Orchard End Limited

Coppice 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

Overall summary

This inspection took place on 5 March 2015 and was unannounced. Coppice House provides accommodation and personal care for up to eleven people with a learning disability or autistic spectrum disorder. The home comprises of the main house and an adjacent four bedroomed bungalow with a one bedroom annexe attached to it. Most people used the facilities in the main house during the day.

A registered manager was in place as required by their conditions of registration. 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 and associated Regulations about how the service is run.

At our previous inspection on 12 August 2014, the provider did not meet all the legal requirements in relation to the care and welfare of people. Following this inspection, the provider sent us an action plan to tell us the improvements they were going to make. During this inspection we looked to see if these improvements had

Summary of findings

been made. We found that improvements had been made to ensure people were cared for in a personalised way. People's care and support needs were assessed, monitored and recorded in their care records.

People had complex needs and required a higher level of support and monitoring to ensure their safety. The registered manager and staff understood their role and legal responsibilities in assessing people's mental capacity and supporting people in the least restrictive way. Risk assessments and guidance was provided to staff on how to support people. Some people required continuous support and were restricted from entering some rooms.

People and staff could raise any concerns or issues about abuse with the team and registered manager. People had been given training on how to recognise and understand the types of abuse. Staff and the registered manager understood their role to protect people from harm and abuse. Systems were in place to protect people from abuse such as daily auditing of people's finances. Relatives told us that any day to day concerns which they had raised were always dealt with immediately.

People were supported by staff who had been suitably trained and recruited to carry out their role. There were sufficient numbers of skilled staff to meet the needs of the people they supported. Some people required individual support to help them achieve their goals. People who were able to express their views and relatives told us that staff were caring and gave them the support they needed.

People's care was focused around their individual needs and support requirements. Their care records gave staff guidance on how to support them and reduce the risk of harm especially if they became upset. People were supported to access health care services such as dentists and specialist doctors. Their medicines were ordered, stored and administered in an effective way. Staff knew people's preferences in food and special diets which were catered for.

Relatives spoke highly of the staff and the registered manager. Staff knew people well and were able to support them effectively in the least restrictive way to take part in activities. There were a wide range of individual and group activities in the home and throughout the community offered to people. People enjoyed meeting up with other people at community events such as discos.

Monitoring systems were in place to ensure the service was operating effectively and safely. Internal and external audits were carried out to continually monitor the service provided. The registered manager was knowledgeable in supporting people to ensure they were protected and safeguarded from harm.

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?

Good

This service was safe. Staff were knowledgeable about their role and responsibilities to protect people from harm and abuse. There were clear policies and procedures in place to give staff guidance on how to report any allegations of abuse. People's risk of injury and becoming upset had been assessed and recorded. Staff were proactive to support people and reduce individual risks

Staff had been effectively recruited and trained to carry out their role. Staffing levels were suitable and flexible to meet the needs of the people who stayed in the home.

People's finances and medicines were managed and stored safely.

Is the service effective?

Good

This service was effective. Staff were trained and supported people who had complex needs to carry out their role. Staff understood the importance in providing choice to people and acting in people's best interests if they did not have the capacity to make specific decisions for themselves. Some people were continuously supported but in the least restrictive way.

People's health and emotional needs had been assessed and regularly reviewed. Their care was planned, assessed and focused on their individual needs. They were supported to access health care services when needed.

People's dietary needs and preferences were catered for.

Is the service caring?

Good

The service was caring. Relatives said the staff were caring and compassionate. People were relaxed and calm around staff. They used different methods to communicate with people and adapted their approach accordingly.

People's privacy, dignity and decisions were respected and valued by staff. They were encouraged to express their choices and preferences about their daily activities.

Is the service responsive?

Good

This service was responsive. People received care which was centred around their needs and preferences. People and their relatives had been involved in planning their care. Staff knew people well and were able to offer a choice of activities in the home and the community.

Relatives were able to raise concerns openly with staff and were listened to and acted on. Staff monitored people to ensure their needs were being felt met and to detect if they were unhappy about the support they received.

Is the service well-led?

Good

This service was well-led. Staff were supported and encouraged to develop their care skill practices by the registered manager and provider. There were good links between the provider's managers to share good practices.

Staff demonstrated good care practices and the core values of the organisation.

Summary of findings

Quality assurance systems were in place to monitor the quality of care and safety of the home. Systems were in place to report and review any significant incidents to the relevant authorities.

Coppice 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 5 March 2015 and was unannounced. This meant the staff and provider did not know we would be attending. The inspection was carried out by two inspectors. This service was last inspected on 12 August when it did not meet all the legal requirements and regulations associated with the Health and Social Care Act 2008 relating to the care and welfare of people. During this comprehensive inspection we followed up on whether action had been taken to address the breach of regulations.

The provider had completed a Provider Information Return (PIR) and provided us with this information on the day of our inspection as we had not requested this information before the inspection. 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 also examined other information that we held about the provider and previous inspection reports.

We looked around the home and talked with seven members of staff, the registered manager and a representative from the provider. We only spoke to one person as most people were unable to communicate with us due to their complex needs. However we saw how staff interacted with these people. We looked at the care records of four people and records which related to staffing including their recruitment procedures and the training and development of staff. We inspected the most recent records relating to the management of the home including quality assurance reports.

After the inspection we spoke with three relatives by telephone and one health and social care professional.

Good

Is the service safe?

Our findings

Relatives told us they felt their families were protected from harm and kept safe living at Coppice House. One relative said, "I have no concerns about the home. They are safe in the hands of the staff."

People were safe because processes and systems were in place to protect them from avoidable harm. Staff were knowledgeable about recognising the signs of abuse and understood their responsibility in protecting them from harm. They had received safeguarding training and were able to tell us about the signs of abuse and where they would report any concerns or allegations of abuse.

The registered manager had been trained to deliver a 'Keep me safe' course to the people who lived in the home. This helped people to understand different types of abuse and what they should do if they felt they were being abused in any way. This training was also planned to be delivered to people's parents and significant others.

People's finances were being managed safely. A system was in place to ensure there was a record trail for each person's income and expenditures. There was a daily audit system in place to help eliminate the risk of people being financially abused. A safeguarding policy was available to give all staff clear guidance on how to report any allegations of abuse and was available in an easy read format. All staff were aware of where they could raise any concerns and had been issued with information on 'whistleblowing' cards which provided them with contact details of who to inform if they were concerned about any aspect of the quality of care being delivered.

People's individual risks had been managed, reviewed and where possible discussed with them. Risk assessments provided staff with instructions on how to support people safely to ensure they were protected. For example road safety risk assessments were in place when supporting people in the community. Guidance was given to staff of how to de-escalate a situation if a person became upset or agitated. Some people were provided with individual support to help reassure them and monitor their well-being. Physical intervention was used as the last resort. The physical intervention policy gave staff clear guidance on how to manage situations. All staff had been trained in the latest practices and people's care records gave staff directions. We saw staff interacting successfully in line with their care records when one person became upset during our inspection. One staff member said, "We always try to 'talk down' a situation that may be challenging with a person." Systems were in place to monitor the frequency, manner and outcome of all incidents of physical intervention.

Safe recruitment systems were in place to ensure that suitable staff were employed to support people. Employment and criminal checks had been carried out on all new staff. References had been sought from previous health care employers to ensure they were suitable to support people with complex needs. People were introduced to potential new employees. Senior staff observed people's reaction with them to ensure they would be a valuable and effective member of the team. The registered manager said, "We want to make sure we employ the right people here. People need to be happy with staff that support them."

Disciplinary records showed that recommendations had been made and completed when staff's conduct had fallen short of expected behaviours. For example one staff member had been given further training and support.

People were cared for by suitable numbers of staff. Five people who lived in Coppice House required one to one support. Staff confirmed that there had been sufficient staff to provide this one to one support. Staff from neighbouring homes of the provider helped to provide cover if there were any unplanned staff absences to ensure people were supported by the necessary numbers of staff. The deputy manager or registered manager also assisted if additional staff were needed. Staff told us they thought the staffing levels were good. One member of staff who had recently returned to working at Coppice House told us, "The staffing is much better now". Another staff member said, "Compared to where I've worked before, the staffing levels here are really good." There were on-call arrangements in place for out of hours and weekends emergencies.

People were given their medicines as prescribed to them. The provider's medicines policy gave staff clear guidance to the management of people's medicines. People's medicines were ordered and managed by senior staff who had been trained in administering and managing medicines. Medicines were stored securely in line with guidance.

Good

Is the service safe?

Each person had a medicine profile which provided staff with information such as the details of each person's medicines; any allergies and details of how they liked to take their medicines. For example one person's profile stated they liked to have their medicines with squash followed by a sweet of their choice. Effective systems were in place for medicines which were only to be used 'when required' (PRN medicines). For example, staff were instructed to refer to individual protocols of how to support a person who may be upset or agitated before they administered any PRN medicines. Records of when people had taken their medication were accurate and reflected when people had been given their medicines. We were told that people generally agreed to take their medicines daily and any person who refused to take their medicines was monitored. There were appropriate arrangements to dispose of any medicines that people refused to take.

Audit checks of the medicines stock were completed by a senior member of staff. Any errors found during the audits were recorded and remedial actions were put in place.

Good

Is the service effective?

Our findings

People who lived in the home had very complex needs and were not always able to make independent decisions. Staff provided people with information and support to help them make day to day decisions such as attending an activity. People were supported by staff to protect them from harm but also to help them carry out activities in the home and community. Where people were unable to make a specific decision such as moving bedrooms they had been supported by their families, significant others and advocates.

The registered manager and staff understood their role and legal responsibilities in assessing people's mental capacity and supporting people in the least restrictive way. Staff had completed training in the Mental Capacity Act (2005) (MCA) and the Deprivation of Liberty Safeguards (DoLS) and were clear on how this applied to their practice and people living in the home. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and relevant professionals. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely.

Nine people had been identified as having their liberty deprived. The registered manager had applied and had gained authorisation from the local authority to continuously supervise and support these people. For example to provide continuous support and restrict them from doing certain activities which may cause them harm.

People's individual care records stated their level of support and restrictions and gave staff guidance. Some of the rooms in the home such as the kitchen, office, bedrooms and cleaning cupboards were locked to prevent people entering them. These restrictions had been put in place because some people were not aware of the potential risks to their safety and implications of their actions. For example, some people were allowed to spend time in the kitchen under supervision to make a sandwich or mix a cake; however most people were restricted from entering the kitchen as they were unaware of the risks of handling sharp knives or hot appliances.

People were supported to maintain a healthy and well balanced diet. Staff knew people well and knew people's preferences, allergies and choices in their meals. People were given a choice at breakfast and had their main meal at lunch time. The home's cook knew people's likes and dislikes in food and provided alternative meals to accommodate their preferences. The home catered for special events such as birthday parties and pancake day. An eating and drinking care plan was in place for people who had special diets or required their food and drink intake to be monitored to either gain or lose weight.

Records showed what people ate and drank throughout the day, though the quantity was not recorded. We raised this with the registered manager who immediately altered the daily records sheet to capture this information. However, staff were aware of what people had eaten and communicated this during handover meetings. People's weight was monitored weekly.

People were cared for by staff who had been supported and trained in their role. Staff were knowledgeable and had received training to meet people's diverse needs. Training was being planned to teach staff about sign language so they could increase their communication with some people. Records showed that staff had received training and individual staff support meetings to ensure their care practices were current and in line with guidance and procedures.

New staff were given a period of time to shadow an experienced member of staff and get to know the people in the home. The level of their competency was checked weekly during their first six weeks in post. Annual appraisals had been completed for all staff. Staff told us they were encouraged to take additional training including leadership and management for staff who had supervisory responsibilities. Records showed that the majority of staff had completed a range of professional development courses.

People were supported to maintain their health and well-being. Staff supported people in their routine health appointments such as dentists' and routine doctors' appointments. People's care records showed that referrals to specialised services such as the learning disabilities team. An assistant psychologist employed by the provider visited the home each week to review people's behavioural charts and provided support to people and staff.

Good

Is the service caring?

Our findings

Most people were unable to express their views about living the home. Although one person said, “It’s alright here.” Another person gave us a big smile when we asked them if they enjoyed living in the home. We were unable to spend long periods of time with people as some had activities and others became a little upset due to our presence. However we heard and saw positive interaction between staff and people when we walked around the home throughout our inspection. People appeared relaxed and comfortable around staff. We saw staff chatting with people in a friendly and warm way. Staff communicated with people who had limited communication skills. Staff were able to tell us about some people’s unique way of expressing their wishes and views. One staff member said “Some people have their own signs to tell us what they want.”

Relatives told us staff were caring and compassionate. One relative said, “From what I see the staff are great. No concerns what so ever.” Another relative said, “They are very good, I have no questions about how he is looked after.”

We observed staff interacting with people throughout our inspection. Staff knew people well and were able to adapt their approach and manner for each person. People expressed their opinions in their own unique way. Staff patiently listened and tried to understand their views and expressions. They adapted their approach to help the flow of two way communication were possible. Staff were learning a new communication technique to try and understand and reflect people’s unique way of communicating. We were told that this had been successful and people were enjoying this type of interaction. We heard one staff member singing to a person which helped to relax them. This staff member also gave positive encouragement and praise throughout their activity.

Staff respected people, for example we saw staff being polite to people and speaking with them in a respectful and kind manner. One member of staff told us, “We try to always respect their (people’s) views.” They spoke very knowledgably about the person they were providing one to one support for.

People were given choices about how they wanted to spend their day or carry out an activity. We saw staff giving people information about the activity which helped people to make a decision about whether to carry out the activity or not. Their views and decisions were respected.

People’s privacy and dignity was respected. Staff introduced us to people and tried to explain the purpose of our visit and why we were spending the day in their home. Staff respected people’s privacy when they supported them to the toilet and only provided help when people indicated they needed assistance. Staff gave us examples of how they tried to maintained people’s dignity. One member of staff told us, “When someone’s in their room, even if they don’t seem to be so aware, we try to maintain dignity by keeping them covered, and making sure the door is closed.”

Good

Is the service responsive?

Our findings

At our last inspection, people's needs were not fully being met or recorded. During this inspection we found improvement had been made in this area. Staff told us they felt the support being provided to people had improved and that care was delivered inline with their care records and focused around the needs of individuals.

People's care records were focused around their needs and support requirements. People's health and emotional well-being had been comprehensively assessed to ensure staff understood their needs and levels of support. People and their relatives had been involved in planning their care. One relative said, "We get informed of any changes or concerns and we get invited to attend his yearly review so we can keep up to date with his progress."

Staff knew people well and were responsive to their present and future needs. For example the option for one person to move to a ground floor bedroom was discussed with them and their family due to their deteriorating health needs. This person's relative said, "The key worker has such a good rapport with him. They helped him to decide whether to move to the ground floor bedroom and supported him to make the move so it wasn't a big upheaval for him."

Care records were focused on the individual person and detailed people's likes and dislikes and preferred routines. Staff completed daily notes and activity records of the health and social well-being of each person.

Staff had started to introduce an 'Intensive interaction' programme with people who had communication difficulties and did not positively socially interact with other people. The aim of this approach was to learn and understand people who were only able to communicate in a non-verbal manner. A team leader had been made an Intensive interaction champion to help to embed this approach with all staff. People had 'Living the life' goals which they helped to set in consultation with their key worker. Each person's goals were personalised and helped people to develop in their own well-being such as holding a tooth brush independently for three strokes or having a wash before going out. People's progress in achieving their goals was monitored and recorded daily.

People were given opportunities to carry out activities. Some people had individual support to carry out an activity in the home or out in the community. Some people went to planned events such as swimming and horse riding, other carried out activities at the home. The registered manager was looking into possible holiday venues for the summer. One staff member said, "This home is fantastic for activities. Everyone enjoys them." During our inspection some people went trampolining during the afternoon and were then going to a disco in the evening. Another staff member told us they try where possible to meet people's individual social and recreational needs. They said, "We get time to do things, even if it's something simple like going for a walk. The other evening one of the gentlemen decided in the evening that he wanted to go to the shop at the petrol station just up the road and I was able to go with him."

People who lived in the provider's homes often linked up together and joined in group events and activities such as 'Choice got talent' show or Halloween parties. The provider was also developing courses for people to enhance their skills such as First Aid.

The registered manager told us they had not recently received any formal complaints and they dealt with day to day concerns immediately. Relatives told us they felt their concerns were listened to and acted on. One relative said, "The home is great. We have no complaints; they always keep us up to date." A complaints policy was in place and was available on the noticeboard in an easy read format. Staff told us not everyone was able to verbalise their concerns so they observed them for signs which may have shown they were not happy. For example it was noted that one person had pushed their food away which had indicated that they didn't like this type of food. The registered manager also told us that she encouraged staff to complain on people's behalf if they thought a person was unhappy. People were encouraged to attend the home's meetings which gave them an opportunity to raise any concerns or make suggestions such as activities. An easy read version of the minutes of the meeting was displayed on the notice board.

Good

Is the service well-led?

Our findings

The registered manager had been in post since July 2014. They told us their main challenge since being in role had been to stabilise and recruit a full staff team which had been achieved. The registered manager had worked for the provider in their other homes for several years and understood the core principles and values of the organisation. She said, "I believe everyone has the right to live in a clean and safe home."

The provider's 'core group rules' were discussed with staff during their induction, training and staff meetings to ensure they were embedded in their care practices. One staff member said, "We know we have to work to the companies rules." For example one core rule was to be committed and passionate about working with people. This was demonstrated after one person had become upset during our inspection. We observed and heard staff talking about different approaches in helping this person cope with change in the home.

The registered manager led by example and often spent time in the home working alongside people and staff. She said, "I need to be aware how staff and the people who live here interact, it is key to people living here happily." There was a strong sense of team work within the home. A new staff structure had been put into place to provide support for staff at all levels. Staff told us they felt supported and there was training in place to help them personally develop and progress within the organisation. For example, a series of a management development programmes was available to support possible team leaders and managers to reach their potential. Staff work and commitment to people who lived in the provider's homes was recognised and acknowledge by the providers awards event.

The registered manager had a vision for the future of the service. For example; they were trying to encourage four people who lived in an adjacent bungalow to the main house to engage in more activities of daily living such as cooking. The registered manager said "We are trying to take slow steps with some people and get them to become a little more independent in the bungalow rather than always coming over to the main house.

The provider gave regular support to the registered manager and the service provided at Coppice House. Staff told us the they felt comfortable to contact anyone in the organisation if they needed support or needed advice. One staff member said, "It's great, we are well supported" It's better than it's ever been" . There were strong links between the provider's homes in Gloucestershire and their registered managers. The registered managers of the homes met monthly to share information and good practices and provide peer support.

People's views of living in the home were valued by the registered manager and provider. For example; the provider requested that 'Expert auditors' visited the homes. These were usually people who had a learning disability and understood people's experiences of living with a disability. They asked people what it was like living in the home and fed back their results in a short report. Any shortfalls found in these systems of monitoring were addressed and actioned within a set timescale. In addition the provider had monitored the quality of the service by sending a questionnaire to staff, people and their relatives and other health care professionals. The results showed that overall people and staff were positive about the service being provided.

The registered manager had effective systems were in place to monitor the service that was being provided. For example; regular safety checks were carried out on the fire safety systems and the home's vehicles and systems were in place to check the cleanliness of the kitchen

Quality monitoring audits were also carried out by a local representative from the provider who visited the home at least once a month. An out of area representative also visited the home twice a year to carry out quality audits. The registered manager also carried out unannounced spot checks on the home for example during the night to ensure the quality of service being provided was being maintained.