positive ways, sharing a joke together and at ease in each other's company.

People were encouraged to keep in touch with their families and there were no restrictions on visiting times. One staff member told us, "I think we have a good system here, [Person] has a close family, we have a system of phone calls each week when on certain days they ring." They went on to say, "We have arranged days out (with families) and we can provide transport and support them all on a day out." They explained, "I think families trust us implicitly. We have all known each other a long time and trust builds." Another person visited their relative with support from staff as they lived a distance away, and were supported to speak on the phone each week.

Staff supported people with privacy and dignity when assisting them with care. One person's preference was to spend a lot of time in their room and staff respected this. One staff member told us, "We are mindful of privacy, we knock doors, ring the doorbell before we come in, shut doors and give people the option to have their own space." The assistant manager told us, "We are respectful; we reassure people in what they are doing and offer a choice to decide if they want something now or later."

People were able to use their rooms if they wanted some private time away from everyone else at the home. People's rooms were individualised and contained their own personal items and they were encouraged to make their rooms comfortable to suit their individual needs and preferences.

People were supported to increase their independence where possible. People at the home were mainly prompted with their personal care needs and encouraged to do this this independently with some staff support. On the day of our visit, people and staff cleaned their rooms together and people were supported to keep the home clean. The assistant manager told us about one person, "They will clean their room with lots of prompts." Some people were independent and sorted their own laundry to take to staff for washing. One staff member described their role as 'enablers', in that they enabled people to do whatever they wanted to.

Good

Is the service responsive?

Our findings

People and their relatives were positive about how people were supported. One person told us, "Yes I like living here, I like my room." One relative told us, "They try their very best to suits our needs and [Person's] needs.

People received care from staff they were familiar with. One staff member had recently moved from another service which was part of the same provider, and they told us, "I already know all the people here," as they had visited the service before. One relative told us there had been an incident one day where their family member was visiting them and did not want to leave. They told us a staff member spoke with the person and calmed them down, and they were ready to leave then. As the staff member had a good understanding of the person, they were able to support them effectively in this situation.

A keyworker system meant people had a named worker who knew them well. This person was responsible for completing a monthly report about people's care and needs, and also arranged other activities such as holidays with people. However, the assistant manager explained that generally all staff worked together to support people at the home.

Care records contained information about personal care needs, routines and preferences. Information such as 'All about me' and 'What is important to me' were documented. Staff had identified they had limited information about one person's history and background. So the person's social worker was working alongside staff to gather this information, to support them in responding effectively to the person. Care plans were reviewed every six months or as people's needs changed.

People at the service had a variety of communication needs which staff were aware of, and utilised communication 'tools' to aid effective communication. Picture cards were sometimes used and 'Communication passports' documented the best way to communicate with people. One person could become anxious at times and staff were aware of how to keep their anxiety levels low. The assistant manager told us, "We have to give [person] advance warning, so they can process information." For example, if the person had an appointment, staff would tell them the day before. This helped reduce the person's anxiety, as the person had specific routines they liked to follow and staff were aware of this.

There were enough social activities to keep people occupied and people decided these based on their individual preferences. One person told us, "I like to go for a coffee and a cake." One relative told us, "[Person] gets so much to do, and as soon as they are back, they want to go out again." One staff member told us, "The activities are not regimented, they are flexible and the service users have a high input into this." On the day of our visit, one person was due to go out for lunch, but chose not to and this choice was respected. Some local services had been accessed by one person previously, however as these were no longer available, staff were now identifying new activities for the person to do. For example, the person liked horses and was going to go to a local stable to help look after them.

Some people had their own vehicles to use to go out with staff. One person was involved with line dancing

and liked steam trains, and staff were arranging some outings around this. Another person recently went to learn flower arranging and a staff member told us, "[Person] enjoyed that." One person was involved in a church group. The assistant manager told us they aimed for activities to be meaningful to the person and 'person centred'.

People and their families were involved in formal reviews of the care provided along with other professionals who may be involved, such as social workers. There were no resident or relative meetings at the home, however the provider arranged for a 'peer visit', where people came from a different service to chat with people at the home, and find out their views. This information was then fed back to the staff and management team.

We looked at how complaints were managed by the provider. The assistant manager told us, "We have not had any complaints." One relative told us, "I don't really have any complaints, if I did I could complain to any one of the staff." A complaints policy was available for people and the assistant manager told us any complaints would be recorded with a response given. We were not aware of any complaints received about the service.

Good

Is the service well-led?

Our findings

People and relatives were very happy with the running of the home and the service they received. One person told us, "Yes, I am happy here." One relative told us, "Coppice Close is brilliant, [Person] comes and visits us and is asking when they are going back home." They went on to say, "The [Assistant manager] will do whatever they can, they keep everyone informed."

The management team consisted of the registered manager and assistant manager. The assistant manager was responsible for the day to day running of the service. Staff were positive about service and the management team. One staff member told us, "I feel quite comfortable here, it's the most comfortable environment I have worked in, I feel valued and supported, morale is high, any problem could be resolved." Another staff member told us, "[Manager] is very, very supportive, they listen to your concerns and any personal concerns you might have." They went on to say, "I would not have a problem to go to [Assistant manager]. They are approachable." Another staff member told us, "I have had a lot going on, the managers have been really good."

Staff told us they felt supported with one to one meetings and team meetings. One staff member told us, "Yes we get supervision, there has been some gaps, but if I had any pressing issues I could speak with [Assistant manager]. Another staff member told us, "We have not had lots of meetings, but I still feel supported." They went on to say, "My last supervision was in March, yes we can put across what we think. I have no concerns and if I did I would bring it up."

The assistant manager told us they had identified that staff meetings had been less frequent than they would have liked, however it was sometimes difficult to get everyone who worked at the service together. They told us, "I am now going to 'rota' people on to the staff meetings," to address this. The last staff meeting had taken place in February 2016 where staffing, menus and activities were discussed. Informal 'catch up' meetings were held each morning with the assistant manager and staff.

Appraisals for staff were currently being completed and these gave staff an opportunity to review their roles, and look at their training needs and goals. The assistant manager undertook staff observations, and fed back to staff the outcome of the observation with suggestions or improvements about practice that staff could make. They told us, "I do watch staff, I don't document it, but I should." They told us they were now going to start recording observations to show how they supported staff further.

We asked the assistant manager about plans for the service. The local clinical commissioning group had visited and identified some improvements were required in the kitchen area, such as tiles being replaced and this was being arranged. We saw a 'continued improvement plan' which showed a garden project was planned, and there were plans to upgrade some lighting.

The assistant manager told us they planned for staff to learn the whole of the medicine administration process from ordering, to administering, to disposal, so all staff were skilled, and able to take responsibility for this if required. Currently only the management did this and they felt it would be useful for all staff to be

confident in this area.

Audits and checks of the service were carried out by the management team. These included medicines audits, checks of care records and safety checks.

The assistant manager told us they felt supported in their role by the registered manager and other managers from the provider's services locally. They told us they were also completing a management training course currently to further develop their skills.

Joint managers meetings were held every six weeks where managers shared information and ideas. One day a week the manager of another service worked alongside the assistant manager, so they were able to support each other further. The assistant manager told us about this, "I get loads of support from [manager]." An on call rota system operated where managers could be contacted evenings and weekends for additional support or guidance if staff required this.

The assistant manager told us about their achievements and challenges, "We are most proud of how we are expanding, there are more opportunities for service users with activities and in the community. With the staff, it's their team work, they work well together. They will offer ideas and suggestions. I think the service is well managed and we are proud of what we do." They acknowledged that the house provided some limitations for people, for example with steep stairs, so this restricted adaptations that might be required for people, in the future.

The assistant manager understood their responsibilities and the requirements of the provider's registration. They were able to tell us what notifications they were required to send us, such as changes in management and safeguarding. We had not received any recent notifications from them and they told us there had not been any events which necessitated us being notified. We were aware of a safeguarding incident in early 2015, where we had been notified.