

# Ideal Carehomes (Number One) Limited

## Coppice Lodge

### Inspection report

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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

We conducted an unannounced inspection at Coppice Lodge on 26 March 2018. Coppice Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Coppice Lodge accommodates up to 64 people in one building. On the day of our inspection, 47 people were living at the home, all of these were older people, some of whom were living with dementia.

At our last inspection in January 2017, we found breaches of the legal regulations related to the safety of the home, consent and person centred care. We asked the provider to take action to make improvements to ensure the service was safe, to ensure people were consulted about their care and support and to make sure people received the support they needed. During this inspection we found the required improvements had been made and the home was compliant with the legal regulations.

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.

People told us they felt safe in the home and there were systems and processes in place to minimise the risk of abuse. Staff had a good knowledge of safeguarding adults and referrals had been made to external agencies when required. Risks associated with people's care and support were effectively assessed and managed. Staff had a good knowledge of measures in place to ensure people's safety and equipment was used safely. Risks associated with the environment were identified and managed. Accidents and incidents were reviewed and analysed to try to prevent future incidents. Medicines were stored and managed safely and people received their medicines as prescribed. There were enough staff to provide care and support to people when they needed it, and safe recruitment practices were followed to ensure staff were suitable. The home was clean and hygienic and staff had a good understanding of the principles of infection control and prevention.

People were supported by staff who received training, supervision and support. Staff were knowledgeable and were provided with opportunities to further develop their skills. 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. People had enough to eat and drink, mealtimes were positive sociable experiences and people were offered choices. Where people had risks associated with eating and drinking these were well managed. People had access to healthcare and their health needs were monitored and responded to. There were systems to share information between services to ensure care was person centred. The home was adapted to meet people's needs and further improvements were planned to ensure people's dementia related needs were accommodated.

People were overwhelmingly positive about the caring approach of staff. Staff treated people with warmth and affection and responded quickly to reduce any anxiety or distress. Staff treated people with respect and upheld their right to dignity. People's right to privacy was promoted. People were enabled to have control over their lives and were supported to be as independent as possible. People had access to advocacy, if they required, to help them express their views. Staff understood what was important to people and how they communicated and they used this to provide a person centred service to people.

People received the support they required from staff who had a good knowledge of their needs, wishes and preferences. Care plans were detailed, thorough and clearly reflected people's needs. People were given the opportunity to discuss their end of life wishes and were given compassionate support at the end of their lives. People were offered a wide range of opportunities for meaningful activity, both in the home and in the local community, this had a positive impact on their wellbeing. People's diverse needs were recognised and accommodated. People were supported to raise issues and concerns and there were systems in place to respond to complaints.

The home was well led. The service had a homely and friendly atmosphere and people were consistently positive about the service provided. The management team were warm, open and approachable and had a positive impact on the quality of the service. People living at the home were able to express their views in relation to how the service was run and this was used to inform improvement. Staff felt supported, had a good understanding of their roles and were able to provide feedback and make suggestions for improvement. There were effective systems in place to monitor and improve the quality and safety for the home.

## 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 felt safe in the service and there were systems and processes in place to minimise the risk of abuse. People received their medicines as prescribed and these were managed safely.

Risks associated with people's care and support were effectively assessed and managed. Accident and incidents were reviewed and analysed to try to prevent future incidents.

There were enough staff to provide care and support to people when they needed it. The home was clean and hygienic.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who received training, supervision and support.

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.

People were supported to eat and drink enough. People had access to healthcare and their health needs were monitored and responded to.

The home was adapted to meet people's needs and further improvements were planned to ensure people's dementia related needs were accommodated.

### Is the service caring?

Good ●

The service was caring.

Staff were kind and compassionate and treated people with respect. People's rights to privacy and dignity were promoted.

Staff understood how people communicated and people were

provided with information in a way that was accessible to them.

People were enabled to have control over their lives and were supported to be as independent as possible.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People received the support they required from staff who had a good knowledge of their needs, wishes and preferences. People were provided with compassionate support at the end of their lives.

People were offered a wide range of opportunities for meaningful activity. People's diverse needs were recognised and accommodated.

People were supported to raise issues and concerns and there were systems in place to respond to complaints.

### **Is the service well-led?**

**Good** ●

The service was well led.

The home had a warm and friendly atmosphere and people were overwhelmingly positive about the service provided.

People living at the home were able to express their views in relation to how the service was run and this was used to inform improvement.

Staff felt supported, had a good understanding of their roles and were able to provide feedback and make suggestions for improvement.

There were effective systems in place to monitor and improve the quality and safety of the home.

# 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.

Prior to our inspection we reviewed information we held about the service. This included information received from local health and social care organisations and statutory notifications. A notification is information about important events which the provider is required to send us by law, such as, allegations of abuse and serious injuries. We also contacted commissioners of the service and asked them for their views. We used this information to help us to plan the inspection.

We used information the provider sent us in the Provider Information Return. 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.

The inspection was undertaken by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. During our inspection visit we spoke with five people who lived at the home and four people's relatives. We also spoke with five members of care staff, a member of the catering team, the resident experience executive, the maintenance person, the deputy managers, the registered manager and the nominated individual. The nominated individual is a person who is nominated by the provider to represent the organisation.

To help us assess how people's care needs were being met we reviewed all, or part of, six people's care records and other information, for example their risk assessments. We also looked at the medicines records of seven people, four staff recruitment files, training records and a range of records relating to the running of the service. We carried out general observations of care and support and looked at the interactions between staff and people who used the service.

We asked the registered manager to send us a copy of various policies and procedures, which they did prior

to this report being completed.

# Is the service safe?

## Our findings

At our January 2017 inspection we found people were not protected from risks associated with their care and support. This was a breach of the legal regulations. During this inspection we found improvements had been made and the service was compliant with the legal regulations.

People told us they felt safe at Coppice Lodge. One person told us, "Yes I feel safe here the staff are nice." A relative said, "I feel that [relation] is safe in here. The main thing for us is that she's secure." Another relative commented, "We've got no concerns. It's a lovely feeling to be able to leave [relation] and know that their quite safe here." Processes were in place to minimise the risk of people experiencing avoidable harm or abuse. Staff and managers were clear about their responsibilities to protect people from the potential risk of abuse, they had a good knowledge of safeguarding processes and felt confident any issues they reported would be acted on appropriately. The registered manager had taken action to protect people from abuse by conducting investigations relating to concerns raised and making appropriate referrals to the local authority safeguarding adults team.

Risks associated with people's care and support were managed effectively. A relative told us, "There's a special pressure mattress and a sensor. [Relation] gets up during the night and moves around and staff know and come and see them to make sure their alright." Another relative commented, "Staff get messages on their phone to tell them [relation] has been sitting too long and they come over to remind them to move a bit." Plans were in place that detailed risks relating to people's care and support and how these risks should be managed. For example, when people had been assessed as being at risk of falls, preventative measures were in place. Mobility aids were left within people's reach and equipment was in place in people's rooms to reduce the possibility and lessen the impact of potential falls. A health professional commented on innovative approaches used to ensure risks associated with people's care and support were managed. They told us, "They use handheld devices to monitor residents fluid intake which also has a alerting system if fluid intake drops."

People could be assured that equipment was used safely by staff who had received training. We saw staff were skilled and competent in supporting people to move and transfer safely. For example, we saw one person being assisted to move, staff were patient and reassuring which resulted in the person appearing relaxed and calm.

Some people living at the home sometimes behaved in ways that could put them or others at risk. For those people there were clear plans in place detailing triggers to these behaviours and specifying how staff should respond to this to keep the person and others safe. The registered manager had identified instances where they were no longer able to support people safely and had taken swift action to explore alternative support options.

There were systems in place to review and learn from adverse incidents. The registered manager reviewed and responded to each incident to try to prevent the same from happening again. For example, staff had been provided with additional infection control training following the outbreak of an infection. There was



also a system in place to analyse and learn from patterns of incidents on a monthly basis.

People were protected from risks associated with the environment. There were systems in place to assess and ensure the safety of the service in areas such as fire and legionella. There were personal evacuation plans detailing how each person would need to be supported in the event of an emergency such as a fire. Staff had been trained in health and safety and food hygiene.

There were enough staff available to meet people's needs and ensure their safety. Feedback about staffing levels from people living at the home and their relatives was positive. One person told us, "No I don't have to wait (when I ring the call bell)." Another person said, "Yes there are enough staff."

All staff agreed there were enough staff to keep people safe, although commented there were times when staffing levels were stretched. The registered manager told us they were actively recruiting new staff and had five new staff going through their induction, they told us this would ease the pressure on current staff. During our inspection we saw people's needs were responded to quickly and there were staff available to give support throughout the day. As well as care staff there was a resident experience executive present throughout the day who provided support to people as needed. The registered manager told us all staff, including domestic and housekeeping staff, were trained to provide care so could be called upon if needed. The provider used a tool to calculate how many staff were required to safely meet people's needs. Staff rotas corresponded with the levels determined by the provider.

Safe recruitment practices were followed. The necessary steps had been taken to ensure people were protected from staff that may not be fit and safe to support them. For example, before staff were employed, criminal records checks were undertaken through the Disclosure and Barring Service. These checks are used to assist employers to make safer recruitment decisions.

People received their medicines as required. People told us they got their medicines when they needed them. A relative told us, "They are very good, they always give us an update on [relative's] medicine, they're brilliant." Medicines systems were well organised and records were completed accurately to demonstrate that people had been given their medicines as prescribed. However, we found one person had not received their medicines due to a delay in them being supplied. This was in the process of being addressed and the registered manager took swift action to implement guidance for staff to prevent this from happening again.

The home was clean and hygienic and effective infection control and prevention measures were in place. A member of the housekeeping team told us, "Infection control is important, we wear gloves and aprons when we need to and have to remember our masks if we are deep cleaning where someone has been unwell. But there is no substitute for washing hands." During our inspection we observed bedrooms and communal areas were cleaned to a sufficient standard. Staff had access to plentiful supplies of personal protective equipment, such as gloves and aprons, to ensure good infection control practices. Records showed the majority of staff had up to date training in the prevention and control of infection. There was a team of domestic staff who took responsibility of the cleanliness of the home and regular audits of the environment were completed to identify issues and ensure good practice.

## Is the service effective?

### Our findings

During our January 2017 inspection we found people's rights under the Mental Capacity Act 2005 were not always respected. This was a breach of the legal regulations. During this inspection we found improvements had been made and the service was compliant with the legal regulations in this area.

The Mental Capacity Act (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. We checked whether the service was working within the principles of the MCA.

People were involved in decisions about their care and support and their rights under the MCA were protected. One person told us, "Yes they ask consent for anything to do with personal care like bathing or dressing." A relative commented, "They always ask before doing anything." People's care plans contained clear information about whether or not people had the capacity to make their own decisions. Thorough assessments of people's capacity in relation to specific decisions had been carried out when their ability to make their own decisions was in doubt. If the person had been assessed as not having capacity, a best interest's decision had been made and recorded and this was cross referenced with the persons care plan ensuring the principles of the MCA were followed. For example, one person was unable to consent to a significant restriction upon their right to freedom. There was a clear and detailed assessment of their capacity and their family and external health and social care professionals had been involved in reaching a decision in the person's best interests.

Staff had a good understanding of the MCA and the systems in place promoted people's rights. The deputy manager told us, "The electronic care planning system alerts staff about peoples capacity, there is a place to document that you have a person's consent, each time you give care to someone. If someone does not have capacity, then we make the decision in their best interest and document it."

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). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager had made applications for DoLS where appropriate. Action had been taken to comply with conditions specified in DoLS authorisations.

People and their relatives were positive about the food served at Coppice Lodge, they told us they were offered a choice and had enough to eat and drink. One person told us, "The food's pretty good. They always tell you what's on the menu at breakfast time. You can choose something off the menu like a sandwich if you want. Yes we get enough to eat, there's always snacks." During our inspection we observed meal times and saw these were a positive, sociable experience. People were served a choice of well presented, home cooked food and they appeared to enjoy their meals. People were offered assistance, encouragement and

alternative options. For example, staff noticed one person was not eating and they made every effort to motivate and encourage them to eat with different combinations of food. Staff ate their meals with people who lived at Coppice Lodge, this led to a feeling of equality and respect between people and staff.

We spoke with a member of catering staff who was knowledgeable about people's dietary needs and preferences and had systems in place to ensure these were catered for. They told us they met with people when they first moved in to discuss their likes and dislikes and understand their dietary needs and preferences. People's diverse needs were catered for. For instance, one person who had a visual impairment had their food served on a coloured plate to enable them to see their meal. Staff also described the location of the person's food on their plate.

Risks associated with eating and drinking were identified and addressed. Some people required modified texture diets to reduce the risk of them choking and we saw this was provided. When people were at risk of losing weight, staff monitored their weight regularly and made referrals to specialist health professionals as needed. A relative told us, "They monitor their weight. They're always encouraging them to eat and drink tea and juice."

People told us they were supported with their health and well-being and staff made contact with relevant healthcare professionals as needed. One person told us, "They are quick to call the doctor if necessary." A relative told us, since their loved one had moved in, they had seen, "Remarkable changes, all for the better" in their relation's health. People were given support to attend regular appointments and to get their health checked. Staff sought advice from external professionals when people's health and support needs changed. Records showed that referrals were made to external physical and mental health specialist teams when advice and support was needed. We saw the advice received was included in people's support plans and acted on. The team had good relationships with their local doctor's surgeries. A local GP visited fortnightly to do a 'ward round' to attend to non-urgent health care needs. Care plans contained personalised and detailed information about people's health needs in order for staff to provide effective support. For example, one person had a progressive condition, their care plan detailed the impact of this upon their communication skills and mobility and also provided information about possible changes in the future.

People's needs and choices were assessed using evidence based guidance and staff caring for them had the necessary tools to provide good care. The tools the service used to assess people's needs were nationally recognised tools that helped the provider to deliver consistent care for the people they supported.

Systems were in place to ensure information was shared across services when people moved between them. The provider conducted in-depth assessments of people's needs prior to them moving in to the home, and this was then used to develop the care plan. In addition, the registered manager told us the electronic care planning system was used to generate a hospital pack which provided a summary of people's needs if they went into hospital. The registered manager also told us they were using the 'red bag' scheme. This scheme is designed to share information and important items, such as medicines, between care homes and hospitals, to ensure care is person centred.

People were supported by staff who had the skills and knowledge to provide good quality care and support. People told us they felt staff knew what they were doing. One person said, "I think they are pretty well-trained." Records showed staff had received the relevant training to equip them with the knowledge and skills they needed, such as safeguarding, dementia awareness, health and safety and infection control. New staff were provided with an induction period when starting work at the service. Induction took place over a 12 week period and included all the training staff required to provide safe and effective support. Established staff commented that the recent improvements to the induction had resulted in new staff being more skilled

and competent. The induction covered the main components of the Care Certificate. The Care Certificate is a nationally recognised set of standards for staff working in health and social care to equip them with the knowledge and skills to provide safe and compassionate care and support. Staff also had the opportunity to develop their skills by completing nationally recognised qualifications. One recently recruited member of staff told us, "There is good support for development here." Staff told us they felt supported and records showed they had regular supervisions to discuss any concerns and identify any training and development needs.

Coppice Lodge is situated in a modern, purpose built premises. People and relatives were positive about the home environment. One person told us, "I like it here, it's clean, it's nice and big, it's modern and it's located in the area I know and am used to." A relative said, "I like it here for [relation], there's lots of different rooms of different sizes. You don't see all the people crowded together sitting around the edge of one big room." Another relative commented, "There are plenty of spaces to chat, you can always find somewhere quiet if you want." Consideration had been given to people's physical needs in the design of the building. The home had wide, well-lit corridors, aids and equipment had been installed throughout to enable people with mobility needs to navigate around the building and there was a call bell system to ensure people could request staff assistance as required. The home was split into four distinct areas, each of which had a large pleasant lounge and dining room. There were also other smaller communal areas around the home such as a cinema room, sensory room, a 'pub' and quiet lounges. This meant people had choice about where they spent their time. The provider had identified that further improvements were needed to ensure the needs of people living with dementia had been taken into account in the design and decoration of the environment. The nominated individual told us they had ordered specialist dementia friendly signage to help people navigate around the home to address this.

## Is the service caring?

### Our findings

People were consistently positive about the caring attitude of the staff. A relative told us, "I like how they treat my relative, gently, they have a laugh, we couldn't have it any better." A member of staff said, "I treat everyone here like they are my own family. In a way this feels like my home too." Throughout our inspection, we saw staff had positive relationships with people living at Coppice Lodge, there was lots of affection and warmth between people. This was summed up by a relative who told us, "They are very caring. They give [relation] hugs and kisses and hold their hand. They are amazing." A person living at the home said, "Staff care about us and put their arms around me too." An external health professional told us, "The staff show respect, care & empathy to residents and relatives."

People and their families told us staff knew what was important to people and said staff paid attention to the small details that mattered to people. One person told us, "They know my likes and dislikes, they knew I liked two sugars in my tea." A relative said, "They know [relation's] likes and dislikes they knew they liked to be well presented, they always made sure [relation] was dressed nicely because they knew [relation] liked clothes." Another relative told us, "All of the staff are really, really, really nice! The attention to detail is astonishing." A professional who visited the home regularly commented, "The service is very person centred, for example one person likes to have two deserts and staff always offer them two deserts and a choice of more deserts to choose their two from!" We observed staff knew people well and it was clear that they had a good knowledge of people's individual support needs and their likes and dislikes. Care plans contained information about the person's history, important relationships and their individual preferences.

Staff were passionate about ensuring the service was homely and personalised. Care had been taken to personalise people's bedrooms to their specific tastes and preferences and this had a positive impact upon people. A relative told us, "They let me personalise [relation's] room, they didn't mind me putting holes in the wall to put up pictures and they even let me change the light fitting to put up [relation's] own chandelier. So when [relation] came here they said "Haven't I been here before?" because it had all their personal stuff, even bits of their furniture." This approach was embedded in all aspects of the home and staff worked hard to ensure people's comfort. A member of the housekeeping team told us, "It is important that people get a good welcome to the home when they arrive. I always check the bedroom before people come to make sure it is ready. Sometimes family bring in furniture before people come so that their room feels like home. We make sure we get all their clothes labelled up when they come so things don't go missing on the first day. If it is my day off when someone new comes, I'll come in to welcome them."

Staff enabled people to celebrate special occasions. A relative told us, "At Christmas staff bought a Christmas present for me on behalf of [relation] and then helped them wrap it up in Christmas paper for me. I thought that was a really nice thing to do, it was so thoughtful." Another relative told us, "It was lovely when it was [relation's] birthday, the staff were very helpful, I made cakes and they kept bringing along trays of teas."

Staff responded quickly to support and reassure people who were anxious or distressed. A relative told us, "Staff make the time to calm people down. When you come in on a regular basis like we do, you see things

and I've never felt worried like that." Staff had identified creative ways of offer people comfort. During our inspection we saw one person, who was known to need high levels of support and reassurance, they had been given an interactive figure which talked and sung to them. This clearly gave the person joy and reduced their need for reassurance. A member of staff told us this had improved the person's wellbeing.

Creative approaches were used to enable people to stay in touch with friends and family. Relatives commented on how staff had used social media (with the person's consent) to enable them to stay in touch with their loved ones. One relative told us, "I couldn't come for a while because I was ill so they took photos of [relative] and put them on (social media site) so that I could see them! It was great. All the family could see [relation] as well even those down south." Another relative explained staff had used social media to enable them to celebrate a loved one's birthday when they were unable to visit the home. They told us, "They showed us how to use it and we appreciated that, being able to see [relation] and the balloons and celebrations." People's friends and relatives were warmly welcomed into Coppice Lodge. A relative said, "The staff always acknowledge you, every one of them. You are never ignored." Relatives told us they were able to have meals with their relations if they wished and said they were always made to feel welcome as soon as they walked through the door. There were no restrictions on visitors to the home.

Staff had a good understanding of people's communication needs and used this to inform their support. Care plans contained information about people's communication and staff demonstrated a good knowledge of this. We observed a mealtime and saw that staff quickly changed their communication style between people to suit their needs. For example, one person responded to staff who spoke in a particular way which made the person laugh and put them at ease, for another person they were patient and reassuring which calmed the person. The registered manager told us people had access to an advocate if they required one to help them express their views and there was information about advocacy displayed in the service. Advocates are trained professionals who support, enable and empower people to speak up. No one was using an advocate at the time of our inspection.

People were supported to maintain their independence. This was reflected in feedback from those living at the home. One person told us, "I'm independent, I can go out if I want to. I used to go out more often and they let you, they always want to know where you're going and when you'll be back if you're on your own." People's care plans contained clear information about areas where people were independent and details of where they needed support from staff. The environment was also designed with people's independence in mind. Each area had a kitchenette and we saw people living at the home used this to prepare drinks for themselves if they were able. The deputy manager told us, "People can engage in the routines of their home, the washing up and getting tables set. It's a natural transition from their family at home to the family at the home here."

People were involved in making decisions about their care and support. People and their families told us they were involved in, and consulted about day to day decisions and also said they had been involved in the development of care plans. A relative told us, "We have regular meetings about the care and it's very good." Another relative commented, "I've just reviewed the care plan with staff, can't believe how spot on it is. No changes needed."

People were treated with dignity and their right to privacy was respected. One person told us, "Yes they knock before them come in to my room and they respect my privacy." A relative commented, "Yes they respect [relation's] privacy. If the nurse comes to see [relation] they always take them out of the lounge and into their bedroom." Staff had a good understanding of how to respect people's right to privacy and described actions such as covering people and ensuring doors were closed during personal care. During our inspection we saw one person became unwell and required support from the emergency medical services.

Staff acted quickly to maintain their privacy by using a privacy screen. Staff respected people's right to confidentiality, records were held securely and conversations about people's care and support needs were discreet ensuring that others could not overhear.

## Is the service responsive?

### Our findings

During our January 2017 inspection we found that there was a risk that people may not receive the support they required as care plans did not always contain up to date, accurate information. During this inspection we found that the required improvements had been made.

People received consistent support which met their needs. Before moving into the home staff met with people to undertake an assessment of their needs. This was then used to develop a care plan. People and their relatives were involved in planning their care and support and care plans were focused on people's individual needs. Each person had a person centred care plan which gave staff a clear oversight of their individual needs and preferences including which gender of staff people preferred to be supported by. Since our last inspection the provider had implemented an electronic care planning system, this had led to significant improvements in the quality of information and recording. This system also prompted staff to conduct regular checks such as repositioning or safety checks and the registered manager could access the system to ensure staff were providing the support people required.

People and their relatives told us that care staff understood individual needs and responded in timely way. Our conversations with, and observations of, staff demonstrated that they had a good knowledge of people's support needs and preferences and used this to inform support. A member of staff told us, "The care plans tell us everything about people's needs. Like what to do if they get upset. You need to get to know people too and keep your eyes open, finding out about people and conversing with them. It's lovely to get people's input to their care plans to get it right."

People's diverse needs were identified before they moved in to the home and care plan's contained details of any support people required to ensure their needs were met. During our inspection, we saw people's disability related needs had been catered for, such as the provision of specialist crockery for a person with a visual impairment. People's religious and cultural needs were also accommodated. Local religious groups visited the home and staff supported people in religious routines such as prayer.

People were treated with care and compassion when they were nearing the end of their life. Where appropriate staff had supported people to think about their wishes for end of life care and this was compassionately recorded in people's support plans. We spoke with the relatives of a person who had passed away at Coppice Lodge and they commented on the care and compassion shown by the staff team towards their loved one. They told us, "I cannot fault the staff, they have been absolutely fantastic, so caring, especially towards the end. They looked after us as well as looking after my relative." The nominated individual told us they encouraged relatives to utilise the support of the staff team following the death of a loved one and they invited families to use the home to host celebrations of people's lives.

The service was meeting its duties under the Accessible Information Standard. The Accessible Information Standard ensures that all people, regardless of impairment or disability, have equal access to information about their care and support. The provider had an accessible information policy in place which provided detailed information about how they ensured people had equal access to information. People's



communication needs were assessed before they moved in to the home and each person's care plan contained details of the support they needed to access information.

People were provided with a wide range of opportunities for meaningful activity and this had a positive impact on people. One relative told us "[Relative] will join in with things like the Elvis impersonator, singing and dancing, they are back to the person they were years ago." Another relative told us, "We like the facilities here, the pamper days for [relation], the outings, the hairdresser it's all included in the price." A member of staff said, "There is lots of entertainment here, people are kept busy and active." The provider employed a resident experience executive whose role was to ensure people had opportunities to get involved in meaningful activities. They were passionate about their role and excited about developing opportunities for people further. They hosted a social committee for people to discuss activities in the home. They told us, "It's about empowering people to see this as their home. People are encouraged to come together to talk about what they want to do, where possible natural matches of interest are found, one person recently came to the home who had an interest in sailing. There are now two people interested in sailing, so trips to watch local sailing events would now be possible."

The resident experience executive told us there was an emphasis on getting people out of the lounges and into using the whole of the home. We observed this in action during our inspection. The home had a cinema room, people were involved in choosing what was showing and we saw staff tried to create a realistic cinema experience by providing people with refreshments and popcorn. People appeared interested and engaged in the films shown. There were other interesting areas throughout the home. The entrance area had a 'coffee shop' where people could socialise with their friends and families. During our inspection a set of living eggs were delivered and displayed in the entrance foyer. This gave people the opportunity to watch the chicks hatch. Staff said that last year, these were a great success with residents enjoying waiting to see the chicks break out of the eggs. There were also quiet lounges, a hairdresser and a sensory room.

Regular social events were also held. The home had its own pub which was used to host 'pop up' restaurant nights, people chose the theme and could book tables and invite their families to join them. These had proved very popular with people living at the home. The pub was used for family parties too. People and their relatives were also invited to take part in 'Social Saturdays' a weekly get together with entertainment food and drink. People were also offered opportunities to get involved in the local community. A relative told us, "They take them on trips. [Relation] is going on a narrow boat and to visit a farm, they chose these trips."

People were encouraged to get involved in daily routines and the running of the home. The resident experience executive told us that they were encouraging staff to get people involved in daily domestic activities such as sorting and folding clothes and gardening. They explained this approach gave people a meaningful and valued role.

There were systems and processes in place to deal with and address complaints. People told us they would feel comfortable telling the staff or registered manager if they had any complaints or concerns. A relative told us, "We've had a few meetings about [relation's] care, we are happy with it. If we had any concerns we could make an appointment to discuss them with the manager. But we haven't." Staff knew how to respond to complaints if they arose and were aware of their responsibility to report concerns to their manager. Staff told us they were confident the registered manager would act upon complaints appropriately. There was a complaints procedure on display in communal areas informing people how they could make a complaint. We reviewed records of complaints and these had been investigated and responded to in a timely manner. The deputy manager told us complaints were also discussed in management meetings to reflect and identify opportunities to improve practice.

## Is the service well-led?

### Our findings

The atmosphere at Coppice Lodge was homely, friendly and relaxed. People and their relatives were overwhelmingly positive about the home. One person told us, "Yes I would recommend it here. I like the way it is organised. Staff are not on top of people all the time, you can do what you want to do fairly well." A relative told us, "I think it's well-led. When you come you're greeted and any problems you can discuss etc. I'd definitely recommend it for its warmth, cosiness and space." Another relative said, "I always go home happy with the care and the home. I have absolute confidence in the place!" Staff prided themselves in creating a welcoming, caring and happy home for people. This was summed up by a member of staff who told us, "We make a joyful atmosphere for people, lots of activities and everyone cares about each other."

The registered manager was passionate about her role and took pride in the service. People and their families were unanimously positive about the management and leadership of the home and told us they had made many improvements. A relative told us, "We've had a lot of dialogue with the manager about [relation's] care. We think it is well led because of her. We would definitely recommend it here." Another relative said, "The (registered) manager has been talking to me about how we can reduce the risks to [relation]. I'm confident they will sort it out for them. The (registered) manager here is second to none." Staff and external health professionals were also consistently positive. One member of staff told us, "The management now are out of this world. The deputy will always make time for you if you need 10 minutes." A professional who visited the home regularly told us, "If there were any concerns, I'd raise with the (registered) manager without hesitation, but I have never had any concerns here. The (registered) manager is fabulous!"

The registered manager had a vision for the home which was based upon the provision of an outstanding service. They had worked to develop links with the local community and often held events where the local community was invited into the home. We saw flyers advertising a seminar on supporting people with dementia, the registered manager explained this was open to families in the local area who may be supporting a loved one with dementia in the community.

Staff told us they felt well supported and understood their roles and responsibilities. A member of staff told us, "There is lots of support here, the deputies are good and we all have a good rapport with [registered manager]. She is always there for us and we can ask her anything." A member of the leadership team described how they supported staff, they said, "When staff are getting stressed with something they need to be able to take five. They know they can approach any of us at any time and if I see stress in anyone's face, I'll approach them and find out what the problem is and work with them to put it right. I'll give staff private space to express themselves so that they can be open." Another member of staff talked about the importance of good hydration and nutrition for staff and said, "If you don't look after yourself, you can't look after the residents." Staff were aware of their duty to whistleblow on poor practice and felt confident in raising any concerns with the registered manager. A member of staff told us, "If I was concerned that anything had happened to anyone I'd speak up to the manager. I have done it before and I will do it again if I have to. The manager will make sure that people are protected and safe, (I have) no doubts."

Staff had a good understanding of their role. One member of staff told us, "I do my bit to make this a well-run home and have my own routines in place to make sure everything is okay." There was a clear management structure in place and daily meetings were held to allocate duties to staff. Some staff had lead roles, in areas such as dignity or infection control and we found those staff had a good understanding of their responsibilities.

Staff and the management team told us they were given the resources they needed to ensure the provision of a high quality service. A member of staff told us, "Its hard work, but we have the resources we need and are getting good results. It's a big improvement, and we have the support we need from the manager all of the time." A member of the catering team told us they always had a freshly stocked larder with locally sourced, high quality produce.

Staff were given an opportunity to contribute to the running of the service in regular meetings. We reviewed minutes of recent staff meetings. These showed a range of issues were discussed including quality of care, learning from accidents and incidents and training. Action was taken to address the issues and suggestions raised at meetings. For example, in a recent meeting staff had raised concerns about the amount of fluid people were being offered. During our inspection we found staff were knowledgeable about this and records demonstrated people were regularly offered drinks. Staff were also given the opportunity to provide feedback in regular staff surveys. Appreciation for staff was a key theme from the most recent survey and the registered manager told us they were working on ways to improve this.

People and their families were supported to have a say in how the service was run. Regular 'social committee' meetings were held for people living at the home and their relatives. Records showed these meetings were used to discuss activities and events and other aspects of living at Coppice Lodge such as food, concerns and the environment. Additionally, people and their relatives were invited to share their feedback in regular quality assurance surveys. The majority of feedback was positive and action was underway to address any suggestions for improvement.

The team at Coppice Lodge worked in partnership with key organisations to support the provision of high quality care. Professionals who visited the home regularly were very positive about the relationships which had developed. Professionals were invited to give feedback on the home in regular surveys. In a recent survey a professional had commented, 'Everything is in place here to provide visiting professionals all they need to carry out their assessments and follow up visits.' A professional told us they had good relationships with both the staff and management team. They said, "I am always made welcome at the home and they are open to suggestions. It's a nice place to visit. The manager is always clear what has to be done. Staff appear to want to progress and always do what is asked."

There were systems and processes in place to monitor and improve the quality of the service. The management team conducted a wide range of audits including the environment, medicines, care plans, health and safety and infection control. Regular audits were also carried out by the provider. We found where any issues were identified, actions were recorded as being taken. Patterns and trends of accidents and incidents were analysed and there was evidence that improvements were made as a result. There were also other systems in place to ensure the safe and effective running of the home. For example, regular health and safety meetings ensured high standards were maintained across the home. Where areas for improvement had been identified action had been taken to make changes.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and online where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their most recent rating in

the home and on their website. We checked our records which showed the registered manager had notified us of events in the home. A notification is information about important events which the provider is required to send us by law, such as serious injuries and allegations of abuse. This helps us monitor the service.