

Family Mosaic Housing

The Coach House

Inspection report

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Ratings

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

Summary of findings

Overall summary

The inspection was completed on 15 March 2016 and 20 April 2016 and there were 12 people living at the service when we inspected.

The Coach House is one of several services owned by Family Mosaic Housing. The service provides accommodation, personal care and nursing care for up to 12 people who have a neurological condition which has been acquired through a life changing event or diagnosis.

The service had a registered manager in post. 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.

Staff had a good understanding and knowledge of safeguarding procedures and were clear about the actions they would take to protect the people they supported.

There were sufficient numbers of staff available to meet people's needs. Appropriate recruitment checks were in place which helped to protect people and ensure staff were suitable to work at the service. Staff told us that they felt well supported in their role and received regular supervision and an annual appraisal of their overall performance.

Risks to people's health and wellbeing were appropriately assessed, managed and reviewed. Care plans were sufficiently detailed and provided an accurate description of people's care and support needs. People were supported to maintain good healthcare and had access to a range of healthcare services. The management of medicines within the service was safe.

Appropriate assessments had been carried out where people living at the service were not able to make decisions for themselves and to help ensure their rights were protected.

People were supported to be able to eat and drink satisfactory amounts to meet their nutritional needs and the mealtime experience for people was positive.

People were treated with kindness and respected by staff. Staff understood people's needs and provided care and support accordingly. Staff had a good relationship with the people they supported.

An effective system was in place to respond to complaints and concerns. The provider's quality assurance arrangements were appropriate to ensure that where improvements to the quality of the service was identified, these were addressed.

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.

There was enough staff available to meet people's care and support needs.

The provider had systems in place to safeguard people who used the service. Risks were appropriately managed to ensure that people were kept safe.

The provider had arrangements in place to manage people's medicines safely.

Is the service effective?

Good ●

The service was effective.

People were well cared for by staff that were well trained and had the right knowledge and skills to carry out their roles.

Staff had a good knowledge and understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Where people lacked capacity, decisions had been made in their best interests.

People were supported to access appropriate services for their on-going healthcare needs.

The provider had arrangements in place for people to have their nutritional needs met.

Is the service caring?

Good ●

The service was caring.

People were provided with care and support that was personalised to their individual needs.

Staff understood people's care needs and responded appropriately.

The provider had arrangements in place to promote people's

dignity and to treat them with respect.

Is the service responsive?

Good ●

The service was responsive.

Staff were responsive to people's care and support needs.

People were supported to enjoy and participate in activities of their choice or abilities.

People's care plans were detailed to enable staff to deliver care that met people's individual needs.

Is the service well-led?

Good ●

The service was well-led.

The registered manager was clear about their roles, responsibility and accountability and staff felt supported by them.

There was a positive culture that was open and inclusive.

Appropriate systems were in place to assess and monitor the quality of the service provided.

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.

This inspection took place on 15 March 2016 and 20 April 2016 and was unannounced. The inspection team consisted of one inspector.

Before our inspection we reviewed the Provider's Information Report (PIR). This is information we have asked the provider to send us to evidence how they are meeting our regulatory requirements. We reviewed the information we held about the service including safeguarding alerts and other notifications. This refers specifically to incidents, events and changes the provider and manager are required to notify us about by law.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

The majority of people who lived at the service were not able to verbally communicate with us. We spoke with three people who used the service, three qualified nurses, three members of care staff, the chef and the registered manager. We also spoke with two relatives.

We reviewed three people's care plans and care records. We looked at the service's staff support records for five members of staff. We also looked at the service's arrangements for the management of medicines, complaints and compliments information and quality monitoring and audit information.

Is the service safe?

Our findings

Our initial observations during the inspection showed that the deployment of staff was not always suitable. For example, once people were brought into the main communal lounge, staff were seen to leave so as to provide support and assistance to others living at the service. This therefore left people without staff support or the means to summon support from staff and hence placed them at potential risk of harm. We discussed this with the registered manager and they confirmed that staffing levels at the service were determined and funded by the Local Authority or local Clinical Commissioning Group. On the second day of inspection the registered manager confirmed that the above area of concern had been reviewed. Measures were now in place to ensure that a member of the management or senior team maintained a presence within the communal lounge until staff were readily available to take over. This showed that the registered manager had taken our concerns seriously, had acted accordingly and we were assured that lessons had been learned from our observations so that the risk of reoccurrence had been reduced.

One person who used the service confirmed that they were kept safe and did not have any concerns or worries living at the service. Staff told us that they felt people living at the service were kept safe at all times. We found that people were protected from the risk of abuse and avoidable harm. Staff told us that they received safeguarding training as part of their induction and thereafter received regular up-dates. Staff were able to demonstrate a good understanding and awareness of the different types of abuse and how to respond appropriately where abuse was suspected. Staff confirmed they would report any concerns to external agencies such as the Local Authority or the Care Quality Commission if required. Staff were confident that the registered manager and other senior members of staff would act appropriately on people's behalf.

Staff knew the people they supported. Where risks were identified to people's health and wellbeing, such as, the risk of developing pressure ulcers, poor nutrition or risk of choking, staff were aware of people's individual risks. Risk assessments were in place to guide staff on the measures to reduce and monitor those risks during delivery of people's care. For example, during our inspection we observed that several people's freedom of movement within the service was restricted by the use of a lap belt when they were sat in their wheelchair. We discussed this with staff and were advised that this was intended to minimise the risk of falls and to promote and maintain people's safety and wellbeing. We found that a risk assessment was completed for each person. Staff's practice reflected that risks to people were managed well so as to ensure their wellbeing and to help keep people safe. The provider's PIR recorded that where environmental risks were identified, prompt action was taken by the registered manager and the staff team to address these through the provider's dedicated health and safety team. The latter provides advice on health and safety issues and best practice.

Suitable arrangements were in place to ensure that the right staff were employed at the service. Staff recruitment records for two members of staff appointed within the last 12 months showed that the provider had operated a thorough recruitment procedure in line with their policy and procedure. This showed that staff employed had the appropriate checks to ensure that they were suitable to work with the people they supported. Where staff from an external agency had been used, a 'staff profile' was in place and this

confirmed that all recruitment checks had been completed by them.

The arrangements for the management of medicines were safe. People received their medication as they should and at the times they needed them. Medicines were stored safely for the protection of people living at the service. There were arrangements in place to record when medicines were received into the service, given to people and disposed of. We looked at the records for each person and these were in good order, provided an account of medicines used and demonstrated that people were given their medicines as prescribed.

Staff involved in the administration of medication had received appropriate training and competency checks had been completed. Regular audits had been completed and these highlighted no areas of concern for corrective action.

Is the service effective?

Our findings

Staff were trained and supported effectively, which enabled them to deliver good quality care to people. Staff told us they had received regular training opportunities in a range of subjects and this provided them with the skills and knowledge to undertake their role and responsibilities and to meet people's needs to an appropriate standard. This included both basic mandatory training and specialist training relating to the needs of the people they supported. For example, the provider's PIR detailed that staff had received training relating to epilepsy, pressure ulcer management, dysphagia from the Speech and Language Team and end of life care training by the local NHS Foundation Trust and Macmillan nurse team. Staff confirmed this as accurate. The registered manager confirmed that steps were being taken to source specialist Acquired Brain Injury (ABI) for the future.

We spoke with one member of staff and they confirmed that they had completed the organisation's internal 'Academy' induction programme. This is undertaken over several days depending on the member of staff's role and previous experience and covered several key topic areas including an overview of the organisation. They also told us that they had completed a number of 'shadow' shifts whereby they worked alongside a more experienced member of staff. The staff member was positive about the opportunity they had been given to 'shadow' and work alongside more experienced members of staff and stated that this had been instrumental. They also told us that their induction had been very good and they had found it to be informative. Records confirmed this and there was evidence to show that their progress during the induction period was tracked and 'signed off' at regular intervals. The registered manager was also able to show that staff from an external agency utilised at the service had been subject to an induction.

Staff received regular supervision and an annual appraisal of their performance and development needs. Supervision was used to help support them to improve their practice and records confirmed this. Staff felt that this was a two-way process and that they were supported by the registered manager. One member of staff told us, "I get regular supervision. I get positive feedback and if I need additional advice and support it is readily available."

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. 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 were being met.

Staff confirmed that they had received Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. Staff were able to demonstrate that they were knowledgeable and had an understanding of MCA and DoLS and when these should be applied. Records showed that each person had had their capacity to make decisions assessed. This meant that people's ability to make some decisions, or the decisions that they may need help with and the reason as to why it was in the person's best interests had been clearly recorded. During our inspection we observed that several people's freedom of movement

within the service was restricted by the use of a lap belt when they were sat in their wheelchair. We discussed this with staff and they confirmed that this was intended to minimise the risk of falls and to promote and maintain the person's safety and wellbeing. An assessment to determine the rationale as to why it was in their best interests for a lap belt to be used had been considered and recorded.

Comments about the quality of the meals were positive. People indicated by their non-verbal cues that they liked the meals provided. Our observations of the lunchtime meal showed that the dining experience for people was positive and flexible to meet people's individual nutritional needs. People were provided with enough to eat and drink and their individual needs, choices and preferences were respected.

The service's chef and staff had a very good understanding of each individual person's nutritional needs and how these were to be met, for example, staff were aware of who was at risk of poor nutrition, who was at risk of choking, who had swallowing difficulties, who had their dietary needs met through the insertion of Percutaneous Endoscopic Gastrostomy (PEG) tube and who required a healthy eating plan. People's nutritional requirements had been assessed and documented. Where people were at risk of poor nutrition and hydration, this had been identified and appropriate actions taken. Where appropriate, referrals had been made to a suitable healthcare professional, for example, where people were identified as having swallowing difficulties, interventions and advice from the local Speech and Language Therapy Team and/or dietician had been sought and implemented so as to ensure the person's health, safety and wellbeing.

People's healthcare needs were well managed. Two relatives confirmed that they were assured that their members of family's healthcare needs were met. They confirmed that they were kept informed of healthcare appointments and outcomes following interventions by a healthcare professional. People were supported to maintain good healthcare and had access to a range of healthcare services. Each person had a comprehensive health action plan in place and these identified individual's health care needs and the support to be provided by staff. In addition, each person was noted to have a healthcare summary sheet in place. This document provides hospital staff with important information about the individual person which could prove useful if they were to visit the hospital for an appointment or in the event of a hospital admission. People's care records showed that their healthcare needs were clearly recorded and this included evidence of staff interventions and the outcomes of healthcare appointments.

Is the service caring?

Our findings

People were happy with the care and support they received and told us that staff were kind and caring. One person told us that the care and support they received from staff was good and that their care and support needs were met. Additionally, relatives were complimentary about the care and support provided for their member of family. Comments from one person's relative included, "The staff are very good and they are very caring. I am happy with the care [Name of person] receives."

We noted that staff interactions with individual people was positive and the atmosphere within the service was seen to be friendly, welcoming and calm. Staff were fully aware of people's individual communication needs, for example, those who had the ability to verbally communicate and those who used non-verbal cues such as eye contact and body language. Staff were seen to kneel down beside the person to talk to them or to sit next to them and staff provided clear explanations to people about the care and support to be provided in a way that the person could easily understand. Staff demonstrated affection, warmth and kindness for the people they supported. Staff understood people's care needs and the things that were important to them in their lives, for example, members of their family and key events.

Our observations showed that staff respected people's privacy and dignity. Staff knocked on people's doors before entering their room and staff were observed to use the term of address favoured by the individual. Staff closed people's doors prior to personal care being provided. In addition, we saw that people were supported to maintain their personal appearance so as to ensure their self-esteem and sense of self-worth. People were able to wear clothes they liked so as to feel comfortable and staff were seen to respect people's choice of dress and hairstyle.

People were supported to maintain relationships with others. The registered manager told us that where some people did not have family or friends to support them, arrangements could be made for them to receive support from a local advocacy service. Advocates are people who are independent of the service and who support people to have a voice and to make and communicate their wishes.

Is the service responsive?

Our findings

People received the support and assistance they needed and staff were aware of how the person wished their care to be provided and what they could do for themselves. Each person was treated as an individual and received care relevant to meet their specific assessed needs.

Appropriate arrangements were in place to assess a person's needs prior to their admission to the service. This ensured that the service could meet the person's needs. People's care plans included information relating to their specific care needs and guidance on how they were to be supported by staff. The care plans were comprehensive and detailed. Staff were made aware of changes in people's needs through handover meetings, discussions with senior members of staff, reading people's care records and reading the service's communication book. This meant that staff had the information required so as to ensure that people would receive the care and support they needed.

Information about a person's life had been captured and recorded. This included a personal record of important events, experiences, people and places in their life. This provided staff with the opportunity for greater interaction with people, to explore the person's life and memories and to raise the person's self-esteem and improve their wellbeing.

It was evident from our discussions with the registered manager and staff that they tried to ensure that people using the service had the opportunity to take part in social activities of their choice and interest, both 'in house' and within the local community. A record was maintained of activities undertaken and these included, therapeutic interventions such as acupuncture, aromatherapy and massage, going shopping, having farm animals to The Coach House, one person attending a football match and going to the pub. One person told us that they had an electronic tablet and were able to stay in touch with their family and friends through digital video chat and voice call services.

The service had an effective complaints procedure in place for people to use if they had a concern or were not happy with the service. This was provided in an appropriate format, for example, pictorial and 'easy read'. No complaints had been raised since our last inspection in June 2014. Staff were aware of the complaints procedure and knew how to respond to people's concerns and complaints. A record of compliments had been maintained to record the service's achievements. One compliment stated, 'No complaints only compliments to all the staff on how you look after [Name of person]. I can't tell you how much it means to us to have [Name of person] at The Coach House.'

Is the service well-led?

Our findings

The registered manager was able to demonstrate to us the arrangements in place to regularly assess and monitor the quality of the service provided. This included the use of questionnaires for people and those acting on their behalf. In addition to this the manager monitored the quality of the service through the completion of a number of audits. This also included an internal review by the provider. Specific audits relating to health and safety, infection control, medication and clinical audits were completed at regular intervals. In addition to this, general 'overview' audits were completed at quarterly intervals and these audits looked at information relating to people who used the service and staff employed at the service.

Staff told us there was an open and inclusive culture in the service that supported good staff morale and promoted good teamwork. One member of staff wrote following their involvement whilst working at the service, 'To come and work as a health care assistant has been a wonderful experience. The care and love for people living at The Coach House is second to none and I will definitely be coming back.' Others told us that the service was well managed, well run and they would be happy to recommend the service to others. People received care from a confident and well supported staff team. Staff were clear about the registered manager's and provider's expectations of them and staff told us they were well supported. Staff told us that they felt valued and respected by the registered manager and provider. In addition to regular staff meetings, staff were able to speak with the registered manager as and when for advice and support. Staff told us that their views mattered and that they were empowered to express their feelings and opinions.

Satisfaction surveys in Autumn 2015 showed that people who used the service, relatives and those acting on their behalf, were satisfied with the overall quality of the service provided. Specifically, statistical data recorded that 97% of people were satisfied with the care and support provided and 94% of people would recommend The Coach House to others.

The registered manager was able to demonstrate an awareness and understanding of our new approach to inspecting adult social care services, which was introduced in October 2014. They told us that this had been discussed in management meetings and disseminated to the rest of the staff team through staff meetings and staff supervision at regular intervals so that they too had an understanding of how this applied to their everyday practices. Information relating to the provider's 'Care and Support Operational Strategy' was available for staff. This provides staff with information relating to 'national' agendas and keeps the service up-to-date on social care issues and topics. Staff meetings were held at bi-monthly intervals and enabled the opportunity for staff to have a 'voice' and express their views and opinions about matters that related to the service and the people they supported.

Encouragement to increase staff performance and to recognise good practice was provided through a special incentive, such as, the provider's 'WOW Awards.' This recognises outstanding achievements by a member of staff who 'goes that extra mile' for the people they support.