Care Quality Commission

Mr & Mrs T Burgess

Coppice Lodge

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires improvement

Overall summary

The inspection was unannounced and took place on 14 August 2015.

The home is registered to provide accommodation and personal care for a maximum of eight people. There were seven people living at the home on the day of the inspection. There was a registered manager in place who is also the registered provider. 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.

People living at the home received their medicines; however systems and processes were not in place to provide an accurate count of medicines and to review usage. There was a risk of people's medicines not being available and administered to them as prescribed to meet their health needs.

Staff had been recruited following the appropriate checks on their suitability to support people living in the home.

Summary of findings

Staff were available to meet people's needs promptly and they demonstrated good knowledge about people living at the home. Staff received training to provide appropriate knowledge to support people and the staff felt supported by the registered manager.

Relatives told us they felt staff were caring and that they knew how to look after people who lived at the home. Staff showed us that they knew the interests, likes and dislikes of people. We saw that staff ensured that they were respectful of people's choices and decisions. Where people were unable to make specific decisions about their care these were made on their behalf in their best interests.

People had access to healthcare professionals that provided treatment. Staff showed knowledge of people's health needs and their relatives were informed of any changes in their family member's health.

Relatives of people living at the home knew how to make complaints and told us they would speak to staff and the registered manager about any concerns. The registered manager advised that any concerns were picked up and dealt with immediately.

People living at the home were supported to take part in activities and the provider had taken actions, for example, increasing staffing at certain times, to support these.

The recording and reporting of incidents and accidents was inconsistent. When incidents occurred, action was not taken to review and reduce the risk further incidents from occurring.

Effective systems were not in place to enable the provider to assess, monitor and improve the service. The registered manager confirmed that audits were not completed and whilst they advised that management meetings were held and they walked around the home environment each week to pick up concerns and observe staff, there was no examples of any actions taken in response to these.

Summary of findings

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 consistently safe.

When incidents occurred, action was not taken to review and reduce the risk to people of further incidents from occurring.

Medicines were not being checked so that they were always available to people as prescribed to meet their health needs.

People were support by sufficient numbers of staff to meet their care and welfare needs people's needs.

Requires improvement

Is the service effective?
The service was effective.

Care staff supported people to access health professionals when required.

People were supported by staff with snacks and drinks and any dietary requirements. People received care from staff who were trained in their needs and were well supported.

Good

Is the service caring?
The service was caring.

People received care that met their needs. Staff provided care that took account of people's individual preferences and was respectful of their privacy and dignity.

Good

Is the service responsive?
The service was responsive.

Staff were knowledgeable about people's care needs, their interests and preferences in order to provide a personalised service. Relatives knew how to make complaints and were confident that there any concerns would be listened to and acted upon.

Good

Is the service well-led?
The service was not consistently well led.

The provider did not have checks and audit systems in place to check people received high quality services.

Staff told us they were supported by the registered manager and felt able to approach them with any concerns they may have.

Requires improvement

Coppice Lodge

Detailed findings

Background to this inspection

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

This inspection took place on 14 August 2015 and was unannounced. The inspection team consisted of two inspectors.

As part of the inspection we asked the local authority if they had any information to share with us about the home. The local authority are responsible for monitoring the quality and for funding some of the people living at the home.

On the day of the inspection people living at the home were unable to communicate with us verbally so we used different ways to communicate with them to seek their views about the quality of care they received. We also spoke with four relatives by telephone to seek their opinion of the service.

We also spoke to the registered manager, a deputy manager and care two staff. We looked at records relating to the management of the service such as, care plans for two people, the incident and accident records, medicine management, staff meeting minutes and two recruitment files and training records.

Requires improvement

Is the service safe?

Our findings

We saw staff supporting people with their medicines and saw that people's medicines had been recorded when they received them. We spoke to staff and they were able to tell us about people's medicines and what they were prescribed for.

However, we saw some examples where the management of people's medicines had not been effective to reduce risks to people's safety and wellbeing. The staff member who administered people's medicines told us the amount of medicines in boxes was not recorded in people's medicine records. Because of this staff could not confirm if the amount of people's boxed medicines kept was correct and we could not visually check this. We spoke with the registered manager and staff who administered and managed people's medicines about what we found. The registered manager and staff were unable to show us any records where they had regularly checked people's medicines so that any errors could be picked up and resolved in a timely way.

When we spoke with staff they were able to provide us with examples of their understanding of accidents and incidents. However what the registered manager could not show us was how they monitored accidents and incidents. For example, they could not show us evidence of how they looked for any trends which may indicate a change or deterioration in people's abilities or reduce the likelihood of events happening again. When we looked at the accident records we identified one incident that should have been reported to the local authority safeguarding team. We discussed this with the registered manager who after our discussions made the report.

Relatives told us that they felt their family members were safe at the home. One relative said, "[Person's name] is safe and well looked after." Staff confirmed they had attended safeguarding training and had a good understanding of the different types of abuse. They stated that they had not raised any concerns but were confident to do so with the registered manager if they did identify issues.

Relatives told us they felt there were enough staff to support people's needs. On the day of the inspection we saw that two people living at the home were supported to attend medical appointments at different times of the day. We saw staff spent time individually with people and they responded promptly to people's care needs. Staff told us if there was an increase in the amount of support needed then the staffing levels would be increased.

The manager advised us that staffing levels were based on people's assessed needs and support as identified by the placing local authority. Staffing could then be increased to support specific activities, for example on alternate weeks some of the people living at the home attended a social club, staffing levels on these days were increased to support this.

We saw in the staff records that staff were only employed after essential checks to ensure that they were suitable to carry out their roles. We found staff had a Disclosure and Barring Service (DBS) check in place. A DBS check identifies if a person has any criminal convictions or has been banned from working with people. These checks helped the provider make sure only suitable people were employed and people living at the home were not placed at risk through their recruitment process.

Good

Is the service effective?

Our findings

Relatives we spoke with advised us that staff had the knowledge to support people with their needs. A relative told us, "[Staff member] knows [person's name] really well, she knows what they like and what makes them happy".

Staff told us they felt supported in their work and that the registered manager was very supportive of training requests. Staff we spoke to said training they received reflected the needs of people who lived at the home. One staff member told us training had provided them with greater knowledge of independence skills and had improved their support to people. For example, the staff member said for one person they would place out a range of toiletries for the person to choose which they preferred. They would then encourage the person to clean their teeth and wash themselves by talking to them and prompting 'you've missed a bit there'. They would then place out a range of clothes for the person to choose which they preferred.

We talked to staff and they told us that they were aware of a person's right to choose or refuse care. One staff member said, "I always ask if they are okay to get ready, sometimes they say no and I respect that because they don't want to at that time." We saw one person encouraged to be involved in an activity to maintain their independence. When the person declined the invitation this was respected by staff.

Care plans included an assessment of capacity that was split into different sections. Each section assessed a person's capacity for different areas of decision, for example, healthcare or finance. This also gave staff guidance where people were assessed as requiring support. One relative told us they had been involved in discussions about dental treatment with the dentist and the registered manager about which option would be best for their relative.

The registered manager told us where people were being deprived of their liberty an application had been made to the local authority for an assessment to be completed. This meant that people living at the home were not restricted unlawfully and plans were in place to support people when they were outside the home.

Staff told us fresh food was prepared and relatives said that their family members enjoyed the food. A relative said, "[Persons name] enjoys their food and is always well fed."

We saw that people were supported by staff with snacks and drinks throughout the day. Staff asked people what they would like for their meal and discussed different choices. Where people did not want the meal alternatives were offered. Staff told us they were currently in the process of compiling photographs to assist people in making their menu choices. One person had been identified as having particular needs in relation to food and drink. Staff had made a referral to a speech and language therapist and told us how they had implemented their advice and recommendations. This had resulted in a better outcome for the person and enabled staff to ensure they met the person's dietary needs.

Good

Is the service caring?

Our findings

People were relaxed around the staff supporting them. We saw staffing joking with people who responded by laughing and smiling. Some people were playing puzzles with staff and others were talking about what they had planned for the day.

We saw staff communicated with people and gave reassurance when people became anxious. For example, when one person became distressed a member of staff gave reassurance by sitting with the person, talking calmly and gently stroking their hand. The person became more relaxed and settled down to watch television.

Staff gave examples of how they gained consent for care from people who lived at the home and how they worked at the pace of the individual person. One member of staff was able to demonstrate how they asked people before supporting them and then looked for consent, through body language or gestures. Another member of staff said, "I pop my head round the door and say good morning, before returning a little while later to ask if they'd like help. This allows people to get up in their own time and choose when they have support."

Relatives told us that in their view staff were caring. One relative said, "[Staff member] does that extra bit, she really cares, she is excellent." Staff we spoke to said they enjoyed supporting people who lived at the home. One member of staff said, "I am proud that residents are happy and their needs are met".

One member of staff brought flowers for a person living at the home. The person smiled in acknowledgement and showed them to other people who were in the room. The member of staff said the person particularly liked flowers and they helped this person to display these in their room.

Staff were knowledgeable about the care and support people required and gave choices in a way that people could understand. We saw that staff understood the different ways that people expressed how they felt. For example one person made a gesture when they wanted to go out. We also saw staff responded to the body language of another, prompting the staff to offer support. When one person showed signs of becoming sleepy staff were seen asking the person if they would like a nap and supported them to their room.

The privacy and dignity of people was supported by the approach of staff, for example, assisting one person to personal care in a supportive and discreet way.

Staff supported people to retain their own levels of independence, for example to make their own drinks. A member of staff supported a person to do this on their own by guiding them through each step. This was done with gentle prompting and encouragement. Staff advised how they supported different people to make their own snacks and drinks taking into account their individual abilities which supported people to retain their independence.

Good

Is the service responsive?

Our findings

Relatives told us they felt the service was responsive to people's needs. One relative told us, "The staff take [person's name] to appointments and I am communicated with if they have a health problem".

We saw staff understood people's individual needs and they responded when requested or when a person required support. We saw that when a member of staff noticed a change in one person's body language, they recognised the person required the toilet, in response they offered support in a timely and discreet way.

People had dedicated members of staff who were known as their keyworker. A keyworker is a member of staff who is a main contact for the person and their family or representatives. One relative said, "[Staff member] the key worker, they are lovely and really look after [person's name]." Not all of the relatives we spoke with were aware of who the key worker was for their relative. A relative said, "It used to be [staff member], but since they left a while ago I'm no longer sure who it is."

Relatives told us they were involved in their family members care reviews and were involved in discussions about treatment. On the day of the inspection we saw two people living at the home supported to medical appointments.

Staff told us that as a small home they felt were able to get to know people living at the home and their families well. We saw that staff were knowledgeable about people and the things that were important to them. We saw one person became upset when they were unable to continue an activity they enjoyed due to equipment becoming broken. A member of staff responded by engaging the person in other discussions and encouraged them to make a drink to gently distract them.

We also saw a staff handover which confirmed that staff understood people's health and care needs. For example one person had been prescribed a new medicine at a medical appointment that morning. This was discussed and shared with new staff coming on shift.

People were supported to take part in different activities. One person enjoyed swimming and the provider had secured leisure passes for both the person and staff to support this. Some people attended a social club together. One person showed they particularly enjoyed music and staff said this social event supported this person to follow this interest and they really enjoyed it. One relative also told us, "[Persons name] enjoys going on holiday with the support of staff."

We asked relatives how they would complain about the care if they needed to. They told us they had not made any complaints, but if they had a concern they were happy to speak to the staff or the registered manager. The registered manager advised us that no complaints had been received in the last three years. The registered manager said that as a smaller service any issues could be picked up and dealt with immediately. Staff advised that they were confident to raise any concerns with the registered manager who would then take action.

Requires improvement

Is the service well-led?

Our findings

We found that the management of medicines needed improvement. For example, one person had not needed to take one of their medicines for some time but this had not been reviewed and it was no longer in date to use and no new medicine had been reordered. The registered manager told us that advice had been sought from a pharmacist. However the conversation and advice given had not been recorded by the registered manager therefore there were no clear directions for staff to follow. The registered manager acknowledged that the management of people's medicines was an area that needed to be addressed.

We looked at the governance systems within the home because we wanted to see how regular checks and audits led to improvements in the home. We found that effective systems were not in place to enable the provider to assess, monitor and improve the quality of the service. For example, staff told us that there were plans in place to provide picture menus to assist people who lived at the home. However there were no timescales or checks in place to assess the progress of this planned improvement. We also saw there were no audit records and the registered manager could not tell us of any actions taken in the areas of the issues that we had identified. For example, responding to and analysing accidents and incidents and the management of medicines to reduce risks to people's wellbeing.

The registered manager confirmed that audits were not completed and whilst they advised that management meetings were held every three months to discuss the service and any accidents and incidents, there was no evidence of this. Additionally, when asked, they could not give us examples of any improvements made as a result of these meetings.

The registered manager also told us that they walked around the home environment each Monday to 'pick up' any concerns and observe staff providing support. However, this was not recorded and there was no record of actions taken or changes. What the registered manager could not provide was evidence of how required improvements were monitored for their effectiveness once they had been put into place.

We saw the registered manager chatting with people and people looked relaxed around them, For example, we saw one person hug the registered manager and smile. The registered manager had a good knowledge of the care that each person was supported with.

Relatives told us they were not always communicated with about changes in the home. One relative said, "I sometimes have to check with the home, to ask what has happened." The registered manager told us that they picked up any comments or concerns about the service people received directly from people living at the home and their families. They told us that other methods to obtain people's views, such as, surveys and house meetings had not been held for over twelve months.

Staff who we spoke to told us they felt supported by the registered manager and their colleagues. One staff member told us, "It's a good management team." Staff confirmed that staff meetings were held every four to six weeks and they could discuss issues and raise any concerns if required.

Staff told us that they would talk with the registered manager if they had any concerns and they were confident that action would be taken in response. They told us they had not had reason to raise concerns. One member of staff said, "I would have no hesitation in raising concerns, it's the right thing to do." The registered manager told us and staff confirmed, that they were always available for staff to speak to directly either in their office or out of hours on the telephone.