

United Health Limited

# Coppice and Oakside Care Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

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?

**Good** ●

# Summary of findings

## Overall summary

About the service: Coppice and Oakside Care Home is a residential care home in Ilkeston. The home consists of two adjacent purpose-built bungalows. The service provides personal care for up to ten people with learning and physical disabilities. There were ten people living there at the time of the inspection.

People's experience of using this service:

Staff understood how to keep people safe from the risk of avoidable harm, but did not consistently demonstrate this in their care practices. Although the service was kept clean, good food hygiene practices were not always followed. People received their medicines as prescribed, but the management of medicines in stock had not always identified issues, for example, with out of date medicines.

People had a balanced diet, and staff knew how to support people with specific dietary requirements. People were also assisted to attend health appointments, and staff monitored people's health to ensure they got professional support when this was needed.

People were supported by staff who were kind and caring, and who respected their choices. Staff understood how to provide care to meet each person's needs and preferences. People were treated with dignity and respect. There were enough staff, and they received training the provider felt necessary to meet people's needs.

People and their relatives were involved in planning and reviewing care to ensure it continued to meet people's needs. People were encouraged to maintain their hobbies and interests, and staff supported people with a wide range of activities. The provider had a clear system in place to respond to complaints and concerns.

The provider had effective systems in place to monitor the quality of the service and to drive improvements where needed. The registered managers clearly understood their roles and responsibilities, and worked together as a team.

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.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

More information is in the full report.

Rating at last inspection: At our last inspection the service was rated Good. The inspection report was

published on 6 August 2016. At this inspection we found the evidence continued to support the overall rating of good. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns.

Why we inspected: This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up: We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our Safe findings below.

**Requires Improvement** 

### Is the service effective?

The service remained effective

Details are in our Effective findings below.

**Good** 

### Is the service caring?

The service remained caring

Details are in our Caring findings below.

**Good** 

### Is the service responsive?

The service remained responsive

Details are in our Responsive findings below.

**Good** 

### Is the service well-led?

The service remained well-led

Details are in our Well-Led findings below.

**Good** 

# Coppice and Oakside Care Home

## **Detailed findings**

### Background to this inspection

#### The 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 visit was carried out by one inspector and an inspection manager. The second day of our inspection was carried out by one inspector.

#### Service and service type:

Coppice and Oakside Care Home is a '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. The service had two managers registered with the Care Quality Commission. 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:

This was a comprehensive inspection and took place on 23 and 24 January 2019. The first day was unannounced.

#### What we did:

Our inspection was informed by evidence we already held about the service. We sought the views of Healthwatch Derbyshire, who are an independent organisation that represents people using health and social care services. We also sought the views of external health and social care staff, and commissioners from the local authority. Commissioners are people who work to find appropriate care and support services

which are paid for by the local authority or by a health clinical commissioning group. Commissioners also undertake monitoring of the quality of services.

We asked the provider to send us a Provider Information Return (PIR), and they did. This is a form that asks the provider information about the service, what the service does well and improvements they plan to make. During the inspection visit we asked the registered manager to send us additional evidence about how the service was managed, and they did this.

Two people living at the service chose to speak with us during the inspection. Some of people chose not to speak with us, or were not able to fully express their views about their care. We spent time observing how people in the communal areas of the home were supported; we saw how they were being cared for and supported by staff and used these observations to help us understand peoples' experience of living at the home. We also spoke with three relatives, four care staff, and the registered managers. We looked at a range of records related to how the service was managed. These included two people's care records and we looked at how medicines were managed for three people. We also looked at two staff recruitment and training records, and the provider's quality auditing system.

# Is the service safe?

## Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- People's health needs were assessed, and any risks associated with their conditions documented. These were reviewed regularly, and updated to reflect their current needs.

Using medicines safely

- One person said staff helped them with their medicines, and explained what medicine they were offered. Relatives said they were confident their family members were supported safely with medicines.
- Staff received training about managing medicines safely and had their competency assessed. Staff we spoke with were knowledgeable about people's medicines.
- We identified one tube of medicine that was unopened, but out of date. There were also two bottles of liquid medicine that did not have the date of opening recorded. We spoke with staff about this. They took immediate action to deal with this, including revising their weekly audit form to ensure dates of medicines were checked in future.
- Staff told us and evidence showed overall that medicines were documented, administered and disposed of in accordance with current guidance and legislation.

Preventing and controlling infection

- People were protected from the risk of infections. The service was kept clean, which minimised the risk of people acquiring an infection.
- Staff described and understood infection control procedures, and we saw they followed these, using personal protective equipment when required.
- We identified a number of food items which needed labelling with their opening dates. There were instructions on fridge doors for staff to do this, and a daily kitchen checklist prompting staff to do this. We spoke with staff who confirmed items were not always labelled when opened, and they agreed this meant they did not know when the food needed to be disposed of. We spoke with the registered managers about this, and they took immediate action to dispose of the opened food. They also spoke with staff about the need to label food, and assured us they would check this more closely in future.

Systems and processes to safeguard people from the risk of abuse

- Relatives said they felt their family members were cared for safely at the service.
- Staff received training in safeguarding, and felt confident to raise concerns.
- Staff understood the provider's policies on safeguarding people from the risk of abuse and whistleblowing. Systems to monitor safeguarding concerns worked to protect people from avoidable harm.
- The registered managers reported any allegations or abuse to the local authority safeguarding team for investigation, and notified CQC about this.

### Staffing and recruitment

- People told us there were enough staff to support them, and our observations supported this.
- Staff told us and records showed the provider did pre-employment checks to help ensure prospective staff were suitable to care for people. This included obtaining employment and character references and disclosure and barring service (DBS) checks. A DBS check helps employers to see if a person is safe to work with vulnerable people. This ensured staff were of good character and were fit to carry out their work. Staff told us they had an induction which prepared them to meet people's needs, and records supported this.

### Learning lessons when things go wrong

- Accidents and incidents were reviewed and monitored to identify trends and to prevent reoccurrences. We saw documentation to support this, and saw where action had been taken to minimise the risk of future accidents.



# 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 and choices were assessed in line with current legislation and guidance in a way that helped to prevent discrimination. For example, staff used nationally recognised best practice guidance to identify and monitor people at risk of developing pressure ulcers. They also used up to date guidance in relation to medicines management. Assessment of people's needs, including in relation to protected characteristics under the Equality Act were considered in people's care plans.

Staff support: induction, training, skills and experience

- Relatives spoke positively about the staff's skills and training. They felt staff had the right training to meet people's needs.
- Staff said they felt they were given enough training and support to meet people's needs well. Staff described having regular supervision to discuss their performance and training needs.

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

- One person told us they enjoyed their meals. Relatives said they felt confident their family members had a balanced diet. People were encouraged to eat and drink in accordance with their preferences. This was balanced against any specific dietary needs.
- Staff told us menus were planned, but if people wanted other choices, they were supported with this. We saw from staff meeting minutes that concerns had been raised by a lack of variety for some people's meals. The registered managers confirmed they were working with staff to introduce more variety in the menus, and we saw this was the case.
- People who required specific diets or food textures for health reasons were given these, and staff sought advice from healthcare professionals around people's eating and drinking needs.

Staff working with other agencies to provide consistent, effective, timely care

- Staff told us they had regular contact with health and social care professionals to discuss people's care. Care records confirmed staff regularly contacted health professionals for advice if they were concerned about people's well-being.
- A health professional had given positive feedback to the service in relation to a person who had lived there prior to our inspection. They said, "The care team at the Coppice did all that they could to seek support for [the person]. They raised this with the GP, psychiatrist and sought advice from a dental practitioner."

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

- People were encouraged to make choices about decorating their personal space, and their bedrooms were personalised to their taste.

- The service had adaptations for people with mobility needs. The bathing and shower facilities were designed to be fully accessible for everyone. This meant people were able to make choices about their personal care, and promoted independence in bathing and showering.
- Both bungalows were purpose-built as homes for people with physical and sensory disabilities. The provider had taken steps to ensure the environment was suitable for people's needs.

Supporting people to live healthier lives, access healthcare services and support

- People were supported by staff to access health services. People told us they were able to see their doctor, dentist or optician whenever they needed to. One relative said, "They [staff] take them to the GP etcetera and help keep them well. They [staff] are always in contact with us to keep us informed." Another relative commented how well staff had supported their family member to lose some weight, and said, "They looked lots better and happier."
- Staff we spoke with were familiar with people's health needs, as identified in their care records. Care plans detailed what people's needs were, and said what staff should do to help people maintain their health. Staff shared information with each other and monitored people's health to ensure they accessed health and social care services when required.
- Staff told us several people attended regular armchair activities sessions, designed to help people improve their physical fitness and mobility. Another person had attended a long term condition course, designed to help them understand their diagnoses and maintain their health. Records we saw confirmed this.

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 and relatives said staff gained permission before offering personal care. Staff understood the principles of the MCA, including how to support people to make their own decisions. Where people lacked capacity for specific decisions, the provider followed the MCA.
- 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. The provider had assessed people to see if they were at risk of being deprived of their liberty and had made DoLS applications for a number of people.

# 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; equality and diversity

- Relatives spoke positively about the support staff provided. One relative described how their family member responded to staff who clearly cared about them, stating, "They're better than they've been for years there." Another relative told us how their family member had blossomed with care and support from staff. They said, "When we took them to visit [the service] they clicked and wanted to stay. I knew then they'd gone to the right place."
- We saw during our inspection that staff responded quickly to people's non-verbal communication to ensure they were supported appropriately. However, we noted on one occasion that one person was clearly indicating they wanted interaction, and were not offered this. Some, but not all staff acknowledged the person's attempts to communicate. This person's care plan stated that staff needed to encourage them to participate in activities as they were at risk of social isolation. Activity records lacked detail in what one to one or group activities were being offered. We spoke with the registered managers about this, and they agreed they would review this with staff to ensure the person received the support and interaction they needed.
- Staff we spoke with were knowledgeable about people's likes and dislikes, how they preferred to be supported, and their personal histories.
- The provider had an ethos that promoted the importance of family and friends. Relatives and staff said they were encouraged to bring family members to visit if this was what people wanted. This included inviting relatives and friends to events, and staff also invited people to events in their lives. Evidence from activity records and service newsletters showed people enjoying taking part in a range of activities with staff, relatives and friends. People benefitted from this inclusive "family" approach.

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

- People and relatives were involved in planning and reviewing their care. Advocacy support was also used to ensure people had an independent person to support them express their views. During our inspection, we saw that people were encouraged to say what they wanted to do and how they wanted to be supported. For people who were less able to communicate verbally, there was guidance for staff on people's individual non-verbal communication, and staff understood this.
- As well as regular reviews with people and relatives about care, each person also had a link worker. This staff member's role was to ensure they had everything they needed, and to make sure people were supported to express their views about the care they received.

Respecting and promoting people's privacy, dignity and independence

- People were supported to spend private time with their friends and family. Relatives told us they were able to visit whenever people wished, and there were no restrictions on visiting times. Staff told us and records

confirmed people were supported to maintain the relationships that were important to them.

- Staff respected people's right to confidentiality. Staff understood when it was appropriate to share information about people's care. We saw staff did not discuss people's personal matters in front of others, and where necessary, had conversations about care in private. Records relating to people's care were stored securely, as were records relating to the management of the service. However, we saw on the first day of inspection that a handover sheet with confidential information was left in the lounge in one bungalow. We spoke with staff about this, and they stored it securely.

# 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 told us their care and support was planned with them, and enabled them to live the lives they wanted. One person described how they went out regularly to do things they enjoyed, like shopping, theatre trips and holidays. Another person told us how they enjoyed gardening at the service and looking after their animals. A relative felt staff were responsive to changes in their family member's health, saying, "They [staff] have changed their care to match [the person's] needs."
- One staff member said they tried to ensure everyone had the support they needed to take part in activities and hobbies they liked. They described how they supported people to try new activities to see whether they wanted to do them regularly. We saw evidence of people being supported to go on holidays with their friends.
- People's care plans were detailed, containing information about how they liked to be supported, their daily routines and preferences. Staff we spoke with knew the different ways people like to be cared for. People's care was reviewed regularly with them and their relatives, and care plans were updated to reflect any changing needs. This showed the service was responsive to people's changing needs.
- The provider had taken steps to meet the Accessible Information Standard (AIS). The aim of the AIS is to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need.

Improving care quality in response to complaints or concerns

- Two people told us they felt able to speak up if they were unhappy with any aspect of their care and support. Relatives said they would speak up if they had concerns or a complaint. One relative said, "I felt confident they [staff] would take it seriously and sort it out." The provider had a clear system in place to respond to complaints and concerns. There had not been any formal complaints since the last inspection, but there was evidence in people's care records to demonstrate the provider responded quickly to any concerns about the quality of care.

End of life care and support

- No-one was receiving care at the end of their lives at the time of our inspection, but we looked at how end of life care was planned. People and relatives were encouraged to talk about wishes regarding care towards the end of life. This included where people would like to be cared for, whether they would like to receive medical treatment if they became unwell, and in what circumstances. People had advance care plans in place which included, where appropriate, records of their wishes about resuscitation. People and relatives were supported to discuss their end of life care, and staff knew how to support people and their relatives in the way they wanted.
- A health professional had reviewed the care of a person living at the service who had died. The review was part of the national Learning Disability Mortality Review Programme. There were no concerns about the

circumstances of the person's death, and the review commented on the positive way staff cared for the person.

# 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; and how the provider understands and acts on duty of candour responsibility

- Relatives felt the service was well-led. They felt the registered managers and staff kept them updated on key events in people's lives. One relative said, "I'm extremely pleased and highly delighted with the care since [my family member] moved in." Staff told us, and records confirmed they had regular training and meetings to discuss how to ensure the service provided care in an open and transparent way. This included being honest about what was not working well, and committing to improving people's quality of life.

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

- The provider undertook audits of all aspects of the service to review the quality of care, and identify areas where improvements were needed. This included checking the fire safety systems, water quality and cleanliness of the building. We saw evidence where action was taken to improve. However, we identified areas where audits had not picked up issues. Record-keeping in several areas was not being completed fully. For example, one person's fluid charts were not added up each day, so staff did not have an overview of whether they were drinking enough. Another person's activity records had little information in them. Staff confirmed that the person did have individual activities they enjoyed daily, and acknowledged staff may not be recording this well. This meant it was difficult for staff to identify whether the person was being supported with their daily activities in accordance with their agreed care plan. Staff meeting minutes from 28 November 2018 showed audits had identified gaps in recording, and staff were asked to ensure they accurately recorded their work associated with providing care. We spoke with the registered managers about this, and they assured us they would take action to improve recording, and to improve how this was monitored.
- The registered managers clearly understood their roles and responsibilities, and worked together as a team.
- The provider notified CQC of significant events as they are legally required to do. This meant the provider was informing us about significant events that occurred in the service which assist us to monitor the quality of care.
- The provider was displaying their ratings from the previous inspection, both in the service and on their website, as required by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People, relatives and staff felt involved in the development of the service. The registered manager and

provider had an open and responsive approach to all comments and criticism of the service, and saw this as an opportunity to continually improve the quality of care.

Staff felt supported by the registered managers and their colleagues to carry out their work. Staff also said they felt able to make suggestions for developing the service and improving the quality of people's lives.

- The registered managers were involved in a local care managers forum. They said this was good for support and ideas to improve the quality of care.

#### Continuous learning and improving care

- The provider regularly sought the views of people, relatives, staff, and health and social care professionals. This included an annual survey of the quality of care. The local authority's last quality audit, in October 2018, was positive, and made several recommendations which were incorporated into the provider's action plan. The provider and registered managers used all feedback in their action plan to improve the service.

#### Working in partnership with others

- The provider worked well with other organisations to improve the quality of people's care. For example, the registered managers said they worked with Age UK's "Strictly No Falling" programme to improve people's health and reduce risk of falls.

- Written feedback from the GP surgery we saw complimented staff on the way they worked with local services, saying staff had a caring and compassionate attitude which was reflected in the way they supported people. Another professional commented on the good working relationship they had with people and staff at the service. They stated, "The managers are responsive, prompt and proactive. Referrals to specialist services are done in a timely fashion and good working relationships are formed. The managers address issues promptly, challenging other service when appropriate and advocating on residents' behalf."