

Bupa Care Homes (ANS) Limited

Copper Beech Care Home

Inspection report

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Tel: 01825769947

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service: Copper Beech Care Home is registered to accommodate up to 48 people who require nursing and personal care. They specialise in providing nursing care to older people on a long stay, respite care, post-operative care, palliative care and short stay basis. At the time of the inspection there were 42 people living at the service.

People's experience of using this service:

People told us they felt safe living at Copper Beech Care Home and that they liked living there. A relative told us, "We could never have found a better more caring Nursing Home for [our loved one] to spend their final weeks of life. It is reassuring and provides us with peace of mind knowing they are being so well cared for".

There was a relaxed and homely atmosphere and people and staff enjoyed each other's company.

People were protected from the risks of harm and discrimination by staff who were trained to recognise the signs of abuse.

People were supported by enough staff who continued to be recruited safely.

People were empowered to continue to make their own decision about the level of care they received. They were supported to have maximum choice and control over their lives and staff supported them in the least restrictive way possible. Policies and systems in the service supported this.

People told us there was plenty to keep them occupied throughout the day.

People's health and welfare were monitored, and staff worked with health care professionals to make sure people stayed as healthy as possible.

The service was well-led. The registered manager led by example. Management and staff worked cohesively, promoting an open and transparent culture where everyone's views were important.

Checks and audits were effective and identified shortfalls. Action was taken to use this to improve the quality of service.

Rating at last inspection: At the last inspection on 12 October 2016 the service was rated Good overall. (Published 25 November 2016).

Why we inspected: This was a planned inspection based on the rating at the last inspection.

The service met the characteristics of Good in all areas and Good overall. For more details, please see the

full report which is on the CQC website at www.cqc.org.uk

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If concerning information is received, we may inspect sooner.

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

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was responsive

Details are in our Responsive findings below.

Copper Beech Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

Copper Beech Care Home is a care home. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced.

What we did:

Before the inspection we reviewed the information we had received about the service since the last inspection. This includes details about incidents the provider must notify us about, such as abuse. We assessed information we require providers to send us at least annually (Provider Information Request – PIR) to give key information about what the service does well and the improvements they plan to make. We used the PIR to plan our inspection.

During the inspection we reviewed a range of records which included three people's care plans, recruitment, training and supervision records and records relating to the quality monitoring and management of the service.

Some people were not able to verbally communicate their experiences of living at Copper Beech Care Home. We observed the care and support provided. We also used the Short Observational Framework for Inspectors (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We spoke with five people, three relatives, seven staff, the deputy manager and the registered manager.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: ☐ People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Copper Beech Care Home. A relative commented, "[My loved one] has never expressed any concerns about their safety".
- People continued to be safe from harm, discrimination and abuse.
- Staff completed regular training about safeguarding people and understood how to keep people safe and report any concerns.
- The registered manager reported concerns to the local authority when needed and worked with them to make sure people remained safe.

Assessing risk, safety monitoring and management

- Risks to people's health and welfare continued to be assessed, identified, monitored and reviewed so they were supported to stay safe while their freedom was respected.
- There was guidance for staff about how to minimise risks to people. For example, staff followed clear guidance about how to move people safely using special equipment, such as a hoist.
- Risk assessments were reviewed to make sure they remained accurate and up to date.
- When people used air mattresses to protect their skin, there were regular checks completed by staff to make sure the equipment was on the correct setting. Staff knew that these needed to be reviewed if people's weight changed.
- Nurses met each day to discuss people's changing needs and to make sure any referrals to multi-disciplinary teams were completed.
- Checks were carried out to make sure the environment remained safe. This included, regular fire alarm and equipment tests, legionella testing and gas and electrical appliance checks.

Staffing and recruitment

- Staff continued to be recruited safely. References were obtained and Disclosure and Barring Service (DBS) criminal record checks were completed. The DBS helps employers make safer recruitment decisions. Nurses credentials were checked to make sure they were qualified.
- People and relatives told us there were enough staff. They said, "There are always staff when I need anything" and "[The staff] are always busy but never too busy to stop and have a chat".
- The registered manager continued to keep the staffing levels under review. When people's needs increased, or their health declined the staffing levels were increased to make sure people's needs were met. For example, when a person had returned from hospital and now required support with their meals, additional staff were deployed at mealtimes.
- Throughout the inspection people received the support they needed, when they needed it and staff were not rushed. Call bells were answered quickly. The response times to call bells was monitored to make sure

there were sufficient staff to provide support when it was needed.

- There were contingency plans to cover unplanned shortfalls, such as sickness and, when needed, regular agency staff were used. The registered manager was actively recruiting to reduce the number of shifts covered by agency staff.
- An on-call system was used outside office hours if staff needed to obtain advice or guidance.

Using medicines safely

- People were supported to have their medicines safely and on time. People were empowered to manage their own medicines when they were able, and staff kept an oversight of this to make sure they were taking their medicines safely.
- There were systems in place to ensure medicines were ordered, stored and disposed of safely and in line with national guidelines.
- Staff completed training about safe management of medicines and were assessed as competent to support people.
- Nurses made sure regular checks were completed to ensure people had received their medicines correctly and to ensure this was recorded accurately.
- People's medicines were reviewed by people's GP when needed.

Preventing and controlling infection

- The service was clean and free from odours. A dedicated housekeeping team took pride in the appearance of the service to make sure it remained a clean and homely environment.
- Staff used gloves and aprons when needed to protect people from the risks of infection.
- The registered manager completed regular checks to ensure suitable standards of cleanliness and hygiene were maintained.

Learning lessons when things go wrong

- The registered manager continued to monitor accidents and incidents and reviewed them to identify any themes.
- Action was taken if a pattern was identified, for example if a person had an increase in the number of falls they were referred to health care professionals for an assessment.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: ☐ People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they began living at the service to make sure their needs could be met. Assessments included meeting any needs and lifestyle choices a person might have to ensure their rights under the Equality Act 2010 were fully respected, including needs relating to people's disability, sexuality and religion.
- People's needs were assessed, monitored and kept under review. Staff used recognised tools to understand the risks of things such as developing pressure areas or becoming malnourished.
- Staff had access to information about sexual orientation and gender identity including about community support groups. They completed training regarding the expression of sexuality in Dementia. The registered manager said, "During our one to ones and staff meetings there is a concentration on promoting inclusion, diversity and human rights".

Staff support: induction, training, skills and experience

- Staff continued to complete a robust induction, based around the Care Certificate, when they began working at the service. The Care Certificate is an identified set of standards that social care workers adhere to in their daily working life.
- Staff continued to complete regular training to keep their knowledge up to date with best practice. Staff accessed training on topics that were specific to people's individual needs, for example, Dementia awareness, end of life care, nutrition and hydration and moving people safely.
- Nurses were supported to maintain their professional registration through the re-validation process.
- Nurses completed training and professional development to keep up to date with best practice in topics such as catheterisation, management of specialist feeding equipment and how to puncture a vein as part of a medical procedure.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they enjoyed their meals and were able to choose what they wanted to eat. One person said, "The food is always good and there is plenty of it. There is plenty of variety". A relative commented, "The catering staff are always happy to accommodate [our loved one's] very small diet and try and tempt them with alternative foods".
- People's individual choice, cultural preferences and dietary needs were catered for. When meals needed to be minced or pureed, meals still looked appealing. People living with diabetes were able to enjoy desserts as reduced sugar options were always available.
- The registered manager closely monitored people's mealtime experiences and made changes to enhance this. They told us that a year ago, very few people chose to eat in the dining room. Small tables, neatly set with napkins and a little gentle encouragement from staff changed this to most people eating together,

when they were able. We joined people for lunch and this was clearly a social occasion with people chatting with each other and staff.

- Staff provided people with discreet support when required. They sat with them and spoke gently, explaining what each forkful was.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's physical and mental health were monitored, and they were encouraged to be active and lead as healthy a life as possible.
- The registered manager met with the unit leads each day to ensure the handover between shifts communicated any changes in people's needs.
- Staff liaised with health care professionals, such as speech and language therapists and occupational therapists. Any advice given by health care professionals was recorded in people's care plans and followed by staff.
- The registered manager and staff worked closely with the local surgery. This had been particularly helpful when people had needed to be referred to other health care professionals in as a matter of urgency. The registered manager said, "Having such a good working relationship with the GP surgery is an absolute gift".

Adapting service, design, decoration to meet people's needs

- The design and layout of the service met people's needs. People knew where their rooms were and had personalised with pictures, photos and furniture. Some people were living with Dementia. Some had their photo on their door and others had other artwork, such as a star, to help them orientate themselves and identify their room.
- People had access to a secure garden where they could sit and watch the wildlife.
- Some parts of the service had recently been refurbished and included enhanced access, improved lighting and the creation of a sensory room. The registered manager told us about the on-going plans for re-decoration. They said, "It is really important to have vibrancy and energy around the home".
- A 'coffee shop' had been created in the reception area. The registered manager told us about the importance of community engagement and how they were reaching out to people and their carers in the community living with Dementia. They wanted to provide a safe place for them to drop in and chat with like-minded people.

Ensuring consent to care and treatment in line with law and guidance

- 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Applications for DoLS authorisations had been made in line with MCA. The registered manager kept a log of applications submitted to the supervisory body and the status of the applications to make sure they could follow up on any actions needed. They notified the Care Quality Commission of authorised applications in line with guidance.
- People's capacity to make specific decisions was assessed. Staff supported and empowered people to

make choices in ways they preferred, for example the chef had created posters to help a person choose their meals.

- When people were unable to make decisions for themselves, staff met with relatives and health care professionals to make a decision in the person's best interest.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People continued to be supported by staff who were kind, empathic and caring. People said, "I am very happy here" and "I wouldn't want to live anywhere else. The staff look after me very well".
- Staff knew people well and spent time talking with them about people and things that were important to them. They spent time with people and showed genuine affection and interest in each person.
- A relative told us, "When [our loved one] arrived by ambulance at Copper Beech the staff couldn't have been more welcoming. They made them feel very special, this made the transition from living in their own home to going into care much easier".
- Staff noticed when people needed support. During the inspection a person had said they were feeling chilly. Immediately staff asked the person if they would like them to go to their room and get them a cardigan. When they returned they explained that the person was very particular about their presentation and they had chosen a colour co-ordinated cardigan. The person was very pleased with their choice.
- There was a calm, homely feel at the service. A relative described the service as having "A happy atmosphere".
- Throughout the inspection we observed staff engaging with people. They showed warmth towards people and promoted a sense of belonging and inclusiveness.
- People were supported to maintain relationships with family and friends. Visitors were welcome at any time. Staff told us they encouraged family involvement.

Supporting people to express their views and be involved in making decisions about their care

- People said they felt in control of any decisions about their care. A relative told us that staff always contacted them if there were any changes in their loved one's health.
- People's care and support was centred on them as an individual. Care plans provided staff with guidance about how people preferred their care to be delivered and what level of support they needed.
- People's communication needs were considered by staff. Staff were patient, made eye contact with people and spoke slowly and clearly. When people were unable to communicate verbally staff were knowledgeable about people's body language or sounds they made. For example, staff explained that a person made singing sounds and if the sound became higher pitched this was an indicator that they may be thirsty or in discomfort. These signs were recorded in the person's care plan.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected, and their independence was promoted. Staff knocked on people's doors and waited for an answer before entering.
- People were empowered to remain in control of their day to day life and be as independent as possible.

- People's communication needs were considered, and staff looked at different ways of making sure people understood information. For example, using picture or word cards, printing in larger font on coloured paper or having staff or volunteers reading to them. Providing information in preferred formats for people who have a disability, impairment or sensory loss meets the requirements of 'Accessible Information Standards' which aims to ensure people received the communication support they needed.
- People's records were stored securely to protect their confidentiality.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: ☐ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received care and support that was tailored to and responsive to their needs. Care plans, followed by staff, reflected people's physical, mental emotional and social needs and preferences.
- 'My day, my life, my story' sections in people's care plans helped staff to learn about people's past and get to know them.
- People were encouraged to stay active as much as possible. The registered manager told us, "I prefer the activities to be seen as focused enrichment. Making sure people are busy and active throughout the day impacts on them by having a better night's sleep and being able to enjoy a good breakfast in the morning".
- Dedicated activities co-ordinators encouraged and supported people to keep occupied. The activities were meaningful and age appropriate. People enjoyed attending the gardening club.
- The service had resident budgerigars. When people were unable to leave their room to join in with others we observed staff take the bird cage in to their rooms. We saw a person looking very relaxed and smiling whilst the birds were next to their bed tweeting.
- The registered manager and staff spoke passionately about making sure Copper Beech Care Home was part of the local community. They had built a strong relationship with a local radio station. Staff had spent time with people talking about their favourite songs. These songs were all played over a two-hour time slot and people enjoyed listening to the radio and hearing their song choices.

Improving care quality in response to complaints or concerns

- People and their relatives did not have any complaints about the service and knew how to complain if needed.
- The registered manager spoke with people and their relatives regularly to check they were satisfied with the quality of service they received.
- Suggestions boxes were located throughout the service for people and staff to provide any feedback.
- Complaints, comments and concerns were dealt with appropriately and used as opportunities to develop and improve the service.

End of life care and support

- People were supported to have a dignified, comfortable and pain-free death.
- Some people had an advanced care plan. This detailed where the person wished to spend their last days, what medical intervention they wanted and who they wanted to be with them at the end of their life.
- Staff had completed training about supporting people at the end of their life and had built a strong working relationship with the local hospice. Nurse training included symptom management and the use of special medication and syringe drivers.
- Staff had lead roles in certain areas which they used to improve the outcomes for people. For example,

one member of staff explained they were a 'hydration and oral health champion'. They had held group supervision sessions with staff to share information and best practice. They explained how they used very soft toothbrushes with special toothpaste to promote the oral care of people who were reaching the end of their life.

- People's choices regarding their end of life care were recorded and reviewed to make sure people's wishes were followed.
- Staff supported relatives and friends at this time. Leaflets and information about palliative care and bereavement were available.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager and staff shared and promoted BUPA's visions and values which were used to promote an inclusive and caring approach. These were 'Passionate, caring, accountable, extraordinary, authentic, open and courageous'. A staff recognition scheme was based around these core values.
- Staff spoke passionately about people being at the centre of their care and the importance of having a good quality of life for as long as possible.
- The registered manager had worked at the service for a long time and built a strong and cohesive staff team. They coached, mentored and motivated staff and led by example to provide people with a high quality of care which centred on each person as an individual. Staff told us they felt supported by the registered manager and the management team.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Regular, effective checks and audits of the whole service were completed. When a shortfall was identified, action was taken, and measures put in place to reduce the risk of it happening again.
- The registered manager arranged for an independent colleague from another service to carry out a 'first impressions' audit of the service. This had identified areas of the garden which needed attention, for example broken pots, and action was taken immediately to address this.
- Staff from the provider's head office completed regular independent quality monitoring audits. Following each visit a report was produced and included any identified shortfalls and actions required. The registered manager addressed the shortfalls and established systems to reduce the risk of repeated shortfalls.
- The registered manager understood their regulatory responsibilities and had notified the Care Quality Commission (CQC) of significant events, such as injuries and safeguarding concerns, in line with guidelines. Actions were taken to prevent similar occurrences and outcomes of any investigations were shared with people, their relatives and staff to ensure lessons were learned.
- It is a legal requirement that a registered provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The provider had conspicuously displayed their rating on their website and in the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives and staff felt the service was well-led. A relative commented, "The staff, regardless of role

or position, at Copper Beech are wonderful with the residents as well as family members".

- People were asked to provide feedback about the quality of the service. Residents and relatives' meetings were held every three months. A schedule of meetings was advertised on the service's noticeboards to make sure everyone knew when they were taking place.
- Regular staff meetings provided staff with an opportunity to share their learning and experiences. Staff had recently spent time looking at what they and / or the provider could do to enhance people's experiences. These had been collated and the registered manager was reviewing them to create an action plan. Comments included, 'I pledge to be more aware of environmental noises when communicating with people', 'Never say I am coming back in a few minutes' and 'A minute of your time is an hour of somebody's happiness'.
- The registered manager monitored health and welfare of staff. Staff yoga classes were available to promote good mental health and well-being.

Continuous learning and improving care; Working in partnership with others

- The registered manager continued to analyse feedback from different sources to identify areas for improvement and implement positive changes.
- The registered manager attended various care related forums to share best practice and keep up to date with new developments. For example, they attended the local town council Dementia forum.
- The registered manager worked closely with the local Clinical Commissioning Group to enhance joined up care between hospitals, patient transport and care providers.
- BUPA had worked with The University of Bradford to develop a bespoke training programme focused on 'People first, Dementia second'. One staff told us how they were working with their team to share this model of care.