

Amore Elderly Care Limited

# Cooper House Care Home

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 5, 10 and 11 July 2017 and was unannounced.

At the last inspection on 22 and 29 November 2016 we rated the service as 'Inadequate' and placed the service in 'Special Measures.' We identified seven regulatory breaches which related to staffing, safe care and treatment, safeguarding, dignity and respect, person-centred care, need for consent and good governance. Following the inspection we took enforcement action. Following the inspection the provider sent us an action plan which showed how the breaches would be addressed. This inspection was undertaken to check improvements had been made and to review the ratings.

Cooper House is a purpose built care home situated in a residential area of Bradford. The home offers care to older people requiring general and specialist dementia nursing care and residential dementia care. Cooper House provides accommodation in 80 single en-suite bedrooms with shower facilities arranged over three floors. There are lounge/dining rooms on each floor, a garden area and car parking to the front of the building.

At the time of the inspection there were 68 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 manager was providing strong leadership and direction and had brought about significant improvements in all areas of the service. We found staff up-beat, enthusiastic and confident, which had a positive effect on the people they cared for.

We found staff were being recruited safely and there were enough staff to take care of people and to keep the home clean. Staff were receiving appropriate training and they told us the training was good and relevant to their various roles. Staff told us they felt supported by the registered manager and deputy manager and were receiving formal supervision where they could discuss their on-going development needs.

People who used the service and their relatives told us staff were helpful, attentive and caring. We saw people were treated with respect and compassion. They also told us they felt safe with the care they were provided with. We found there were appropriate systems in place to protect people from risk of harm.

Staff knew about people's dietary needs and preferences. People told us there was a choice of meals and said the food was very good. We also saw there were plenty of drinks and snacks available for people in between meals.

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. People who used the service and relatives told us they were happy with the care and support being provided. We saw people looked well-groomed and well cared for.

People's healthcare needs were being met and medicines were, in the main, being managed safely.

Activities were on offer to keep people occupied both on a group and individual basis.

We found the service was meeting the legal requirements relating to Deprivation of Liberty Safeguards (DoLS). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

We saw some redecoration and refurbishment had taken place since our last inspection to improve the communal areas of the home. We found the home clean, tidy and odour free.

We saw systems had been introduced to monitor the quality of the service. We saw these had identified areas for improvement and action had been taken to address any shortfalls. People using the service and relatives were being consulted about the way the service was being managed and their views were being acted upon. We saw that the audit systems were helping to drive improvements in the service. Whilst it was clear the service was on a journey of improvement, it was too early for the provider to be able to demonstrate that the quality processes were fully embedded and that these improvements could be sustained over time.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

## 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.

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. The premises were clean and well maintained.

People's medicines were, in the main, handled and managed safely.

### 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. The meal time experience was a calm and relaxed experience for people. People were supported to access health care services to meet their individual needs.

The legal requirements relating to Deprivation of Liberty Safeguards (DoLS) were being met.

### Is the service caring?

**Good** ●

The service was caring.

People using the services told us they liked the staff and found them attentive and kind. 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, up to date and being reviewed every month.

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 well-led.

The service is requires improvement as they need to demonstrate they can sustain and build on the improvements over time.

There was a manager in post who provided leadership and direction to the staff team and who had effected many positive changes in the service.

Quality assurance systems had been put in place but these needed to be tested over time to ensure they were effective in driving forward improvements.

**Requires Improvement** 

# Cooper House Care Home

## **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 5, 10 and 11 July 2017. On the first two days the inspection was carried out by one adult social care inspector. On the third day there were two adult social care inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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. On this occasion we did not ask the provider to complete 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 spent time observing care in the lounges and dining rooms and used the Short Observational Framework for Inspections (SOFI), which is a way of observing care to help us understand the experience of people using the service who could not express their views to us. We looked around some areas of the building including bedrooms, bathrooms and communal areas. We also spent time looking at records, which included nine people's care records, two staff recruitment records and records relating to the management of the service.

We spoke with 16 people who used the service, 18 relatives, three unit managers, one nurse, ten care workers, four housekeepers, an activities co-ordinator, the catering manager, a laundry assistant, a kitchen assistant, the administrator, deputy manager, registered manager and the associate director of compliance, regulation and audit.

# Is the service safe?

## Our findings

We identified some issues with medicines management on one of the units which is why the safe domain has been rated requires improvement overall.

We asked people who used the service how their medicines were managed. One person told us, "I always get my medication on time they just bring it for me." Other people confirmed they got their medicines at the right time.

We asked visitors about medicine management. One person said, "The nurses always wait for [name] to take their tablets." "The nursing staff are very good and calm and encouraging medication and make sure it is taken. [Name] has trouble now taking tablets, so the nurses are going to get their medication in liquid form."

The relative of a person who lived in the home raised a concern with us about their relative's medication. They told us they had found three tablets in their relative's bedroom which meant their relative had not taken their prescribed medicines for the last three nights. They were concerned because this had a negative impact on their relative's wellbeing. They were also concerned because they had raised this concern before and it had not been resolved. We spoke with the registered manager about this and in the course of the inspection actions were taken to reduce the risk of this happening again.

This prompted us to review the way other people's night time medications were managed on the same unit. We identified four errors within the last three weeks. In all four cases the medicines had been signed for as having been administered but the tablets were still in the containers. This was discussed with the registered manager who told us they would follow it up. They told us they believed the problems were related to the use of agency nursing staff. They had recruited night nursing staff and would very soon be in a position where they did not need to employ agency nurses.

In addition, we reviewed the way people's medicines were managed on two of the three units in the home. With the exception of the issues detailed above we found people's medicines were managed safely. None of the people whose medicines we reviewed were received their medicines in a disguised or hidden format and no one was administering their own medicines.

Medicines were stored securely and only administered by staff who had received appropriate training.

Some people had medicines which were prescribed with particular instructions about when they should be taken. For example, some medicines needed to be taken half an hour before food and other medicines needed to be taken at specified times throughout the day. We found these instructions were followed. When medicines were prescribed to be taken 'as required' there were instructions for staff to help ensure these medicines were used effectively and consistently.

Topical medicines such as creams and lotions were managed safely.

Some medicines are classified as controlled drugs because there are particular rules about how they are stored and administered. We found these medicines were stored and accounted for correctly.

When we inspected the service in November 2016 we found the service was in breach of Regulation 18 (Staffing) as there were not enough staff to keep people and their property safe or to keep the home clean. On this visit we found significant improvements had been made.

Since the last inspection the numbers of nurses, care workers, housekeepers and maintenance workers had all been increased and this had resulted in a much improved service.

We asked relatives if there were enough staff on duty to support people who used the service. One person told us, "There are a lot more staff around." A second relative said "Yes there are more staff and they care more. The home is also cleaner." A third relative said, "Staff are happier and there are more of them." A fourth person commented, "The best thing is there are more staff, they do their job and have time to spend with the residents. There is better continuity of staff." A fifth person said, "The staffing levels are good and people get care from consistent staff." A sixth person said, "There are more carers around in the lounge."

Staff told us there were enough of them to make sure people were kept safe and to meet people's personal care needs. One care worker told us, "Staffing levels have improved; we have a lot more time for residents and more time for social interaction."

We saw the lounge/dining areas on the middle and top floor had a member of staff providing supervision and support to people using the service all of the time. Relatives confirmed this was usual practice. This meant staff were able to respond quickly if people required assistance and helped to ensure people were kept safe.

We concluded sufficient staff were deployed to ensure people received prompt care and support. Staffing levels were regularly reviewed and people's dependencies were used to calculate the required staffing numbers. Rotas' and staff confirmed the planned staffing levels were consistently maintained. Documentation we reviewed such as day and night checks and repositioning charts, indicated there were sufficient staff to ensure these were undertaken in a timely manner. We observed care and support and saw there were enough staff to ensure people were appropriately supervised and any requests for assistance were dealt with promptly

When we inspected the service in November 2016 the service was using a lot of agency staff. We saw from the duty rotas very few agency staff were now being used. One member of staff told us, "When I started half of the staff were agency and half were the home's staff. Now it's all Cooper House staff." Another care worker made a very similar comment.

One of the housekeepers told us, "There are two staff on the middle floor now and the home is much cleaner now with no odours. We are never short staffed." Another housekeeper said, "Rotas are always covered when people are on holiday or off sick and we have a really good team and the cleanliness has improved."

Relatives and care workers commented about the calibre of staff who had been recruited. These were some of the comments, "We have good staff now, people who left needed to leave." "There are a lot of good quality new staff." "The teams work well and there is a good balance of age and skill sets." "They have recruited some good staff."

We spoke with four newer members of staff who told us the services recruitment process had been robust.



They said they had to complete an aptitude test online before they could complete an application form. If people failed this test they were not be able to submit an application. They also confirmed they had been interviewed 'face to face,' when any gaps in their employment had been checked and had not been able to start work until their DBS check and references had been received.

We looked at two recruitment files and found completed application forms detailing previous employment and qualifications. Proof of identity documents were on file. Checks on people's backgrounds took place including exploring their work history, ensuring a Disclosure and Barring Service (DBS) check and references were undertaken. We concluded safe recruitment procedures were in place.

When we inspected the service in November 2016 we found the service was in breach of Regulation 13 (Safeguarding). On this visit we found significant improvements had been made.

People who used the service told us they felt safe at Cooper House. Relatives told us, "I don't worry about [Name] now; staff are more on the ball." "[Name] is definitely safe here." "I feel Mum is safe, there is a nice quiet environment." "I am happy to leave [Name] now; there has been a big, big improvement."

We saw there were safeguarding policies and procedures in place and these were also on display. We spoke with staff about their understanding of safeguarding and what they would 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 nurse on duty or one of the managers. We saw the manager had made appropriate referrals to the safeguarding team when this had been needed. This meant staff understood and followed the correct processes to keep people safe.

The administrator held money for safekeeping for some of the people who used the service. A robust accounting system was in place to protect people from any financial abuse.

We looked around the building and found it clean, tidy and odour free. We saw staff had access to personal protective equipment, such as gloves and aprons and were using these appropriately. People who used the service and relatives told us standards of hygiene in the home were good. Relatives all told us the home was much cleaner and commented on the improvements in the communal areas. One person said, "Mum's room is well looked after and maintained." Another person told us, "Mum has a lovely room and she loves it."

We saw at the last food standards agency inspection of the kitchen they had awarded the home 5 stars for hygiene. This is the highest award that can be made. This showed us effective systems were in place to ensure food was being prepared and stored safely.

The accommodation at Cooper House was arranged over three floors. There were two lounge/diners on each floor, with further quite lounge areas on the ground and first floor. All of the bedrooms were single occupancy and had en-suite toilets and showers. The communal areas had been redecorated and refurbished and there were lots of new pictures on display. Overall, the accommodation was light, airy and comfortable. An enclosed garden was also accessible from the ground floor of the building.

We saw a range of checks were undertaken on the premises and equipment to help keep people safe. These included checks on the fire, electrical and gas systems.

Staff were able to tell us the action they would take if the fire alarms sounded and we saw people 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.

When we inspected the service in November 2016 we found the service was in breach of Regulation 12 (Safe care and treatment) as not enough was being done to mitigate the risks of people falling and risks were also increased because there was a lack of staff supervision. On this visit we found significant improvements had been made.

Within the care records we saw risks to people's individual health and safety were identified and assessed. This included risks such as falls, pressure sores, nutrition, smoking and behaviours which challenged. The records showed the actions being taken to manage these risks. For example, when people were identified as having an increased risk of malnutrition due to recent weight loss they were started on a 'smoothie' programme designed to increase their calorie intake. In another example, we saw when people were at risk of falling different strategies were put in place to reduce the risk of injury, these included low profile beds, crash mats and sensor mats to alert staff when people were moving about. One visitor told us the increase in staffing levels and the equipment which had been put in place had significantly reduced the number of falls their relative had experienced.

One visitor told us their relative needed to be repositioned in bed every two hours to prevent any tissue damage. They told us this happened and their relative had not developed any pressure sores. We saw specialist mattresses and cushions were in place for people who had been assessed as being at risk of developing tissue damage. Details of the setting mattresses need to be on were recorded and checks were in place to ensure these remained on the correct settings. If mattresses are not on the correct settings in the risk of tissue damage is increased.

We concluded following assessment appropriate measures were being put in place to mitigate risks to individuals who used the service.

# Is the service effective?

## Our findings

When we inspected the service in November 2016 we found the service was in breach of Regulation 18 (Staffing) as staff did not always have the training, knowledge or skills to support people appropriately. On this visit we found significant improvements had been made.

All of the staff we spoke with told us training opportunities were good and the training was of high quality. Newer staff told us their induction training had prepared them for their duties and from speaking with them it was clear they had a very person centred approach to care and a solid value base.

We asked relatives if they thought staff had the right skills and experience. These were some of their comments, "The staff are well trained and all very friendly." "There are enough staff who have been trained and seem to know what they are doing." "Staff skills have improved and staff have a positive attitude and concentrates on the positives."

Staff told us, "Staff are trained now before they start working in the building and we have better trained staff." "New staff may not have experience in care but they have passion." "The staff we have seem happy and are a good team." "We have had lots of training, the Creative Minds (dementia) training was very good and the dementia coach was brilliant."

Staff we spoke with confirmed they received supervision and felt supported in their various roles. One person told us, "We get a lot of praise and go home in a better mood and come in, in a better mood."

Following the last inspection, there had been a strong focus on developing staff training. The 'Creative Minds' training focused, in part, on positive experiences and providing meaningful activities for people living with dementia. We sat in on part of another specialist dementia care course, which was very interactive and informative. We spoke with some staff following the first day of this training who were very excited and upbeat about what they had learnt and how they would use this training in practice.

From our observations we saw staff had put this training into practice and this had resulted in a calm, relaxed atmosphere in the home, with people receiving person centred care.

Staff we spoke with demonstrated a good understanding of the people they were caring for, for example, their behavioural triggers and the care interventions they required. This assured us that staff had the right knowledge to care for people.

Staff said they felt well supported by the management team. They received regular supervision and annual appraisal where they could discuss developmental needs and any performance issues could be addressed.

When we inspected the service in November 2016 we found the service was in breach of Regulation 11 (Need for consent). On this visit we found improvements had been made.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

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.

We found the service was working within the principles of the MCA and that staff had an understanding of how these principles applied to their role and the care they provided. For example, we saw four people had specific conditions attached to their DoLS authorisations. We saw these had been addressed by staff. This showed us staff understood the legislation and were acting within the law.

We looked in one care file and saw a relative had a Lasting Power of Attorney (LPA) order in place, however, it did not specify what the LPA was for. 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. The registered manager explained they had written to all relatives to check who had LPA's, what they were for and asked for documentary evidence of any orders. Some relatives had responded but this piece of work was on going. This showed us they understood their responsibilities to act within the legislation.

We asked people who used the service about the meals at Cooper House. One person told us, "[Named the catering manager] managed to get me some prunes and grapefruit when I asked." Another person said, "We just had a lovely lunch, cottage pie." A third person commented, "They try their best to get me what I want, the meals [named the catering manager] makes are lovely. I couldn't be happier here. I'm so content and happy as anything." A fourth person said, "We get tea and biscuits every day if we want."

We asked visitors about the meals at Cooper House. One person told us, "[Name] requires a pureed diet and these are always presented wonderfully." Another person said, "The meals always look lovely. I have eaten here once and the food was fine." A third person told us, "The food is all homemade and very good. If a person doesn't want what's on offer the chef will make them something else." A fourth person said, "The food is fantastic. I have had a couple of meals here and they are very good. Mum is putting on weight." One care worker told us, "The food is amazing!" Another said, "The food is delicious."

We spoke with the catering manager who showed us the 'dietary summary sheets' which listed every person who lived at the home together with any specific dietary needs. For example, diabetic, soft, coeliac, low and high fat. Copies of these sheets were in each dining room for staff to refer to. They also had information about specific likes/dislikes and food allergies.

We saw the catering manager interacted with people who used the service as they went around the home. People knew who they were and some referred to them by name. They spoke to people who used the service about their choices and the food, displaying a detailed knowledge of people's different likes and dislikes.

We saw people's weights were being monitored and the catering manager told us they were informed when people had lost weight so they could provide additional fortified foods. High calorie smoothie drinks were then provided in the morning and afternoon.

We saw mid-morning and mid-afternoon drinks were served and cold drinks were readily available. Snacks of fruit, crisps, chocolate tea cakes and cake were available in the lounge/dining areas throughout the day for people to have if they wished.

We saw people who had been assessed as being nutritionally at risk had food and fluid charts in place. We saw people's target fluid intake had been calculated and staff kept a 'running total' of people's intake on the fluid charts. The charts we checked demonstrated people were receiving enough to drink and so were properly hydrated.

At lunchtime we saw staff showed people, who were living with dementia, the two plates of food which were on offer so they could make an informed choice. We also heard staff telling people what the different components of the meal were when they were assisting them with their lunch. One relative told us, "Mealtimes are much calmer and the lounge/diners work better than having two separate rooms."

We concluded people's nutritional needs were being met.

We asked people who used the service about their healthcare. People told us they received medical treatment if they felt unwell. One person told us, "If I need a doctor I just ask and they [staff] arrange it." Another person said, "I'm a bit off colour today or I'd be up and about. I decided to stay in bed." Whilst we were speaking to this person, a staff member knocked on the door asked to enter and provided some medications saying "I've got your medication would you like a drink with it? How are you feeling now? Any better?"

We asked visitors if their relative's healthcare needs were being met. One person told us, "[Name] suffers with urinary infections if they start to act differently or are sleepy staff check for infection and then the nurses ring the GP to arrange for antibiotics, which more often than not come the same day."

Relatives we spoke with told us staff kept them informed about any visits from healthcare professionals.

Staff told us if they reported any concerns to the nurses they were quick to respond. We spoke with a visiting community mental health nurse who told us there was better continuity of staff and communication in the service had improved. They also said staff were working with them and following their advice to make sure one person's needs were being met.

In the care records we looked at we saw people had been seen by a range of health care professionals, including GPs, speech and language therapists, district nurses, dieticians, opticians and podiatrists.

We concluded people's health care needs were being met

# Is the service caring?

## Our findings

When we inspected the service in November 2016 we found the service was in breach of Regulation 10 (Dignity and respect). On this visit we found significant improvements had been made.

We asked people using the service if they liked the staff. One person told us, "The night staff are lovely." Another person said, "I like all the staff, they work very hard." A third person said, "The girls [staff] are lovely."

Relatives made the following comments about staff. "Staff are all lovely with [Name] they always talk to him, jolly him along. Very caring/perfect." "The staff are brilliant, caring, kind, compassionate, friendly and helpful." "Some staff are exceptional. [Name] is lovely with mum." "Staff are very pleasant and happy. I am satisfied with everything." "The staff are a lot happier and there is a better atmosphere. Staff are calmer and pleasant with residents." "The whole place has a better atmosphere, it's more homely, staff are immeasurably happier and from a resident's point of view there is a better routine and staff know them better." "It feels more like a home now."

Staff made the following comments. "The care has improved 98%." "The care is better now we have more time and don't feel rushed. There has been 100% improvement on the middle floor."

We asked relatives about the care. One person told us, "Name is always clean and well-presented and their personal hygiene needs are met." A second person said, "[Name] always looks well presented." A third person said, "I am happy with the care here." A fourth person said, "Mum is much happier in herself and as a family we are much happier." A fifth person commented, "The carers know Dad well and are relaxed with him."

We saw some very caring interactions between staff and people who used the service. For example one care worker was playing dominoes with one person when another person came up to them, the care worker held their hand and kissed it, offering them to come and join them at the table. We saw another care worker give another person a big hug.

We saw staff were good at engaging people by getting down to their level and ensuring eye contact was made when speaking with them. When staff spoke with people they waited for a response and were very good at consulting with and listening to people. For example, one person was brought into the dining area, the care worker asked them where they would like to sit and asked if the seat by the window was OK. The following were other examples of staff giving people choices whilst also understanding their usual habits and preferences. "I know what the answer will be but I'll ask anyway. Do you want a chocolate biscuit with your tea? I've saved one at the bottom of the box for you." "Do you want to sit with [named two people who used the service] as usual? I'll find you a chair if you do. If not you can sit here with me if you want."

We saw staff were good at engaging with people and offering them compliments. When one of the nurses came into one of the lounge areas, they said 'Good morning' to one person by name. The person responded by waving and giving a big smile. When another person entered a dining area, the care worker said, "Good

morning [person's name], I like that jumper on you." A care worker who was supporting someone at breakfast time said to them, "[Person's name] you have a beautiful smile," and care worker to another, "Good morning, you look very smart today."

We saw people looked well cared for. People were well groomed and comfortably dressed which showed staff had taken time to assist them with their personal care needs.

We asked visitors if staff respected people's privacy and dignity. One person told us, "Yes, staff respect [Name's] privacy and dignity they always close the door and pull the curtains when they are delivering personal care, I am very happy for [Name] to be here."

We saw staff were mindful of people's dignity, for example, curtains were drawn in the lounge or portable screens were used when people were being hoisted from armchair to wheelchair and vice versa.

One care worker told us, "[Name of manager] champions the service users and will question practices, for example, why can't they go out or why can't they have a glass."

We saw staff encouraging people to eat independently and to do as much as possible for themselves.

We saw the care plans for people who used the service contained 'Life story' information and details of their interests and hobbies. People looked relaxed and comfortable around staff. There was a calm, friendly atmosphere and we saw staff took time to sit and chat with people. We observed care and support and saw staff treated people with kindness, dignity and respect. Interactions were consistently positive and it was clear staff had developed good positive relationships with people and knew them well.

We saw feedback from one of the dementia coaches which they had provided in June 2017 which stated, "All of the staff I have trained or retrained appear to be extremely person centred and demonstrate a brilliant willingness to want to better the lives of the residents who live at Cooper house. An example of this was they were discussing in quite a bit of detail how someone likes a cup of tea a specific way , even with set times as to how long the tea bag should be in the water for. They have some excellent ideas for sensory support for residents in their rooms such as soft, fiddle type blankets which can be easily attached/detached to the sides of the beds , for people who remain in bed, and they all want to help make the home the best it can be. They are all so positive and full of motivation and the atmosphere in the home is great."

We asked visitors if they were made to feel welcome. One person told us, "Yes, I am made to feel welcome and I am always offered a drink." Another said, "I find it welcoming when I visit."

## Is the service responsive?

### Our findings

When we inspected the service in November 2016 we found the service was in breach of Regulation 9 (Person centred care). On this visit we found significant improvements had been made.

We asked people who used the service if staff were responsive to their needs. One person told us, "I can have a shower when I want one, I had one this morning." Another person said, "I can get up when I want. They tap me on the shoulder and ask if I'm awake and want to get up. I'm encouraged to get up but they tell me to go back to bed if I want." A third person commented, "I just ring the bell and they come."

One visitor told us, "There has been a big improvement in response when you press the buzzer. Staff come much more quickly." Another said, "Staff are more responsive to people's individual needs, they can get up when they want and food is always available."

We reviewed nine people's care records which were detailed and person-centred. They showed what the person could do for themselves and the support they needed from staff which included any particular preferences.

We found the nine care files we looked at were easy to navigate and followed a standardised format. All of the files contained detailed risk assessments relating to activities of daily living such as mobility, eating and drinking and continence. The risk assessments had been reviewed monthly and where an issue had been identified, action had been taken to address and minimise the risk.

We saw examples of care being delivered in line with people's assessed needs. For example, records demonstrated people received regular pressure relief in line with their plans of care and daily records of care showed continence care was provided as per plans of care. Staff we spoke with were able to confidently describe people's care and support regimes. For example, one care worker told us one person could often be in a low mood in the mornings. They explained if a particular programme was put on their TV and they were left to watch it for a while, this lifted their mood and allowed staff then to assist them with their personal care.

Another care worker explained one person used to stay in their bedroom all of the time and when staff took them their meals they would ask them to stay and sit with them because they were lonely. Care workers had encouraged them to come out of their room and spend time in one of the lounge/dining areas. We saw this person in the lounge and they were talking to other people who used the service and staff. The care worker also reported their appetite had improved as well now they were eating with others in a social setting.

Care plans we looked at had been reviewed monthly and were up to date. We also saw relatives had been invited and some had attended care plan reviews so they could contribute to the planning process.

We saw staff were aware of people's needs, for example, a care worker came into the lounge and saw one person had slipped down in their chair and was in danger of falling. The care worker stopped and called



over another care worker and they helped the person back into their chair with the aid of a hoist. At breakfast time a care worker noticed the person they were supporting could not hear them. They went straight away to get a new hearing aid battery, which quickly resolved the problem and prevented the person becoming isolated because they could not hear.

We heard someone who was sitting in the corridor ask to go to the toilet. There were no care workers in the vicinity, but the housekeeper heard them and responded by offering to take them.

We were assured people's needs were being identified and met on a consistent basis. Staff were thoughtful and looked for ways to improve people's experiences at Cooper House.

We saw the complaints procedure was on display in reception, together with feedback forms and a suggestions box so people could comment on their visit

A system was in place to log, investigate and respond to complaints. The registered manager was also logging any low level concerns to make sure they were responded to.

We asked relatives what they would do if they had any concerns and they could all identify someone they would go to. One person told us, "[Name of manager] has done a good job when I have had an issue I have been to see her, they listen and things have been resolved." Another person said, "I would raise any issues with the nurse on duty." A third person said, "If I had any concerns I would speak to the nurse."

We asked people who used the service and visitors about what activities were on offer. These were some of the things people told us: "I can do them [activities] if I want, I choose not to." "I liked the steam train trip and the zoo." "We go out in the bus; it's very good we have some fun on the way back." "I've been to Chester Zoo and I like going to watch the films." "We watch films on the big TV in the lounge." "The girl who runs it [activities and trips] comes and asks us if we want to go. We can't all go so sometimes you have to wait your turn." "I decide if I want to go out [on trips] they don't make me." "They brought some snakes in for us to look at. They took some photos."

Visitors told us, "Staff interact with people to keep them occupied." "The activities are improving." "Activities have improved and there is more stimulation for people."

Staff told us the following, "There are more activities and residents seem happier." "There is a lot more going on now. We took eight people to Chester Zoo and had a great day. There are trips out every week, for example, to the cinema [dementia friendly], shopping and cafes. Today we are painting hot air balloons we made from papier mache yesterday and having a film afternoon, The Wizard of Oz, with popcorn."

We saw the activities programme was on display on each floor. Activities included, Church services on Wednesdays, shopping trips, coffee mornings and local walks. We saw one of the activity co-ordinators providing both individual and group activities. We also saw care workers engaging in conversation and activities with people. On the middle floor there were 'rummage boxes' place strategically in corridor areas with objects people could pick up and take away with them.

# Is the service well-led?

## Our findings

When we inspected the service in August/September 2016 we found the governance systems were not effective and identified this as a breach of Regulation 17 (Good governance). We told the provider to make improvements. On this visit we found improvements had been made.

Following the inspection in November 2016 the registered manager left the service. An interim experienced manager from the provider covered the service until a new manager could be appointed. A new manager started working at the service in March 2017 and was registered with us in May 2017.

We asked people who used the service, relatives and staff about the management of the service.

These were some of the comments relatives made, "[Names of manager and deputy manager] walk around the units to see what is going on." "I have spoken to [Name of manager] twice and they operate an 'open door' policy." "I had a meeting with [manager] about two months ago they are doing a great job."

These were some of the comments staff made. "The new manager has made a difference and is very approachable." "[Name] is a good manager they are really approachable and helpful and they are out on the 'floors' to see what is going on." "[Name of manager] is brilliant and has turned this home around. I want to come to work because of the positivity." "[Name] is a good manager, firm but fair, and if they can help they will." "[Name of manager] is direct but calm. If something needs dealing with they do it in a professional manner. I am looking forward to a period of stability." "[Name of manager] has done well since they came here and is approachable. I think the staff like the manager." "[Name] has lived here for three years and they have made some interesting manager appointments but I think they have got it right this time." "[Name of manager] walks around the home keeping an eye on things, listens and acts." "[Name of manager] is one of the best managers I have worked for they give positive feedback and their door is always open."

People told us they would recommend Cooper House as a place to live and as a place to work and three members of staff said they already had relatives living at the home. One member of staff told us, "100% I would let a relative live here." Another member of staff said, "[Name of manager] uses the Mum test, for example, when people have gone to bed she will ask if you would leave your Mum like that and if the answer is 'No' you need to go back and make sure everything is right."

There was a very open and transparent culture in the service. Staff were keen to speak with us and to tell us about all of the improvements which had been made. It was clear from speaking with staff their focus was on positive outcomes for the people who used the service. One person said, "It's all for the residents." Another person told us, "It's a privilege to work in someone's home it's about their views and wishes and not ours." The registered manager told us, "Staff morale has improved and staff have embraced the changes."

We found staff upbeat and enthusiastic. Staff told us, "It's so much better I am happy coming to work." "I enjoy coming to work now." "There is a better atmosphere it's much calmer, staff are happier and that rubs off on residents."

We spoke with the associate director of compliance, regulation and audit who explained since the last inspection the organisation had changed the way they monitored their services with systems geared to quality improvement rather than business. They told us there was now better oversight of services, a different culture and willingness to push forward and improve. They told us they were pleased with Cooper Houses performance and the focus on getting staffing right and changing the culture of the home had created a different atmosphere and the improvement work was bearing fruit.

The home had gone through a period of significant change over the last few months. Quality assurance visits from the operations director and the organisations own compliance team had been regularly undertaken to offer support and help drive improvement. Service improvement plans had been generated which detailed actions to be undertaken and who was responsible for these. These plans had been kept under review and updated as the necessary improvements had been made.

Systems were in place to assess, monitor and improve the service. Audits were undertaken in a range of areas including infection control, safeguarding, medicines, care planning and the dining experience. We reviewed some of these audits and found they were thorough and meaningful, with detailed actions produced to drive improvement.

The registered manager and deputy manager had developed a clinical risk register which gave them up to date oversight of specific risks to people who used the service. For example, people who were nutritionally at risk or anyone with any infections. This allowed them to check the correct action was being taken to mitigate specific risks.

The response times to answer call bells were checked on a daily basis, so the registered manager could check staff were attending to people in a timely way.

The catering manager completed audits in the dining areas, so they could ensure the dining experience for people was good.

We asked relatives if they had been to any resident and relatives meetings. One person told us, "I haven't been to any meetings, but the minutes are available." "I have been to a meeting, only a few people came but it was very informative and you could raise any concerns." "I have been to the residents and family meetings; they act on any issues raised and are not defensive." This showed us people's views about the service were being sought and acted upon. For example, action was taken to make sure staff knew what was expected of them when going on trips out.

We concluded the service was being well managed and that significant improvements had been made to the governance and audit systems. Whilst it was clear the service was on a journey of improvement, it was too early for the provider to be able to demonstrate that the new processes were fully embedded and that these improvements could be sustained over time.