

Lifeways Community Care Limited

# Copwood Respite Unit

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

Copwood Respite Unit provides respite accommodation and personal care for up to six people with learning disabilities at any one time. The inspection was carried out on 25 and 29 August 2017. We gave five days' notice so we could speak with relatives before the inspection visit and to make sure there would be people using the service.

There was 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.

The last inspection took place on 21 May 2014 when the service was good in each domain area and rated good overall. On this visit we found some issues with the premises and some audits were not effective.

We saw staff was kind and caring and there were enough of them to keep people safe and to meet their care needs. Staff were receiving appropriate training and they told us the training was good and relevant to their role. Staff told us they felt supported by the registered manager and were receiving formal supervision where they could discuss their on-going development needs.

Care plans were up to date and detailed exactly what care and support people wanted and needed. Risk assessments were in place and showed what action had been taken to mitigate any risks which had been identified. We saw appropriate referrals were being made to the safeguarding team when this had been necessary.

Medicines were being administered safely; however, the services medicines policy was not being adhered to.

Staff knew about people's dietary needs and preferences and there was a choice of meals available.

We found the service was working within the principles of the Mental Capacity Act and Deprivation of Liberty. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

Activities were on offer to keep people occupied both on a group and individual basis. Trips out were also organised in line with people's preferences.

There was a complaints procedure available which enabled people to raise any concerns or complaints about the care or support they received.

The registered manager provided staff with leadership and was described as being very approachable.

Audits and checks were carried out. Some of these needed to be more robust to prevent some of the concerns we identified from occurring.

People's feedback was used to make changes to the service, for example, to the menu's and activities.

We found two breaches of the Health and Social Care Act (2008) Regulated Activities 2014 Regulations. You can see what action we asked the provider to take at the back of the full version of this report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

The premises were in need of general redecoration and refurbishment. Some service certificates were out of date.

Staff were being recruited safely and there were enough staff to support people and to meet their needs.

Staff understood how to keep people safe and understood how to identify and manage risks to people's health and safety.

Medicines were being managed safely, but staff were not following the providers procedure in relation to booking in medicines.

### Is the service effective?

**Good** ●

The service was effective.

Staff were inducted, trained and supported to ensure they had the skills and knowledge to meet people's needs.

Meals at the home were very good, offering choice and variety. People were supported to access health care services to meet their individual needs.

The legal requirements relating to the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) were being met.

### Is the service caring?

**Good** ●

The service was caring.

We saw staff treated people with kindness and patience and knew people well.

People looked well cared for and their privacy and dignity was respected and maintained.

### Is the service responsive?

**Good** ●

The service was responsive.

People's care records were easy to follow and person centred.

There were activities on offer to keep people occupied and trips out were also available.

A complaints procedure was in place and people told us they would be able to raise any concerns

### **Is the service well-led?**

The service was not consistently well-led.

We found two breaches of regulation which should have been prevented from occurring through the operation of robust systems of quality assurance.

There was a friendly, kind and inclusive atmosphere within the home and people and relatives were very satisfied with the care and support provided.

People's views and feedback was used to make positive changes to the service.

**Requires Improvement** ●

# Copwood Respite Unit

## 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 announced inspection took place on 25 and 29 August 2017. On the first day an expert by experience made telephone calls to relatives to get their views about the service. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. On the second day two adult social care inspectors visited Copwood to complete the inspection.

Before the inspection we reviewed the information we held about the service. This included notifications from the provider and speaking with the local authority contracts and safeguarding teams. The provider completed 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 looked around the building including bedrooms, bathrooms and communal areas. We also spent time looking at records, which included three people's care records, two staff recruitment records and records relating to the management of the service.

We spoke with three people who used the service, nine relatives, four care workers and the registered manager.

# Is the service safe?

## Our findings

The building the service operates from is owned by Bradford Council, who as the landlord had responsibility for maintaining the property. We looked around the building and saw the general decoration and maintenance of the accommodation was 'tired' and in need of general redecoration and refurbishment. We saw a stained ceiling tile in one bedroom which the registered manager told us was caused by a leak in the roof. Floor coverings were worn and gloss paint around door frames were chipped. There was no hot water in one of the bedrooms and we noted an outside light had not been working since 2 July 2017.

We were concerned when we looked at the maintenance records that the fire alarm and emergency lighting service was overdue and should have been completed in June 2017. The five yearly check on the electrics should have been completed in May 2017. We also saw a recent service report for the boilers when one had been turned off because it was in a poor condition. We also saw a portable electric heater was in the lounge the registered manager told us this was because it was cold at night and the heater was used by the night staff. Following our inspection we contacted West Yorkshire Fire Authority about our concerns about the premises.

This was a breach of the Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection the registered manager sent us the service certificates to show the fire alarm system and emergency lighting were serviced on 26 September 2017.

The fire officer also visited the service and agreed some adjustments needed to be made following the recent update of the services fire risk assessment, but they did not identify any major concerns in relation to fire safety

The registered manager told us staff had painted bedrooms to make them more pleasant for people. We found the home clean, tidy and odour free and saw staff had access to personal protective equipment, such as gloves and aprons

On the morning of our visit there was a senior care worker and two care workers on duty to support three people who were using the service at that time. All of the staff we spoke with told us there were always enough staff on duty and staffing levels were increased as necessary to make sure people's needs were met. At night there was one waking night care worker and one member of staff who slept in the building and was available if needed. The care team were also supported by a housekeeper and part time administrator. The registered manager, who also managed another service, split their time between the two units and worked in addition to the rota.

We asked relatives of people who used the service if they thought there were enough staff on duty to provide care and support. One person told us, "There are always enough staff around from what I have seen." Another person said, "The staffing levels are fine. We know that they do their best up there." A third person commented, "There seem to be enough staff on when I've dropped [name] off and picked her up. I've never

thought that there should be more staff on anyway." We concluded there were enough staff deployed for safe care and support of people at the service.

We spoke with two newer members of staff who told us the services recruitment process had been robust. They also confirmed they had completed an application form and had been interviewed 'face to face,' They told us they had not been able to start work until their Disclosure and Barring Service (DBS) check and references had been received. We looked at two recruitment files and found all of the necessary checks had been made. The registered manager told us people who were successful at interview were invited back to be observed interacting with people they would be supporting. We concluded safe recruitment procedures were in place

We asked relatives if they felt people who used the service were safe at the home. One person said, "I don't have any concerns over my daughter's safety when she is at Copwood. They ring me with any concerns or to ask anything." Another person said, "My daughter is safe when she goes there I believe. I feel confident that she is safe, otherwise we wouldn't let her go there when we are away." A third person commented, "Yes, I feel [Name] is safe there."

We spoke with four members of staff who all told us they had received safeguarding training and one said it was also discussed at staff meetings. They understood safeguarding and knew what to do if they thought people who lived at the home were at risk. All of them told us they would not hesitate to report any concerns to the registered manager. We saw the registered manager had made appropriate referrals to the safeguarding team when this had been needed. This showed staff understood and followed the correct processes to keep people safe.

Risk assessments were in place which covered key areas of risk to people, for example, risks posed by behaviour or any specific medical conditions. Where risks were identified detailed plans of care were in place to assist staff in delivering safe care.

We saw emergency procedures were in place, for example, if someone who used the service needed to go to hospital there was detailed information in their care file (Hospital Passport) about them and their care and support needs. We also saw staff had attended fire drills and people using the service had Personal Emergency Evacuation Plans (PEEPs) in place which were up to date. This meant in an emergency staff knew what to do to keep people safe.

We asked relatives about the management of people's medicines. One person told us, "Name takes his meds and everything is fine." Another person told us, "There have never been any issues with [Names] medication either." A third person commented, "[Names] meds are sent in and administered as and when he needs them and there haven't been any issues in regards to him not getting them on time or anything."

The senior care worker on duty had responsibility for administering medicines and confirmed they had received training and had their competency checked. As this was a respite service, medicines were booked in when people arrived and booked out when they left. Stock counts were conducted on arrival and departure to check for any discrepancies. Records of administration were kept to ensure that all medicines were accounted for. However, we found staff were not following the booking in procedure by making sure a second person was checking to make sure medicines had been correctly booked in. The registered manager accepted this and told us they would make sure this happened in the future.

We found medicines were being stored correctly and our checks of medicines which were being held tallied with the numbers on the medication administration records. When medicines were prescribed to be taken



'as required' there were instructions for staff to help ensure these medicines were used effectively and consistently. Overall, we concluded medicines were being managed safely.

## Is the service effective?

### Our findings

We asked relatives if they thought staff had the right skills to provide care and support. One person told us, "I've no problems with how the staff are trained. They do a good job, it's a hard job and they do it well in my opinion." Another person said, "They [the staff] seem well trained. I've no worries when [Name] is there." A third person commented, "The staff do seem to know what they are doing."

All of the staff we spoke with told us training opportunities were good and the training was of good quality. Newer staff told us they had completed two weeks of training before starting work at the service. They had then worked with an experienced member of staff until they felt confident to work alone.

New staff without any previous care experience were also enrolled on the Care Certificate. The Care Certificate is a set of standards for social care and health workers. It is designed to equip health and social care support workers with the knowledge and skills needed to provide safe and compassionate care.

A system of formal supervision and annual appraisal was in place. Staff told us these were a good opportunity to discuss any concerns or extra training requirements. Staff told us they felt supported and said there was a good staff team.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager told us they had previously made DoLS applications but these had not been granted. They had discussed the issue of DoLS in a respite care centre with the relevant manager in the Local Authority. The overall decision was DoLS authorisations would not be needed as if anyone showed any signs of distress about being at Copwood they would be able to return home.

There was no information in people's care files to show if their relative or representative had a Lasting Power of Attorney (LPA) order in place. A LPA is a legal document that allows someone to make decisions for you, or act on your behalf, if you're no longer able to or if you no longer want to make your own decisions. LPA's can be put in place for property and finance or health and care. It is important for staff to know if these were in place so they could assure themselves people have the legal right to make certain decisions. The registered manager agreed to make sure this information was obtained.

We asked relatives if people's nutritional needs were met when they stayed at Copwood. One person told us,

"[Names] dietary needs are that everything has to be liquidised, that's a given, and there has never been any issues with it. I don't know too much about the food, but she's never said anything about it not liking it – and she definitely would if it wasn't nice or anything." Another person said, "[Names] dietary needs are catered for. He only eats Halal meat and they respect this and cater to his needs in that way." A third person said, [Name] hasn't complained about the food and yes, I do think they are given a choice each day."

We saw the menu for the week was on display in the kitchen and it offered a meat dish or vegetarian option. People's care files contained information about their food likes, dislikes and any foods which should be avoided. We saw people were asked at service user meeting if there were foods they would like to see on the menu and their wishes were then acted upon.

We asked staff what involvement they had regarding people's healthcare needs. They told us if someone using the service became unwell during their stay relatives would be contacted or in an emergency an ambulance would be called. In addition to this the registered manager told us They could make referrals to the speech and language therapy team, health facilitation nurses and occupational therapists with any concerns about people's on-going healthcare needs.

## Is the service caring?

### Our findings

We asked relatives what they thought of the staff. One person said, "The staff generally seem good. They do listen and answer any questions that we've had. From what I have seen, the staff seem to have a good attitude to the job." Another person said, "The staff seem to have a good attitude. They listened when we had problems and it all got sorted out. They do involve us when our son is staying there." A third person said, "[Name] has been going to Copwood for a number of years and he looks forward to going in." A third person commented, "I do know that [Name] always comes back happy from Copwood." A fourth person said, "The staff are friendly and seem to care. [Name] looks forward to going to Copwood." A fifth person told us, "The staff are friendly and seem to care. My son looks forward to going to Copwood."

We saw the service had received a number of compliments, for example, one of the Community Learning Disability Nurses had said, "I wanted to note how very appreciative I am of you and your staff team for positives attitudes regarding and individual [Name]. I think it's has a huge impact upon [Names] presentation, as well as the staff team at her home, many thanks." A support co-ordinator from the Community Learning Disability Team had written, "Thanks for all the support for [Name] they seem a lot happier since accessing respite."

We found a positive and caring attitude within the respite centre. One person who used the service told us, "Staff are nice, they play games with me, they took to me the pub last night." A second person with the support of staff signed that they liked coming to stay at Copwood, they said, "I have been to see the horses, I love horses, and had baked buns the day before."

We saw staff treated people well and with dignity and respect. Staff shared jokes and responded to individual communication methods both verbal and nonverbal. People were happy around staff and the registered manager. When the bus arrived to take an individual to their day placement, they put their arms out to a staff member for a hug. People who used the service were happy and smiling and laughing throughout their interactions with staff members. People were well dressed; their clothes were clean which demonstrated people's personal care needs were met. One person told us staff had showered them that morning and they were happy wearing their pink t-shirt.

We asked staff for examples of how they supported people to be as independent as possible. These were some examples they gave us: One person responds well to structure in their life and likes to help with the household chores. We know they like to spend a long time alone in the shower, which relaxes them. Another person cannot access their kitchen at home so when they are here they like to prepare their own packed lunch to take to day services. A relative told us, "They [the staff] support [name] to be as independent as possible, yes."

We looked at whether the service complied with the Equality Act 2010 and in particular how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. Our observations of care, review of records and discussion with the registered manager, staff, people and visitors demonstrated that discrimination was not a feature of the service.

## Is the service responsive?

### Our findings

We spoke with the registered manager about the assessment and admission process for anyone who was new to the service. They explained any new referrals came via the learning disability community team, who provided a comprehensive assessment of the person's needs. A tea-time visit was then arranged to help ensure both the service was right for them and to ensure it could meet their needs. The registered manager always asked for a family member to stay for the first visit so they could discuss a care plan. Further visits were then arranged until everyone was happy for the person to stay overnight. This helped any risks or care needs to be highlighted before they stayed overnight.

All of the care workers we spoke with told us they read the care plans and one person said, "We couldn't do our job without them." We looked at the care plans for the three people who were using the service on the day of inspection. We found them detailed and person centred. They covered areas such as, health needs, communication, behaviour, continence, mental and emotional support. They gave staff clear information about specific behavioural traits people displayed, for example, and the best way to manage them.

Care records were reviewed three monthly or if people's needs changed. Annual reviews were held with families. One relative told us, "I am involved in my [Names] care plan." "Another relative said, "They have worked with [Name] over a number of years and they do cater to his needs and change his care plan accordingly." We concluded people were receiving person centred care.

There was a complaints procedure in place which was available in an 'easy read' format. We saw it was on display in the home. The service had not received any complaints.

The registered manager explained after breakfast, during the week, most people went out to day services in the community and returned in time for tea. There were a range of activities available in the home such as, games, jigsaws, bingo, crafts, baking and the sensory room. We saw people's interests had been recorded in their care plan this enabled care workers to provide support with activities people enjoyed.

The registered manager told us public transport links from the home were good and people could go out to, for example, the cinema or shopping. They also hired buses for special trips out such as Lifeway's Summer and Christmas Ball which were held at a cricket club in Halifax.

We asked relatives about any activities which were organised by staff at the service. One person told us, "They do activities. [Name] has been on day trips in the past. They are good with her and do seem to care about her individual needs." Another person said, "They do have regular trips out and I believe he does like to participate in helping out around the home." A third person commented, "They have a multi-sensory room and they have a TV and DVD player in her room."

## Is the service well-led?

### Our findings

The service had a registered manager who was described by staff as, "A brilliant boss who is approachable and always there." "[Name] is brilliant; they have an open door policy. The best manager I have ever had." "[Name] is very supportive." Relatives told us, "I know the manager, she is approachable." "I've got the managers number written down, they're approachable." "[Name] is the manager and is approachable." "The manager is [Name] and they really understand. We haven't met, but were due to meet in October for my [Names] review. It will be nice to put a face to the voice."

The atmosphere at the home was open and inclusive and staff morale was good. Staff told us, the following, "I am really happy here it's something I have never done before but I wish I had done it years ago." "I would let a relative of mine stay here and I would recommend the service." "Staff morale is good and we have a very good team." Relatives told us, "I wouldn't change anything about Copwood. I think it's a really well-run home."

We found there were some audits in place; however, these were not always effective. For example, the medicines audit had not picked up staff were not following the services procedure in relation to the booking in of medicines.

When we looked around the building there was no hot water in one of the bedrooms. When we looked at the hot water test records we saw the water temperature in this room had been approximately 10 degrees Centigrade below other bedrooms on two of the most recent tests with no action being taken to rectify the problem.

Systems and processes to ensure the Landlord completed repairs, servicing and maintenance in a timely way were not in place. For example, We found electrical wiring certificate, fire alarm and emergency lightening services were out of date. The registered manager was reporting issues but the Landlord was not responding in a timely fashion.

No audits of care plans were taking place to check all the documentation was in place. One of the care files we looked at did not contain the personal emergency evacuation plans (PEEPs). The PEEPs had been completed but had not been put into the file.

This was a breach of the Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A quality checker visited the service on the 24 June 2016; this was an individual with learning disabilities from another service. During the visit staffing and the environment were checked. In addition people who used the service were asked if they were treated well, were supported to make choices and knew who to speak to if they were unhappy about anything. The outcome was positive on all accounts.

We found that there were systems in place to consult people who had used the service and relatives about the way the service was managed. The registered manager told us Head Office sent out satisfaction surveys

on an annual basis to seek people's views. However, we found it was April 2016 when this was last done. The results were collated by Head Office and any concerns were discussed in team and parent/carer meetings. No written report as to the findings was sent out to people telling them about the overall outcome of any action which was being taken in relation to their comments.

Meetings were held with people who used the service to get their views. We saw from the minutes of these meetings the menu, activities and outings were discussed. People were also asked what they liked about Copwood and about anything they would like to change. This showed us people were being consulted about the service and their views were acted upon.

The registered manager told us parent / carers meetings were held every three months. We looked at the minutes for the last two meetings. We saw discussions took place about staffing, activities, medication and care plans, people were also invited to raise any concerns, complaints or queries. Minutes of these meetings were posted out to everyone so they could see what had been discussed.

The registered manager had an 'open door policy' so parents or carers could see them or one of the team leaders at any time to discuss any issues.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment  People who use services and others were not protected against the risks associated with unsafe or unsuitable premises because of inadequate maintenance. Regulation 15 (1) (c).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems and processes were not established or operated effectively to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. Regulation 17 (1) (2) (a) (b)