Caring Homes Healthcare Group Limited

Coppice Lea

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

Coppice Lea is registered to provide accommodation and nursing care for up to 53 people, some of whom have dementia. Accommodation is arranged over three floors accessible by a passenger lift. There were 50 people living here at the time of our inspection.

There was a registered manager in post. 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 were happy living here. One person said, "'I have no complaints whatsoever. If I have a worry then they listen to me." Staff were happy in their work and proud of the job they do.

People were safe at Coppice Lea because there were sufficient numbers of staff who were appropriately trained to meet the needs of the people who live here. One person said, "I feel very safe because the staff are nice." Staff understood their duty should they suspect abuse was taking place, including the agencies that needed to be notified, such as the local authority safeguarding team or the police.

Risks of harm to people had been identified and clear plans and guidelines were in place to minimise these risks. In the event of an emergency people were protected because there were clear procedures in place to evacuate the building. Each person had a plan which detailed the support they needed to get safely out of the building in an emergency.

Staff recruitment procedures were safe to ensure staff were suitable to support people in the home. The provider had carried out appropriate recruitment checks before staff commenced employment.

Staff received a comprehensive induction and ongoing training, tailored to the needs of the people they supported. Staff received regular support in the form of annual appraisals and formal supervision to ensure they gave a good standard of safe care and support.

Staff managed the medicines in a safe way and were trained in the safe administration of medicines. People received their medicines when they needed them.

Where people did not have the capacity to understand or consent to a decision the provider had followed the requirements of the Mental Capacity Act (2005). An appropriate assessment of people's ability to make decisions for themselves had been completed. Where people's liberty may be restricted to keep them safe, the provider had followed the requirements of the Deprivation of Liberty Safeguards (DoLS) to ensure the person's rights were protected.

People had enough to eat and drink, and received support from staff where a need had been identified.

People's individual dietary requirements where met.

People were supported to maintain good health as they had access to relevant healthcare professionals when they needed them. People's health was seen to improve due to the care and support staff gave.

The staff were kind and caring and treated people with dignity and respect. Good interactions were seen throughout the day of our inspection, such as staff talking with people and showing interest in what they were doing. The staff knew the people they cared for as individuals.

People received the care and support as detailed in their care plans. Care plans were based around the individual preferences of people as well as their medical needs. People and relatives were involved in reviews of care to ensure it was of a good standard and meeting the person's needs.

People had access to a wide range of activities that met their needs. Activities were available seven days a week, and initiative programmes had been introduced to help improve people's physical and mental health.

People knew how to make a complaint. When complaints had been received these had been dealt with quickly and to the satisfaction of the person who made the complaint. Staff knew how to respond to a complaint should one be received.

The provider had effective systems in place to monitor the quality of care and support that people received. Quality assurance records were kept up to date to show that the provider had checked on important aspects of the management of the home. The registered manager had ensured that accurate records relating to the care and treatment of people and the overall management of the service were maintained.

People benefitted from living in a home with good leadership and a stable staff team, so they knew the people who looked after them. Staff were very focused on ensuring that people received person centred care.

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 living at the home. Appropriate checks were completed to ensure staff were safe to work at the home.

The provider had identified risks to people's health and safety with them, and put guidelines for staff in place to minimise the risk.

There were enough staff to meet the needs of the people.

People's medicines were managed in a safe way, and they had their medicines when they needed them.

Is the service effective?

Good

The service was effective

Staff said they felt supported by the manager, and had access to training to enable them to support the people that lived there.

People's rights under the Mental Capacity Act were met. Assessments of people's capacity to understand important decisions had been recorded in line with the Act. Where people's freedom was restricted to keep them safe the requirements of the Deprivation of Liberty Safeguards were met.

People had enough to eat and drink and had specialist diets where a need had been identified.

People had good access to health care professionals for routine check-ups, or if they felt unwell. People's health was seen to improve as a result of the care and support they received.

Is the service caring?

Good

The service was caring.

Staff were caring and friendly. We saw good interactions by staff that showed respect and care.

Staff knew the people they cared for as individuals. People were supported to follow their spiritual or religious faiths.

People could have visits from friends and family whenever they wanted.

Is the service responsive?

Good

The service was responsive.

Care plans were person centred and gave detail about the support needs of people. People were involved in their care plans, and their reviews.

People had access to a range of activities that matched their interests, and physical and mental health needs.

There was a clear complaints procedure in place. Staff understood their responsibilities should a complaint be received.

Is the service well-led?

Good

The service was well- led.

Quality assurance records were up to date and used to drive improvement throughout the home.

Staff felt supported and able to discuss any issues with the manager.

People and staff were involved in improving the service. Feedback was sought from people via an annual survey and regular meetings.

The manager understood their responsibilities with regards to the regulations, such as when to send in notifications.

Coppice Lea

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 27 July 2016 and was unannounced. Due to the size and layout of this home the inspection team consisted of a nurse specialist an expert by experience and two inspectors.

Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This information was reviewed to see if we would need to focus on any particular areas at the home.

To find out about people's experience of living at the home we spoke with 10 people and three relatives. We sat with people and engaged with them. We observed how staff cared for people, and worked together as a team. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with 11 staff which included the registered manager, and a visiting health care professional. We reviewed care and other records within the home. These included eight care plans and associated records, five medicine administration records, five staff recruitment files, and the records of quality assurance checks carried out by the staff.

Good

Is the service safe?

Our findings

People were safe living at Coppice Lea. They felt safe because they were well cared for by kind staff. They told us that the grounds and the building were secure which also made them feel safe. One person said, "'I'm very safe, I've never had a problem. People look in on me and stay for a chat. It's a good place to live." Another person said, "'I've never felt anything but safe and well looked after by nice people who care."

There were sufficient staffing levels deployed to keep people safe and support their health and welfare needs. At our previous inspection in April 2015 we had recommended the provider review how staff were deployed around the home. During this inspection when people were asked if they thought there were enough staff one person said, "Night carers come round every hour to make sure you are alright and I've always got my bell handy if I need anything." During the inspection passing staff would drop in to people's bedrooms to say hello and ask if they needed anything. People told us that all staff did this regularly. People told us that they did not experience long waits before help arrived. People in their rooms had call bells available and the call bells were answered quickly.

Staffing levels were calculated on the needs of the people who lived at the home. The provider used a dependency tool to assess the care needs of people who lived at the home. Staffing rotas showed that levels of staff on shift over the past four weeks matched with the calculated support levels of the people that lived here.

People were protected from the risk of abuse. One person said, "I have Never seen anybody (staff) being unfair. They Look after us all regardless." Staff had received safeguarding training and could tell us about the various forms of abuse and what they would do if they suspected or saw that it was taking place, such as making a referral to an agency, such as the local Adult Services Safeguarding Team or police. Staff were aware of their role in reporting suspected abuse and were aware of the Coppice Lea's whistleblowing policy. The whistle blowing policy and a flow chart outlining the procedure to follow if abuse was happening or suspected, were clearly displayed on a notice board for people to see if they needed guidance or had concerns.

People were safe because accidents and incidents were reviewed to minimise the risk of them happening again. A record of accidents and incidents was kept and the information reviewed by the manager to look for patterns that may suggest a person's support needs had changed. A relative told us that when an incident had happened the staff had learnt from the experience and had taken steps to make sure that it was not repeated.

People were kept safe because the risk of harm from their health and support needs had been assessed. People were not restricted from doing things because it was too 'risky'. One person said, "They let me be independent here. Do get help with showers but otherwise can do what I like." People with limited mobility, were not prevented from moving around and were actively supported by carers who ensured their safety and who respected their decisions. Throughout the day people were able to move freely around the ground floor. Staff encouraged people to maintain their mobility by only offering support if the person was

struggling or was at risk from falling. Where support was offered it was discrete and followed good moving and handling practice. Staff were focussed on keeping people safe. A staff member said, "I like to look after people like I'm looking after my family member. I think about practicalities – can people use alarm bells, can they reach their drink."

Assessments had been carried out in areas such as nutrition and hydration, mobility, and behaviour management. Measures such as specialist equipment to help people mobilise around the home had been put in place to reduce these risks. Risk assessments had been regularly reviewed to ensure that they continued to reflect people's needs.

People were cared for in a clean and safe environment. People told us that their rooms were cleaned regularly and that they were pleased with the standard of cleaning. People told us they were very pleased that their clothes were freshly laundered and returned to them the same day. We observed care staff limited the possible spread of infection by hand washing, using gels and wearing protective clothing. Staff washed their hands before preparing drinks or serving food, and put on gloves and aprons before delivering personal care. Hand sanitising gels were placed at strategic points throughout the home and washing stations were well stocked. People who needed hoisting had individual slings which is essential to limit the spread of cross infection.

The home was well maintained. Assessments had been completed to identify and manage any risks of harm to people around the home. Areas covered included infection control, and fire safety. The registered manager had regularly reviewed the needs of people to ensure the environment met those needs.

People's care and support would not be compromised in the event of an emergency. Information on what to do in an emergency, such as fire, was clearly displayed around the home. People's individual support needs in the event of an emergency had been identified and recorded by staff in fire evacuation plan. Emergency exits and the corridors leading to them were all clear of obstructions so that people would be able to exit the building quickly and safely. Fire safety equipment and alarms were regularly checked to ensure they would activate and be effective in the event of a fire.

Appropriate checks were carried out to help ensure only suitable staff were employed to work at the home. The management checked that they were of good character, which included Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People received their medicines in a safe way, and when they needed them. For 'as required' medicine, such as behaviour modifying medicine, there were guidelines in place developed by the GP and Community Psychiatric Nurse (CPN) which told nursing staff the dose, frequency and maximum dose over a 24 hour period. Medicine documentation recorded that these guidelines had been followed. Homely remedies, such as cold and flu medicines which can be 'bought over the counter' the GP had drawn up a clear protocol for each medicine with dosage and interval between repeats. Two people had 'covert medicine'. This is where the medicine is hidden and they did not know they were taking it. The nursing staff had followed legal requirements (Mental Capacity Act) to ensure this was in the people's best interests, and the registered manager had applied for a Deprivation of Liberty (DoLS) in line with a recent court ruling with regards to covert medicines.

Staff that administered medicines to people received appropriate training, which was regularly updated. Staff who gave medicines were able to describe what the medicine was for to ensure people were safe when taking it. The ordering, storage, recording and disposal of medicines were safe and well managed. There

were no gaps in the medicine administration records (MARs) so it was clear when people had been given their medicines. Medicines were stored in locked cabinets to keep them safe when not in use. Medicines were labelled with directions for use and contained both the expiry date and the date of opening, so that staff would know they were safe to use.

Good

Is the service effective?

Our findings

People were supported by trained staff that had sufficient knowledge and skills to enable them to care for people. Staff had effective training to undertake their roles and responsibilities to care and support people. The induction process for new staff was robust to ensure they would have the skills to support people effectively. One staff member said, "They do a lot of training here, including MCA/DoLS. I just passed (my) care certificate." The Skills for Life Care Certificate training was undertaken by all new care staff. This familiarised staff with an identified set of standards that health and social care workers adhere to in their daily working life.

Qualified Staff received ongoing training to ensure they were kept up to date with current best practice. The provider was developing its staff. They were considering sponsoring a number of carers who wished to do their nurse training. This was confirmed by the manager who saw this as a way of ensuring a supply of trained nurses for Coppice Lea, whilst in the planning stage this innovative approach was being given every consideration. The registered nurses also told us the provider was supportive of them in preparation for revalidation with the nursing and midwifery professional body (NMC).

Staff were effectively supported. Staff told us that they felt supported in their work. Staff had regular one to one meetings (sometimes called supervisions) with the manager, as well as annual appraisals. This enabled them to discuss any training needs and get feedback about how well they were doing their job and supporting people.

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. At our previous inspection in April 2015 we recommended the provider review their MCA assessments to ensure the requirements of the MCA were met. During this inspection we saw this had been completed, for example two people had capacity assessments in place around self-medicating.

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 provider had complied with the requirements of the Mental Capacity Act 2005 (MCA). Where people could not make decisions for themselves the processes to ensure decisions were made in their bests interests were effectively followed.

Staff had a good understanding of the Mental Capacity Act (2005) and were seen to work within the legal framework of the act when supporting people. One person who lived with the experience of Dementia became agitated because they were unsure of what they wanted to do. Staff encouraged the person to make a decision by explaining choices. When the person was unable to make a decision a carer took them for a cup of tea and persons anxiety and agitation reduced. This matched with the guidance in the persons care plan about decision making. Staff listened to peoples' wishes and respected their decisions.

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 are called the Deprivation of Liberty Safeguards (DoLS). Some people's freedom had been restricted to keep them safe. Where people lacked capacity to understand why they needed to be kept safe the registered manager had made the necessary DoLS applications to the relevant authorities to ensure that their liberty was being deprived in the least restrictive way possible.

People had enough to eat and drink to keep them healthy and had good quality, quantity and choice of food and drinks available to them. One person said, "'It's very nice food. It's not easy to please everyone but I enjoy all the meals." Lunch was observed to be a positive and dignified event for people. Tables were covered with cloths and set with napkins and cutlery. Flowers were placed on the tables. People had a choice of where they sat and who they sat with. People were given choices about meals options, portion size, and choice of drinks. Staff had friendly interaction with people during the meal and made it an interactive and positive experience for everyone involved.

People's special dietary needs were and choices met. The catering team had a good understanding of the dietary requirements and likes and dislikes of people due to the effective systems that were in place. A carer in the dining room ticking off people as they were served food and double checked they received the correct meals, in relation to requirements and choice. The chef had a weekly resident's room visit where they spoke to people about the menu. Menus were also spoken about in house meetings. Where a specific need had been identified, such as food presented in a particular way to aid swallowing this was done. Where people had a pureed lunch each food item was kept separate on the plate so people could taste the individual components of the meal, and have different taste experiences.

People were protected from poor nutrition as they were regularly assessed and monitored by staff to ensure they were eating and drinking enough to stay healthy.

People received support to keep them healthy. One person said, "If you want to see a doctor you only have to tell the nurse and she will call one." A visiting healthcare professional said, "This is an excellent home from a medical team aspect. There is always an allocated member of staff to discuss the person when we visit and now having regular staff makes this more helpful. The nurses know the person and they have a good general knowledge."

People have access to a range of medical professionals including, a chiropodist, doctors, an optician and tissue viability nurses. Advice surrounding palliative care was available from specialist nurses working in a local Hospice. Each person had a health action plan in place. This detailed when they had check-ups, and how often these should be done. Information about the outcome of the appointments and any action needed by staff were also clearly recorded and followed. Where people's health had changed appropriate referrals were made to specialists to help them get better.

People's health was seen to improve due to the care they had been given by staff. One relative said, "My family member had ulcers when she came in so they got her an air mattress, turned her regularly and got her sorted out. No ulcers now." The staff kept wound care records separately and each record was very detailed, including photographs to monitor progress of the wound. There was good attention to detail and the improvement of the person's wound was plain to see, due to the level of detail recorded by the staff.

Good

Is the service caring?

Our findings

We had positive feedback about the caring nature of the staff. One person said, "The carers are really nice people." Another person said, "Caring? Not the word - staff are fantastic- always around and helpful." A relative said, "'I get lots of TLC and they treat me as one of the staff…I get offered cups of tea and cake when I am her." Staff were very focused on supporting people in a caring and friendly way. A staff member said, ""I see it as a family home." Another told us, "I look after them how I'd like to be looked after."

The atmosphere in the home was calm and relaxed and staff spoke to people in a caring and respectful manner. People told us that they were pleased with the standard of care at Coppice Lea because staff were kind, popped in to see them, listened to what they wanted and responded quickly to their wishes. A relative said, 'The care is good. My relative is always washed, very clean and wearing fresh clothes when I come in.'

Staff were very caring and attentive with people. One person said, "They are really looking after me well." Staff supported people living with Dementia safely and appropriately. For example, a one person spent all their time walking around the building. Staff never passed her without talking to them, offering her choices and reassuring her. On another occasion staff attended to a person who was very confused and slightly distressed. Kind words and unobtrusive support helped maintain the person's dignity and provided reassuring support. Other observations of kindness included a member of staff holding a person's hand while they supported them to eat. This was something that we could see comforted the person.

People were supported by staff that knew them as individuals. Coppice Lea now had a stable staff team who were supported by regular bank staff. People said that they were pleased that they see the same staff and have got to know them. Relatives said that the carers knew people well and knew how they liked to be cared for. Throughout our inspection staff had positive, warm and professional interactions with people.

Staff treated people with dignity and respect. Staff were very caring and attentive throughout the inspection, and involved people in their support. Prior to lunch one person asked to have their meal in a particular area of the home. The member of staff settled the person, laid out a place for them in the hallway and brought the meal to them. Another example was with people who were unable to leave their room. Carers asked them if they would like more food before offering another mouthful. Whenever hoists were used, staff maintained peoples' dignity by offering them blankets to cover their legs, talking and explaining what was happening throughout the process. Examples such as asking people for permission before they were moved in their chairs were seen throughout the inspection from all staff. When giving personal care staff ensured doors and curtains were closed to protect the person's dignity and privacy.

People were protected from social isolation. One person said, "The girls come in and chat to me if they have time but they always pop their heads in if they are passing."

Staff were knowledgeable about people and their past histories, such as past jobs, hobbies, and their family life. The care plans had been compiled in conjunction with people and their families and contained information staff could use to help build relationships. For example, people's previous occupations and

hobbies. Throughout the inspection it was evident the staff knew the people they supported well, by the way they spoke with them, and the conversations they had.

People were given information about their care and support in a manner they could understand. Information was available to people around the home. It covered areas such as local events, newsletters from the provider and which staff would be on shift. Staff took time to explain things to people. A carer, supporting a person to eat, explained the different parts of the meal to the person before they offered the food to them. People told us that they were asked about their care and that staff did listen to them.

Family members were able to keep in regular contact and visit whenever they liked. People's needs with respect to their religion or cultural beliefs were met. Staff understood those needs and people had access to services so they could practice their faith. One person said, "We have a church service here every other Wednesday. I join in with the Communion. It is very important to me." A number of people told us that they were also taken to Sunday services at local churches, by relatives/ friends.

Good

Is the service responsive?

Our findings

People and relatives were involved in their care and support planning. People's needs had been assessed before they moved into the service to ensure that their needs could be met. Assessments contained detailed information about people's care and support needs. Areas covered included eating and drinking, sight, hearing, speech, communication, and their mobility.

People's choices and preferences were documented and those needs were seen to be met. There was detailed information concerning people's likes and dislikes and the delivery of care. The files were well organised so information about people and their support needs were easy to find. The files gave a clear and detailed overview of the person, their life, preferences and support needs. One person said, "I can choose a man or woman for my personal care. I don't mind so I have both." Care plans were comprehensive and were person-centred, focused on the individual needs of people.

People received support that matched with the preferences record in their care file. People said staff always asked if they were happy with their care and said that when they made a suggestion the staff responded to their ideas. One person gave an example where they wanted a shower every day. The carers made sure that this happened. The daily records of care were detailed and showed that these preferences had been taken into account when people received care, for example, in their choices of food and drink. Care planning and individual risk assessments were reviewed monthly so they reflected the person's current support needs. A relative said, "I attend annual reviews and they will discuss any changes in my family member's care with me." Further confirmation of people being involved in reviews of their care was given when a relative said, "I feel involved with things. Staff are very good at communicating with me."

People had access to a wide range of activities many of which focussed and promoted peoples well-being, physical and mental health. One person said, "I enjoy colouring sessions, exercises and people coming in to play instruments and sing." Another person said, "They know I like cooking so they got me in the kitchen making a cake."

Activities were fully inclusive and programmes had been introduced to ensure that people in bed or who preferred not to take part in group activities were enabled to participate. People told us how much they enjoyed participating in the full programme of activities, visits and events. The three activity staff, led by a newly appointed coordinator, ran a seven day a week activities programme. An activities room was used for art/craft activities and small group sessions with larger group activities taking place in the lounge area. Other staff also got people involved in activities. Laundry staff organised a trip for people to a local football match. This had a positive impact on one person in particular who was a founder member of the football club; due to their vascular dementia the activity helped to improve his cognitive & physical stimulation. Photographs of people participating in trips, visits and in-house activities were displayed around Coppice Lea and provide people with talking points and the opportunity to reminisce.

The activities coordinator had completed an 'Oomph' course. This programme is designed to improve peoples' mobility and thinking skills through safe musical exercise. This had a positive impact on people's

health. One person who was recovering from a stroke, had weakness on their left side. Staff had developed a 'personal healthy living plan' with them to see how the 'Oomph' exercises could help. After three weeks of the exercises, the person's strength and control had improved as they were able to tap their left foot and hold pom-poms in their left hand. People were enthused by their participation in the activity. The coordinator also visited people in their rooms offering a range of one to one activities. Future plans were in place for expanding the scope of activities. These included greater use of technology such as I-pads, developing people's participation in gardening and introducing themed days.

People were supported by staff that listened to and responded to complaints or comments. People told us that they had no real concerns. They went on to say that when they had mentioned something then it was sorted quickly by staff. One person said, "Staff are always asking me if things are alright and if I have a complaint they put it right straight away." A relative said, "Staff do listen to concerns and I have regular one to one with the manager." There was a complaints policy in place. The policy included clear guidelines on how the registered manager should respond and when issues should be resolved. It also contained the contact details of relevant external agencies, such as the Care Quality Commission.

There had been eleven complaints received at the home in the last ten months. These had been clearly recorded and responded to in accordance with the provider's complaints policy. The registered manager and staff explained that complaints were welcomed and would be used as a tool to improve the service. 25 compliments about the care provided were also received in the same period of time. One example stated, "You are all heroes, it makes so much difference to both the residents and the families."

Good

Is the service well-led?

Our findings

There was a positive culture within the home, between the people that lived here, the staff and the manager. The atmosphere was very welcoming and open. A relative said, "Staff are very friendly and open to ideas. It's a nice place." People felt secure and were very happy to share thoughts about their life at Coppice Lea with us. Staff were seen to provide a positive experience for people living at Coppice Lea.

The home was well managed to ensure people received a good quality of care and support. People and relatives described the registered manager as being available, visible and somebody who would help if necessary. One person said, 'I see the manager around, she is very nice to me,' Another person said, "The manager comes in to my room to say hello and asks me if I am happy or need anything. She is a very nice person."

People experienced a level of care and support that promoted their wellbeing because staff understood their roles and were confident about their skills and the management. Staff told us the manager had an open door policy and they could approach the manager at any time. One staff member said, "The manager will tell you if you are doing well, or need to pull your socks up. She is strict but fair." Another member of staff said, "The manager is here for the residents, which is what it's all about in my opinion." Staff felt supported and able to raise any concerns with the manager, or senior management within the provider.

Records management was good and showed the home and staff practice was regularly checked to ensure it was of a good standard. For example the clinical lead reviewed care notes on a daily basis to ensure they were clear and reflected the care given. Records of quality assurance and governance of the home were also well organised and showed the registered manager had a good understanding of the care and support given to people.

Regular monthly checks on the quality of service provision took place and results were actioned to improve the standard of care people received. Audits were completed on all aspects of the home. These covered areas such as infection control, health and safety, and medicines. In addition the registered manager also carried out audits at night to see that people received a good standard of care at all times. All of these audits generated improvement plans which recorded the action needed, by whom and by when. Actions highlighted were addressed in a timely fashion. For example, a medicines audit had identified an issue with staffs understanding of how to respond if the medicines refrigerator failed. Staff were able to tell us the correct actions when we asked, showing that action had been taken.

The registered manager sought to continually improve the level of care offered by the staff. They had taken part in a number of independent reviews of the standard of care. One of these was to apply for the Gold Standard framework in end of life care. This is a national framework that gives systematic, evidence based approach to optimizing care for people approaching the end of their life. Coppice Lea management were waiting for final accreditation at the time of our inspection. Staff supporting people on end of life had a good understanding of The Gold Standard framework. In addition there was a close working relationship between staff at the home and staff at the local Hospice, to share best practice. The provider had also employed an

external consultant to complete an audit of the home to learn if there were any areas to improve.

People and relatives were included in how the service was managed. A relative said, "'The manager does invite comment." There were regular resident and relative meetings. These gave feedback to people on what was happening around the home, and the results of any surveys that had taken place. People and relatives had the opportunity to discuss any improvements they felt needed to be addressed. These were clearly recorded in the minutes and action had been taken to address them.

Staff were involved in how the service was run and improving it. The registered manager had introduced a number of meetings to share information to ensure staff were up to date on people's needs. A daily 11 am meeting was held each day to ensure the home was running smoothly, and if any departments required help. Nursing staff had clinical governance meetings. These reviewed the nursing care that was being provided to people to ensure it was effective, and people's health was improving. Other meetings included Infection Prevention and Control; Safeguarding; Health and Safety; and general staff meetings. The meetings had a positive impact on the home because issues raised became part of an action plan devised at the end of each meeting. It was possible to track an issue from its source to resolution, which showed the ethos of continuous improvement was well ingrained in everything the staff did.

The registered manager was visible around the home on the day of our inspection, supporting staff and talking with people to make sure they were happy. The registered manager was very 'hands on', and helped around the home. This made them accessible to people and staff, and enabled her to observe care and practice to ensure it met the home's high standards. The registered manager had a good rapport with the people that lived here, staff and visitors and knew them as individuals.

The registered manager was aware of their responsibilities with regards to reporting significant events to the Care Quality Commission and other outside agencies. This meant we could check that appropriate action had been taken. Information for staff and others on whistle blowing was on display in the home, so they would know what to do if they had any concerns. They had also completed the Provider Information Return when it was requested, and the information they gave us matched with what we found when we carried out this inspection.