

Stoneleigh Care Homes Limited

Copperdown Residential Care Home

Inspection report

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Date of inspection visit:
26 September 2018

Date of publication:
23 October 2018

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?	Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 26 September 2018 and was unannounced. At the last inspection completed on 26 July 2017 we rated the service Requires Improvement.

At this inspection we found improvements had been made and the service is rated as Good overall.

Copperdown is a Residential Care Home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Copperdown Residential Care Home accommodates up to 29 people in one adapted building. At the time of the inspection there were 25 people using the service.

There was a registered manager in post at the time of our inspection. 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.

Governance systems were not always effective in identifying concerns and driving improvements whilst some improvements had been made, following our last inspection, more were needed.

People received their medicines as prescribed. Risks to people were assessed and planned for. There were sufficient staff available to meet people's needs and staff were safely recruited. People were protected from the risk of cross infection and safeguarded from abuse. The provider learned when things went wrong.

Staff were supported in their role with an induction and training. People lived in an environment which was suitable to meet their needs. People could choose their meals and were supported to eat and drink. People were supported to maintain their health and well-being.

People had choice and control of their lives and staff were aware of how to support them in the least restrictive way possible; the policies and systems in the service were supportive of this practice.

People were supported by caring staff that protected their privacy and dignity. People were supported to make choices and their independence was promoted. Peoples communication needs were assessed and planned for.

People had their preferences understood by staff. People were clear about how to make a complaint and these were responded to.

Notifications were submitted as required and the registered manager understood their responsibilities.

People and their relatives were engaged in the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

People were safeguarded from potential abuse.

People's risks were assessed and followed by staff.

People were supported by sufficient staff.

People's medicines were administered safely.

People were protected from the spread of infection.

There were systems in place to learn when things went wrong.

Is the service effective?

Good 

The service was effective.

People's needs were assessed and planned for.

People were supported by trained staff.

The environment was designed to meet the needs of people.

People's rights were protected by staff that worked within the principles of the MCA.

People's needs for food and drinks were met and they could have a choice.

People received support to monitor their health.

Is the service caring?

Good 

The service was caring.

People were supported by caring staff.

People were involved in choices about their care, independence was encouraged and people's individual communication needs met.

People's privacy was maintained, and staff treated people with dignity and respect.

Is the service responsive?

The service was responsive.

People could follow their interests and spend time doing activities they enjoyed.

People's needs and preferences were followed by staff, and documented in people's care plans.

People understood how to make a complaint.

Good ●

Is the service well-led?

The service was not consistently well led.

The systems in place to ensure quality care were not always effective.

People were involved in the service and asked about the quality of the service.

Staff felt supported by the management team.

The provider notified us of incidents.

Requires Improvement ●

Copperdown Residential 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 unannounced inspection visit took place on 26 September 2018. The inspection team consisted of one inspector 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.

As part of the inspection, we reviewed the information we held about the service, including notifications. A notification is information about events that by law the registered persons should tell us about. We asked for feedback from the commissioners of people's care to find out their views on the quality of the service. We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we spoke with eight people who used the service and three relatives. We also spoke with the registered manager, the provider, the deputy, the administrator and four staff.

We observed the delivery of care and support provided to people living at the location and their interactions with staff. 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. We reviewed the care records of five people and three staff files, which included pre-employment checks and training records. We also looked at other records relating to the management of the service including rotas, complaint logs, accident reports, monthly audits, and medicine administration records.

Is the service safe?

Our findings

At our last inspection on 26 July 2017, we found medicines were not managed safely and rated safe as Requires Improvement. At this inspection we found improvements had been made and Safe was rated Good.

People were safeguarded from abuse. We asked people and their relatives if they felt safe living at the service and what helped them to feel safe. One person told us, "The staff are very friendly and approachable." One relative said, "They are very good here and I have no concerns about [person's name] safety. There are no worries about abuse and privacy and dignity is maintained". Safeguarding procedures were understood and followed. Staff could describe how to recognise abuse and what actions they would take to report any concerns. One staff member said, "We have had training from the local authority, I know how to recognise any signs of abuse and what I can do to report it I would have no hesitation." Where concerns had been raised these had been reported to the local safeguarding authority as required and investigations had taken place.

Risk assessments were in place to guide staff with providing safe care and support. For example, one person was assessed as being at risk of choking. There was clear guidance in place from the Speech and Language Therapy (SALT) team about how staff should support the person with their meals and drinks. This included information about food preparation and how the person could eat without support or monitoring from staff. The guidance was followed by staff during the inspection.

We saw risk assessments and care plans were updated when people's needs changed. However, we did see one person had recently had their care needs changed and the plan had not been updated. The person sometimes displayed behaviours that challenged and a health professional had been involved and some medicines had been prescribed. The risk assessment and care plan had not been updated. However, staff understood what needed to be in place for the person, and this was clearly documented in the health professional's notes. We observed staff supporting the person effectively. The registered manager told us they would ensure the documentation was updated immediately and confirmed following the inspection this was had been completed.

There were systems in place to manage fire safety. We saw a fire risk assessment had been carried out and actions had been taken to address concerns this had identified. There were individual plans in place to show how people should be safely evacuated in the event of a fire and there were regular checks on the fire safety procedures and updates to staff training.

People were supported by sufficient staff. People told us staff responded promptly when they needed assistance. One person said, "I feel very safe because I know if I press my buzzer they will come quickly to help me". Another person told us, "I don't have any concerns about pressing my buzzer, they come as quick as they can and are always very nice to me". We saw staff were responsive when people needed support and people did not have to wait. Staff told us they felt there were sufficient staff to meet people's needs. One staff member said, "People are always supported and have their needs met, things seem to run smoothly, it

can be busy on some days though." There was a system in place to ensure staffing was adjusted to meet people's needs. The registered manager told us this was used to ensure there were sufficient staff.

People received support from safely recruited staff. We saw the provider ensured checks had been carried out before new staff started work, which included checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable staff from working with in a care setting.

Medicines were administered safely. People told us, they were getting the medicines they needed from staff and these were always on time. Medicines were stored safely. Medicines trollies were used and secured in a lockable room when not in use. Checks were carried out on the temperature of the storage area. Stock checks were carried out daily which ensured people had access to sufficient medicine. Staff were trained in medicine administration and we found they followed the policy when administering people's medicines. Guidance was in place which staff followed when administering people's medicines. Where people had medicines, which needed to be taken on an 'as required' basis for pain management or to help them calm down, there were detailed guides in place for staff on how and when these should be taken. Medicine administration record (MAR) charts were in place and were completed accurately. However, we did find one person's records for when they had received 'as required' medicines had not been fully completed. We looked at previous records which confirmed this was not a regular occurrence. We spoke to the registered manager about this and they told us this would have been identified in the monthly audit.

People were protected from the spread of infection. Staff used Personal Protective Equipment (PPE) when supporting people and had completed infection control training. Staff were visible throughout the day carrying out cleaning tasks. Staff were wearing aprons and gloves as appropriate. A staff member told us, "We use protective aprons and gloves and these are always available." The registered manager completed audits to monitor and maintain standards of hygiene. During the inspection, we observed domestic staff cleaning throughout.

There was a system in place to learn when things went wrong. We found accidents and incidents were evaluated and peoples' plans were updated and action was taken to ensure the risk of reoccurrence was minimised. For example, where someone had fallen actions were taken to update the person's care plan, and new equipment had been put in place. Consideration was also given as to whether there were any themes from accidents and incidents on a monthly basis by the registered manager.

Is the service effective?

Our findings

At our last inspection on 26 July 2017 we found people were not having their capacity assessed and some people were being restricted without the correct legal safeguards in place and we rated effective as Requires Improvement. At this inspection we found improvements had been made and effective was rated as Good.

People had their needs assessed and plans put in place to meet them. One relative told us, "They do seem to have a good idea of what [person's name] needs are and make sure that any issues or concerns are addressed very quickly." Staff could describe the information in people's assessments and care plans and how they used this to guide the care people received. One staff member said, "[Person's name] has risks to their skin breaking down and becoming sore, there is equipment in place and we have to support them to change position every two hours." Assessments were completed before people came into the home and any risks identified were assessed. Plans were put in place to manage risks and meet people's needs and preferences. For example, one person was living with diabetes. There was a plan in place which told staff, how to support the person with their diet, what actions to take if the person became unwell and how to monitor and record information about the person. Staff were knowledgeable about this and we saw staff cared for people as set out in their plan during the inspection.

People were provided with consistent care. Staff were kept up to date about any changes in people's needs. There were handover discussions at the start and end of each shift and these were documented. Staff told us the handover was effective in keeping them up to date on people's care needs. Where other professionals were involved in people's care the staff were aware of their involvement and followed their advice.

People were supported by knowledgeable staff who were trained and had the skills they needed to meet people's needs. One staff member told us, "This is my first role as a carer and the training has been really good and helped me to increase my confidence." Staff had an induction, which they felt was effective in helping them understand their role and responsibilities and gave them the skills they needed to support people. The registered manager told us they used the care certificate for their induction of new staff. The Care Certificate is a set of standards that health and social care workers adhere to in their daily working life based on 15 standards to ensure staff have the same introductory skills, knowledge and behaviours to provide compassionate, safe, high quality care and support. Staff had regular updates on their training and were confident this helped them to maintain their knowledge and skills. For example, staff were trained in medicines management, safeguarding and fire safety. The registered manager had a system in place to ensure staff had their training updated on a regular basis. Staff told us they had access to regular supervision and staff meetings and felt supported in their role and records supported this.

People had a choice of meals and drinks. People told us they were happy with the food, one person said when finishing their lunch, "I really enjoyed that." We found staff supported people to make choices about their meals and information was on display for people to help them choose. A choice of drinks were available throughout the day. Peoples' nutritional needs were assessed and planned for. One person had been assessed as requiring a sugar free diet as they were living with diabetes. There was a clear plan in place and it detailed how the person's diet should be monitored. Another person was at risk of malnutrition. There

was a plan in place to monitor the persons weight and food and fluid intake. The person was encouraged to eat fortified meals to help them with taking in additional calories. Staff understood the plan and were observed following this during the inspection. Staff supported people to eat their meals with patience and encouragement. One person refused their dinner so was given a sandwich, which they also refused. Staff were persistent and encouraged the person to try some pudding, which they then ate. Staff spoke to people about the types of meals they preferred and could provide meals which met people's diverse preferences.

The environment was suitable to meet people's needs. The home had communal areas for people to use. Pictures were in place to assist people with locating different areas within the home. Some rooms were ensuite with level access showers. There was an adapted bathroom and toilets for people to use throughout the home. There was an enclosed garden, which in summer we were told people accessed frequently. There was a lift in place to enable people to access bedrooms on the first and second floors. People could walk freely around the home and rooms had been personalised.

People were supported to maintain their health and wellbeing. Everyone we spoke with told us they had good access to a range of different health professionals. This included, the dentist, opticians, doctors and chiropodist. One person told us, "The staff take me out to the dentist, I have to have some teeth out but I know they will go with me and look after me." Another person said, "The staff get the doctor to see me if I am not very well, I don't have to ask." Whilst another commented, "It's never any bother I see the optician or doctor whenever I need." A relative told us, "They do seem to be efficient in addressing [person's name] needs. They see a district nurse several times a week and a doctor whenever necessary." Health professional advice was sought promptly and records were kept of visits and the advice was included in people's care plans. Staff had a good understanding of people's individual needs and health conditions and could tell us how they supported people, records supported what we were told.

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 had their consent sought prior to receiving care and support. Staff understood the importance of consent and could describe how they sought this. Staff sought consent before offering care and support, for example they asked people if they were ready for their medicines. Where people were unable to consent to their care the principles of the MCA were followed and an assessment was completed with decisions taken in people's best interests. For example, one person had been assessed as lacking capacity to consent to their care and support needs being met by staff. A best interest discussion had been held to agree how the person's needs should be met in the least restrictive way 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People had their capacity assessed when they were having their liberty restricted. Applications had been made to the authorising body and care plans had been put in place to detail how the person should be supported in the least restrictive way. For example, where equipment was in place to help manage risks to people's safety which restricted people's movement this was considered in their DoLS and a care plan was in place.

Is the service caring?

Our findings

At our last inspection on 26 July 2017 we rated caring as Good. At this inspection we found Caring continued to be Good.

People and their relatives told us they felt staff were kind and caring. One person told us, "I can't fault the staff or say a bad word against them, they are amazing and really look after us well." Another person told us, "All staff are very kind and helpful – the night staff are really very good and nothing is too much trouble." A relative told us, "The staff are very friendly and approachable."

People told us they were happy with the staff and had good relationships with them. One person told us, "I like it here because the people are friendly and I can have a laugh with them". Another person told us, "I find all the staff very nice." A relative told us, "We are made to feel very welcome and there are no restrictions on when we visit." People were smiling, chatting and engaged with staff throughout the inspection and we saw positive interactions between people and staff. For example, one person was speaking with a staff member about their love of a television program. The staff member took time to listen and the person was observed smiling and engaged in the conversation.

In another example, a staff member was speaking with a person that was living with dementia. We saw the person was confused about where they were and what was happening, the staff member sat with the person, holding their hand and maintained eye contact whilst talking with the person. The person calmed down and was smiling and engaged in speaking with the staff member. This showed people were supported by staff who were caring in their approach. However, one person told us, "I am in a room full of people but I can get lonely and bored." The person explained they relied on staff to have a conversation, but mostly the staff just briefly checked they were ok. The person went on to say, "The night staff are brilliant, they recognise that I am still an intelligent person and will sit and have a chat with me at night, I really appreciate that." We spoke with the registered manager about this and they said they would speak with the person and make changes to ensure the person felt better.

People were supported to make choices about how and when they were supported and to maintain their independence. People told us they could make choices for themselves. Relatives confirmed they thought they and their relatives were fully involved in decisions about people's care. One relative said, "[person's name] is involved and the staff discuss any concerns with us, so that we can be involved in any decisions too." Staff were observed enabling people to maintain their independence. For example, when eating meals people were supported with equipment to ensure they could do this independently. Staff supported people to make choices. For example, about where they sat for meals and what they did during the day.

People had their communication needs assessed and plans were in place to meet them. Assessments and plans outlined the best approach for staff to communicate effectively with people. The communication plan considered how people needed support with their vision, hearing and verbal communication and cognition. Staff followed these plans during the inspection and people were observed being supported effectively to communicate about their care and support.

People had their privacy and dignity maintained and were treated with respect. People and relatives told us staff were respectful and treated people with dignity and maintained their privacy. One relative told us, "The staff will often go over and above for people." Staff protected people's privacy and dignity when offering support. We found they were discreet when speaking to people about their care needs and always knocked on doors. We saw people had access where they wanted to a key to lock their door if they wanted one. One person had visited for lunch to see if they liked the home. The person was made welcome by the staff and they talked with the person to make them feel at home.

Is the service responsive?

Our findings

At our last inspection on 26 July 2017 we found people were not always supported to engage in activities and follow their interests and we rated responsive as requires improvement. At this inspection we found the service has made the required improvements and was Good.

People and relatives were involved in their care and support. People and relatives told us they were involved in the assessment and care plan development. One relative told us, "They are very quick to ring us if there are any changes or concerns." Another relative told us, "If there are any changes they will discuss these with us and keep us fully informed." Whilst another confirmed, "We have a copy of [person's name] care plan so we know what has been agreed." We saw people's care plans were regularly reviewed and the reviews involved people, relatives and other professionals where required.

People's preferences were understood by staff and these guided how care was delivered. Staff told us they understood people's preferences. One staff member said, "It is a small home, we get to know people really well and we learn about their individual differences. Staff gave examples of the things people did which allowed them to know how the person was feeling and people's routines. Assessments included discussions about people's preferences and this was used to develop people's care plans. Care plans gave staff detailed information about preferences which included, likes and dislikes, preferred routines for personal care and when they wanted to get up and go to bed.

People's preferences and life histories were understood and written into people's care plans. There was information about what was important to people. For example, people's religious needs were understood. One person told us, "Someone fetches me from the church and takes me out in the wheelchair down to the church for a service." The information in care plans included where people had spent their lives, details about different time periods and things which were important to them. This gave staff information about important milestones in people's lives what they had done for work, their family and information about their background.

People were happy with how they spent their time. One person told us how they enjoyed doing intricate art work. The person told us, "The staff are all very supportive and comment about my art work, they have put some in frames on the wall for me." Another person told us, "I do like to take part in the exercise session and the singing." We found staff were complimentary of the hard work the person put in to completing the pictures and the person had been supported by staff to purchase things and had displayed the pictures for the person in the home. We saw the staff discussing where an almost completed picture would be situated. Staff told us they did a range of different activities with people throughout each day. Some were group and others individual. We saw there were planned activities each day. On the day of the inspection a singer visited the home and people were observed joining in singing songs, dancing and making requests. People were laughing and smiling throughout. We saw staff spent time with individuals, One person was having their nails painted by staff and another staff member was playing a game with two people.

People and their relatives told us they felt any concerns or complaints would be addressed. One person

said, "The registered manager is extremely responsive and always acts immediately if we point anything out." A relative told us, "The registered manager is great and always around. You can talk to them if you have a problem and its sorted out." We saw where complaints had been made these had been investigated and a response had been given to the person. We saw action was taken to address people's concerns and the information was used to ensure the service learned from complaints.

We did not review end of life care as there was nobody receiving this at the time of the inspection. The registered manager confirmed discussions about people's preferences are held in these circumstances.

Is the service well-led?

Our findings

At our last inspection on 26 July 2017, we rated Well-Led as Requires Improvement. This was because the systems in place to monitor the quality and safety of the service were not effective. At this inspection, we found the provider had made improvements but more were needed and Well-Led continued to be rated Requires Improvement.

Medicines audits were not consistently completed in line with the policy. We found one person had their 'as required' medicines administered but staff had not recorded the impact of this medicine on the person's records as the policy required. There had been daily checks carried out and weekly checks by senior staff, however these had not identified that the records were not fully completed. We checked previous records and found the audits were usually effective and staff usually completed the records currently. The registered manager told us this would have been identified in their monthly medicines audit. Records confirmed the monthly audit would have identified this.

The systems in place to check people's care plans were not always effective in identifying where updates had not been completed. The process had not identified where one person's care plan and risk assessment required updating following a health professional visit. Whilst staff were aware of the change to the person's care needs and how to support the person this was not clearly documented in the person's records.

There was a system in place to ensure staff had the right training and this was kept up to date. We saw where training was ready to be renewed by staff this was booked and staff were asked to complete this. The staff were supported by the registered manager to understand their role. Staff told us they had regular opportunities to have supervision and there were meetings for staff to discuss how the home was run and people's needs. Records we saw supported what we were told.

There were other audits in place. For example, there was an infection control audit in place which was completed by the registered manager. The audit identified was effective in ensuring the home was free from risks of cross infection. People's daily records were checked by senior staff daily. We found these checks were effective in ensuring people had accurate records of the care they had received. Accidents and incidents were monitored and analysis was completed. External audits were undertaken, for example by the local authority and the registered manager took action to address any concerns which were raised.

People, relatives and staff told us the registered manager was approachable and they felt listened to. One person told us, "The registered manager is great, they are always here if you need them, and you can talk about any problems you might have." Another person told us, the registered manager is a lovely person." Whilst another told us, "The registered manager does come around to see if I am ok." One relative told us, "We are very happy with the home and the way it is run." Whilst another relative told us, "The registered manager is very on the ball and seems to know what is happening, we are very happy." Staff told us the registered manager was always supportive and they felt able to approach them with any concerns. One staff member told us, "I know I can go to the registered manager if I don't understand something. They have helped me build my confidence and learn about how things work. I can talk to them and ask for help, which

is always given."

People and relatives were asked about the quality of the service. One person told us, "I remember completing a questionnaire about the home." A relative also confirmed they had been asked for their views in a questionnaire. We saw these were sent out annually and also went to professionals. The information returned was analysed and used to help the service make plans for change. There was feedback and an action plan shared with those that had taken part. Resident meetings were also held and were used to discuss how people felt about aspects of the home. For example, the last meeting held two months previously had discussed activities with people.

The provider had submitted notifications to CQC in an appropriate and timely manner in line with the law. Services that provide health and social care to people are required to tell us about important events that happen in the service, we use this information to monitor the service and make sure the service is keeping people safe.

A PIR was submitted to CQC which outlined the changes the provider had made since the last inspection. We found the PIR was accurate.