

The Hesley Group Limited

Copperclay Mews

Inspection report

Copperclay Walk
Easingwold
York
North Yorkshire
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Date of inspection visit:
26 April 2021

Date of publication:
24 May 2021

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

Copperclay Mews is a residential care home providing accommodation and personal care to people with a learning disability and or autism. Four people were living at the service at the time of our inspection, the service can support up to five people. The building is adapted into separate flats.

People's experience of using this service and what we found

We received positive feedback from people, who told us they were happy living at Copperclay Mews. People received person-centred support and staff knew people well. The care plans in place covered all aspects of people's care and support preferences to ensure a personalised experience. People were supported to maintain important personal relationships.

People's health and well-being needs were supported by the staff team who encouraged people to develop, try new things, learn new skills and achieve personal goals. People were empowered to have their say and to exercise their rights. Access to an advocacy service was available and taken up when needed.

There were systems in place for communicating with people, their relatives and staff to ensure they were fully involved and included one to one meeting, handovers, team meetings, phone calls and emails. The environment was clean, safe and maintained to a good standard. It was adapted to meet people's needs and personalised to suit people's preferences.

Medicines were managed well, safely administered and recorded accurately. Individualised risk assessments were in place. Staff were confident they would raise concerns to safeguard people. Robust recruitment and selection procedures ensured suitable staff were employed.

All essential visitors had to wear appropriate personal protective equipment (PPE). In addition, complete NHS Track and Trace information, provide evidence of a negative COVID-19 test and have their temperature checked prior to entering the home. Additional cleaning of all areas and frequent touch surfaces was in place and recorded by staff. Staff completed online training and paper-based learning booklets provided by the local NHS infection prevention and control team. Training included putting on and taking off PPE, hand hygiene and other Covid-19 related training. Competency checks and spot checks were carried out by the registered manager with all staff regarding safe use of PPE as well as practice checks.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. People were supported to reach their personal goals through person centred approaches from leadership and staff with the right skills and attitudes to achieve this.

Rating at last inspection

This service was registered with us on 31 May 2019 and this is the first inspection

Why we inspected

This was a planned first rating inspection. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe
Details are in the safe findings below.

Good ●

Is the service effective?

The service was effective
Details are in the effective findings below.

Good ●

Is the service caring?

The service was caring
Details are in the caring findings below.

Good ●

Is the service responsive?

The service was responsive
Details are in the responsive findings below.

Good ●

Is the service well-led?

The service was well-led
Details are in the well-led findings below.

Good ●

Copperclay Mews

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Two inspectors carried out the inspection.

Service and service type

Copperclay Mews 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.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spent time with people living at the service. We spoke with one person who used the service, two relatives, the registered manager, and two care staff.

We reviewed a range of records. These included two people's care records, a variety of records relating to the management of the service, including audits and procedures were reviewed.

After the inspection

We carried out telephone interviews with five members of care staff and continued to seek clarification from the provider to corroborate evidence found. We looked at, audits, care plans, reports and policies.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Assessing risk, safety monitoring and management

- People had both general and personalised risk assessments which were regularly reviewed.
- Where risks were identified, care plans showed ways in which staff could reduce these risks.
- Fire safety practices were in place along with regular checks to equipment.
- Regular maintenance checks, risk assessments and repairs were carried out to keep the home safe.

Learning lessons when things go wrong

- Accidents and incidents were recorded on an individual recording basis. The registered manager and provider analysed these to look for any patterns or trends and then took appropriate action to minimise risk of further incidents.

Using medicines safely

- Medicine administration records were clear and completed fully.
- People received their medicines as prescribed, at the right time.
- People were administered their medicines safely and in line with current good practice STOMP (stop over medicating people with a learning disability)

Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training and were able to appropriately raise any concerns.
- Where safeguarding concerns had been raised, investigations and appropriate action was taken.

Staffing and recruitment

- There were enough staff on duty to meet people's individual needs and maintain their needs and safety.
- Staff were recruited safely, using robust checking methods to ensure only suitable people were employed.

Learning lessons when things go wrong

- Accidents and incidents were recorded on an individual basis. The registered manager analysed these to look for any patterns or trends and then took appropriate action to minimise risk of further incidents.

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People were supported by staff who trained in specialised skills to support their needs. One staff member told us; "We do an 'enhancing life's' programme, on how to support people to reduce anxiety triggers and how to support people."
- People were supported by staff whose induction was valued and robust. One member of staff told us, "The induction is the best one I have been on it is very in depth".

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

- Peoples flats were purpose built, fully accessible with a range of adaptations and equipment to meet people's needs.
- Peoples flats were maintained to a high standard and adapted to meet peoples personal, physical and sensory needs.

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

- People's eating and drinking needs were met by a varied and nutritionally balanced diet. People enjoyed flexibility in choosing what, where and when they ate.
- The staff were aware of people's dietary needs and people who required a specialist diet were supported well. One person told us; "I like pasta, I'm having pasta today, staff help me".

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

- The service worked in partnership with external professionals, such as social workers, psychiatrists, and GPs to support and maintain people's long-term health.
- People had personalised care plans covering their healthcare needs. These shared important information with healthcare professionals.

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

- Outcomes for people were met, their preferences, care and health needs were assessed and regularly reviewed.
- Any changes to people's needs were reviewed with them and their relatives and this was reflected in their care plans.

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

- The service enabled people to maximise their independence by working with specialists where required such as speech therapy.

- Referrals were made to other healthcare professionals where appropriate, in a timely manner.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Health professionals and staff completed capacity assessments where required to ensure people were supported appropriately to make decisions.
- Staff ensured people were involved in decisions about their care, they understood their role in making decisions in people's best interests. These decisions were in place for receiving support where needed.
- Where people did not have capacity to make decisions in an area of their life, they were supported to have maximum choice and control of their lives.

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring supported to maintain personal relationships.

- Staff were trained in dignity and respect. Staff always treated people with kindness and respect. One relative told us; "[Name] has built some really great relationships here it's been a joy to watch them with their staff team".

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

- People were supported and had regular meetings with staff to make plans and discuss any changes to their support. Their advocate or relatives would be included. One relative told us; "I've never felt so valued. I don't want to get in the way of what they are trying to achieve and they are very sensitive to our needs as relatives and keep us in the loop. All the time really thinking about [Name's] needs"

- People were supported to have their say and had an independent advocate where required.

- Staff spent time listening and talking to people. We observed the relaxed atmosphere and mutual respect between people and staff. One member of staff told us; "The people we support make me happy. I come into support them and they put a smile on my face. I love my job".

Respecting and promoting people's privacy, dignity and independence

- People were actively supported to set goals and to achieve increased independence. One member of staff told us, "We support people to try new things and have a go at doing as much for themselves as they can, like food prep and cooking".

- Staff engaged with people in a dignified way.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were in place for people who used the service, these covered all aspects of care and support, these were personalised and reviewed regularly.
- The support people received was individual to their needs and was delivered in a person-centred way. One member of staff told us; "It's tailor made support, making the person the centre of what we do. Everything to their preferences, you can't have a generic way to support people because they're all so different".

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities socially and culturally relevant to them

- People followed their interests and took part in activities that had positive impacts on their lives and well-being, including; walking and days out to the beach. One person told us, "I like go out, I go out for coffee, staff take me out". One relative told us; "[name] loves going to the beach and it's not close by, but the staff make time to fit trips in."
- People were supported to maintain contact with their relatives the COVID-19 pandemic.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Communication needs were met individually using easy read materials where appropriate and adapting information and communication to suit people's preferences.

Improving care quality in response to complaints or concerns.

- A complaints procedure was in place that was followed by the registered manager and staff.
- People were supported to raise any issues. Where issues had been raised these were addressed.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager encouraged people and staff to be open with each other and created a culture of acceptance.
- The culture at the home was to support people to achieve their goals and provide person centred support.

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

- The provider had contingency plans for people to ensure minimal disruption to care in case of an emergency and in response to the COVID-19 pandemic.
- Policies, procedures and audits were current and in line with best practice.
- The provider had sent us notifications relating to significant events occurring within the service.

Continuous learning and improving care

- People who used the service interacted positively and had a good rapport with the registered manager.
- The registered manager took on board opinions and views of the people who used the service and their relatives to develop the service.
- Staff felt supported by the registered manager. Staff told us they felt confident that the registered manager would respond to them when raising concerns and following incidents. One member of staff told us; "After each incident or challenge we have a debrief. We sit down together to look at triggers and how we can do things better or differently."

Working in partnership with others

- People were supported by a range of healthcare professionals and the registered manager and staff had forged good working relationships.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was clear leadership and regular audits were carried out by the registered manager to understand the quality and safety of the service.
- The provider had a plan to ensure minimal disruption to care in case of an emergency.
- Policies and procedures were current and in line with best practice.

- The registered manager was open with the inspector during the inspection.

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

- The registered manager held meetings for each individual person and their staff team to discuss relevant information.
- Staff could approach the registered manager for support at any time.
- People, relatives and staff were asked for their views on the service.