

Amore Elderly Care Limited

Cooper House Care Home

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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 29 & 30 August 2018 and was unannounced.

Cooper House is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home can accommodate up to 80 older people and older people living with dementia in one purpose built building. Accommodation is provided over three floors.

The service provides personal care and nursing care to people living with dementia, older people and adults. At the time of our inspection there were 75 people using the service

When we inspected the service in August/September 2016 it was rated as 'Inadequate.' When we returned in July 2016 the current registered manager had taken over and improvements had been made. The service was rated as 'Requires improvement' because we needed to be assured improvements could be sustained and developed over time. On this inspection we found improvements had been sustained and developed further. In addition, we found the service had improved to outstanding in the caring domain

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.

The service was exceptionally caring. Everyone we spoke with was very complimentary about the service and said they would recommend the home. There was a strongly embedded culture within the service of treating people with dignity, respect, compassion and love.

Staff were being recruited safely and there were enough staff to take care of people and to keep the home clean. Staff were receiving appropriate training and they told us the training was good and relevant to their role. Staff were supported by the registered manager and management team. Staff were receiving formal supervision where they could discuss their ongoing development needs.

Care plans were up to date and detailed what care and support people wanted and needed. Risk assessments were in place and showed what action had been taken to mitigate any risks which had been identified. People felt safe at the home and appropriate referrals were being made to the safeguarding team when this had been necessary.

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's healthcare needs were being met and medicines were being stored and managed safely.

Staff knew about people's dietary needs and preferences. There was an excellent choice of meals and people said the food was very good. There were plenty of drinks and snacks available for people in between meals.

Excellent activities were on offer to keep people occupied both on a group and individual basis. Trips out were arranged every week and there were good links with the local community. Visitors were made to feel extremely welcome and could have a meal at the home if they wished.

The home was spacious, well decorated, clean and tidy. All the bedrooms were single occupancy with en-suite toilets and showers.

The complaints procedure was displayed. Records showed complaints received had been dealt with appropriately.

Everyone spoke highly of the registered manager who said they were approachable and supportive. The provider had effective systems in place to monitor the quality of care provided and where issues were identified they acted to make improvements.

We found all the fundamental standards were being met. Further information is in the detailed findings below.

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.

Staff were recruited safely. There were enough staff to provide people with the care and support they needed and to keep the home clean.

Staff understood how to keep people safe and where risks had been identified, action had been taken to mitigate those risks.

Medicines were managed safely and kept under review.

Is the service effective?

Good ●

The service was effective.

Staff were trained and supported to ensure they had the skills and knowledge to meet people's needs.

Meals at the home were extremely good, offering choice and variety. The meal time experience was a calm and relaxed experience for people. People were supported to access health care services to meet their individual needs.

The legal requirements relating to Deprivation of Liberty Safeguards (DoLS) were being met.

Is the service caring?

Outstanding ☆

The service has improved to outstanding.

There was a strongly embedded culture of treating people with dignity and respect and going over and above what was expected to improve people's quality of life.

People spoke extremely highly of the service and said they would have no hesitation in recommending the home.

We saw people were treated with the utmost respect and compassion.

Is the service responsive?

Good ●

The service was responsive.

People's care records were easy to follow, up to date and being reviewed every month.

There were excellent activities on offer to keep people occupied. There were also trips out arranged every week.

A complaints procedure was in place and people told us they felt able to raise any concerns.

Is the service well-led?

Good ●

The service was well-led.

A registered manager was in place who provided effective leadership and management of the home.

Effective quality assurance systems were in place to assess, monitor and improve the quality of the service.

Cooper House Care Home

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 checked 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 29 & 30 August 2018 and was carried out by one adult social care inspector, an assistant inspector 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. The inspection was unannounced.

Before the inspection we reviewed the information, we held about the service. This included notifications from the provider and speaking with the local authority contracts and safeguarding teams.

The provider had completed a Provider Information Return (PIR). The PIR is a document which gives the provider the opportunity to tell us about the service. 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.

We spent time observing care in the lounges and dining rooms and used the Short Observational Framework for Inspections (SOFI), which is a way of observing care to help us understand the experience of people using the service who could not express their views to us. We looked around some areas of the building including bedrooms, bathrooms and communal areas. We also spent time looking at records, which included six people's care records, three staff recruitment files and records relating to the management of the service.

We spoke with nine people who used the service, nine relatives, 10 care workers, catering manager, the two activities staff, two housekeepers, one night nurse, one unit manager, one kitchen assistant, the deputy manager and the registered manager.

Is the service safe?

Our findings

People were kept safe from abuse and improper treatment. Relative told us, "[Name] is in safe hands here and they feel safe." "It feels like a really nice place and I feel safe knowing [Name] is here." "[Name] has settled here and is safe."

Staff had completed safeguarding training and said they would not hesitate to report concerns to a senior member of staff, the registered manager or the safeguarding team. The registered manager had made appropriate referrals to the safeguarding team when this had been needed. This meant staff understood and followed the correct processes to keep people safe.

People were protected from any financial abuse. The administrator held money for safekeeping for some of the people who used the service. A robust accounting system was in place to protect people from any financial abuse.

Safe recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed. We looked at three staff recruitment records and saw, for example, they obtained two references and carried out Disclosure and Barring Service (DBS) checks for all staff before they commenced work. These checks identified whether staff had any convictions or cautions, which may have prevented them from working in the caring profession.

There were enough staff on duty to care for people safely and keep the home clean. People who used the service and relatives told us, they felt there were enough staff on duty.

Staff we spoke with told us there were enough staff on each shift to ensure people's needs were met. The registered manager told us staffing levels could be increased if people's needs changed and this was confirmed by staff. One staff member said, "This is actually quite a well-staffed home when it comes to numbers. [Name of registered manager] staffs accordingly. A lot of our residents ended up poorly last year. The dependencies of the residents went up, [Name of registered manager], upped the staffing levels."

The nurses and care teams were supported by housekeepers, chefs, laundry staff, activities co-ordinators, receptionist, administrator and maintenance staff.

We saw there was a good staff presence around the home and people's requests for assistance were responded to in a timely way.

Medicines were stored, managed and administered safely. We saw medicines were stored in locked trolleys, cabinets or fridges. The nurses or senior care workers took responsibility for administering medicines and we saw them doing this with patience and kindness. They explained to people what their medicines were for and stayed with them until the medicines had been taken. We looked at a sample of medication administration records (MARs) and saw people were given their medicines as prescribed. People who used the service told us, "I get my medication at the same time every day, the nurse stays to make sure I am ok."

They explain my medication if I need more and why." "I get my tablets on time and the nurse stays with me 'til I've taken them and sees I'm ok." "Relatives told us, "[Name's] medicines are managed well." "They [staff] manage [Name's] pain control well." "[Name] receives their medication on time, we discuss medication and care, we have a mini review every six weeks to discuss the next steps of his care."

Protocols were in place which clearly described when medicines prescribed for use 'as required' should be administered. Some people were prescribed medicines, which had to be taken at particular times. We saw there were suitable arrangements in place to make this happen.

We saw a range of checks were undertaken on the premises and equipment to help keep people safe. These included checks on the fire, electrical and gas systems.

Personal emergency evacuation plans (PEEPS) were in place for the people who used the service. These gave information about what support people would need should an emergency arise.

We saw the fire alarm was tested monthly and fire drills were held. Staff could tell us what they needed to do if the fire alarms sounded.

The home was clean, tidy and odour free. We saw staff had access to personal protective equipment, such as gloves and aprons and were using these appropriately.

People who used the service and relatives we spoke with spoke highly of the housekeepers. Their comments included, "I love my room it is cleaned every day, my bathroom is always very clean and I have my own things around me." "[Name] has a lovely bedroom and it's always clean." "It's always clean, with no unpleasant odours." The service had recently been inspected by the local Authorities infection prevention team who had made the following comment, "The home scored 98.97% and I was very impressed both with the levels of cleanliness and with the friendliness of all the staff at the home. "

The service had been awarded a five-star rating for food hygiene by the Foods Standards Agency. This is the highest award that can be made and demonstrated food was prepared and stored hygienically.

Accidents and incidents were recorded and analysed to see if any themes or trends could be identified. Records showed what action had been taken following any accident or incident to reduce or eliminate the likelihood of it happening again. For example, staff being present in the lounge areas.

Care records contained risk assessments relating to activities of daily living such as mobility, eating and drinking, continence and personal care. The risk assessments and care plans had been reviewed monthly and where an issue had been identified, action had been taken to address and minimise any identified risk. For example, we saw some people had specialist pressure relieving equipment in place to reduce the risks of them developing pressure sores.

Is the service effective?

Our findings

Staff were well trained and supported to carry out their roles effectively. The registered manager told us new staff completed induction training and were enrolled on the Care Certificate. The Care Certificate is a set of standards designed to equip social care and health workers with the knowledge and skills they need to provide safe, compassionate care.

All of the staff we spoke with told us training opportunities were good and the training was of high quality. Newer staff told us their induction training had prepared them for their duties and from speaking with them it was clear they had a very person-centred approach to care and a solid value base. For example, one care worker told us about the 'Creative Minds' training which focused, in part, on positive experiences and providing meaningful activities for people living with dementia. They said, "With the 'Creative Minds, it made you think about when you're passing a room, but then it also opens our mind to looking around to see if she has a smile on her face or if she looks like she is ready for crying."

We asked relatives if they thought staff had the right skills and experience. These were some of their comments, "Staff are on the ball and fully tuned in." "Staff know what they are doing."

The training matrix showed staff were up to date with training which included infection control, medicines, first aid, food hygiene, moving and handling, palliative care and safeguarding. We saw staff had also received specialist training in topics such as Parkinson's disease, diabetes and dementia care.

Staff were provided with supervision sessions which gave them the opportunity to discuss their work role, any issues and their professional development. Staff we spoke with told us they felt supported and said they could go to the registered manager or their unit manager at any time for advice or support.

Staff made the following comments, "Definitely [feel supported]. Every time you finish your shift, they [managers] say thank you. It's nice. In supervisions we talk about things we think might need improving in ourselves, any training we want to go on, anything we want to put forward. We'd go from there." "Yes, we do [have supervision]. I'm asked how I'm enjoying it [the job] and asked if I've got any problems."

Annual appraisals were also completed which looked at staff performance and development over the year. One member of staff told us, "We talk about where I want to be in so many years. We went through career paths and where you see yourself."

People's nutrition and hydration needs were met. We saw there was an excellent choice of meals available. People who used the service told us meals were good. Visitors made the following comments, "My relative likes the food here it is excellent there is plenty of variety and choice." "The food is lovely and [Name] enjoys their meals." "Mum is eating well again now and putting some weight back on."

We spoke with the catering manager who explained they were given information about people's dietary needs and preferences. At the time of our inspection they were providing, diabetic diets, vegetarian, gluten

free and fortified diets for people who had been assessed as being nutritionally at risk.

People who had been assessed as being nutritionally at risk were being weighed regularly. Records were also being maintained of what they were eating and drinking. We found these records were well completed and showed people were being offered high calorie snacks and drinks in line with their care plans.

Staff were using 'best practice' guidance to calculate how much fluid some people should be drinking on a daily basis, to ensure they were kept well hydrated. The records showed people were meeting or exceeding their individual targets. A care worker told us, "People that don't eat that much who struggle to eat, they're on food and fluid charts. People who eat well aren't. Everyone who first comes, always start on a food and fluid chart. The daily intake of fluids, they'll have a set target. If they don't meet the target, we have to keep pushing fluids. On the food chart it says if they are on full fat milk. The seniors go around and check it twice a day, the nurses go around and sign them off."

We saw mid-morning and mid-afternoon drinks were served and cold drinks were readily available. Snacks of fruit, crisps, chocolate tea cakes and cake were available in the lounge/dining areas throughout the day for people to have if they wished.

At lunchtime we saw staff showed people, who were living with dementia, the two plates of food which were on offer so they could make an informed choice. Care workers provided assistance, when this was needed, with patience and kindness.

People's healthcare needs were being met. In the six care files we looked at we saw people had been seen by a range of healthcare professionals, for example, GPs, community matron, district nurses, dietician, speech and language therapists and opticians. Any advice or treatment which had been prescribed was detailed in people's care plans.

People who used the service told us, "If I am not feeling well I call the staff and they decide whether they need to call the doctor." Relatives we spoke with told us staff kept them informed about any visits from healthcare professionals." "We have had a couple of hospital visits and the staff phoned to let us know, one of the staff went with him and stayed till I got there. The staff always contact us if there are any changes." "My husband took a turn a few weeks ago and the staff were very responsive and quick to act." Staff told us if they reported any concerns to the nurses they were quick to respond.

The accommodation had been purposely built to meet the needs of people who used the service. The accommodation at Cooper House was arranged over three floors. There were two lounge/diners on each floor, with further quite lounge areas on the ground and first floor. All the bedrooms were single occupancy and had en-suite toilets and showers. The accommodation was light, airy and comfortable. An enclosed garden was also accessible from the ground floor of the building.

Signage around the home was good. There were lots of pictures and displays on corridors to help people navigate their way around the building. Toilets, bathrooms, lounges and dining rooms were clearly marked. Peoples bedrooms had 'memory boxes' and/or pictures to help people find the right bedroom.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this

is in their best interests and legally authorised under the MCA. The authorisation 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 service was acting within the Mental Capacity Act. People's capacity to consent to their care and support arrangements was assessed.

Where people lacked capacity and it had been assessed that the accumulation of restrictions amounted to a deprivation of liberty, appropriate DoLS applications had been made. There were two authorised DoLS in place. Further applications had been made and were awaiting assessment by the local authority.

People were asked consent before care and support was provided. Where people lacked capacity best interest decisions had been made involving relevant people. For example, to live at Cooper House and to receive care and treatment.

Care files had details of any Lasting Power of Attorney (LPA) and what they were for. A LPA is a legal document that allows someone to make decisions for you, or act on your behalf, if you're no longer able to or if you no longer want to make your own decisions. LPA's can be put in place for property and financial affairs or health and welfare. This showed us the registered manager understood their responsibilities to act within the legislation.

Is the service caring?

Our findings

The organisations visions and values included the following, "Our business is about people, people who need hope and deserve a better future. It's about finding the spark that enables each of the people we support to grow in self-worth and where possible, independence. Being a loyal and true friend to the people we support, including the families of the people in our care. Being supportive to each other too because it's only through sticking together, being honest and passionate that we do this job so well." We found these values were reflected in the care being provided.

The service was exceptionally caring. We found a strong and visible person-centred culture. This was driven by the registered manager who was passionate in their belief that people living at the home should be at the centre of everything they did. Relatives told us, "I hear staff talking and saying to people, 'I only work here this is your home and you can have anything you want.'" We heard a care worker say to one person at breakfast time, "You can have whatever you want this is your home." "The staff are very helpful, nothing is too much trouble." "I can't fault the staff, they are very, very good. Really lovely, really, good."

A relative told us, "Staff are upbeat and happy." We saw staff coming into work smiling and happy. One care worker said to us, "Happy workforce, happy home." One of the housekeepers said, "I am happy and content to come to work." Staff were extremely proud of the care and support they were providing which made sure people who used the service were getting the very best care possible.

People were treated with kindness, respect, love and compassion. During the visit we observed staff demonstrating exceptionally high levels of kind and compassionate care and interaction towards people, treating them with the utmost care and respect. Staff greeted people with genuine warmth as they arrived in the communal areas in the morning, asking them how they were and if there was anything they needed and actively listening to respond to their needs. Staff valued the importance of spending time chatting with people as well as completing care and support tasks which made for a pleasant and inclusive atmosphere in which people felt they mattered. At breakfast time we heard one person who used the service say to a care worker, "I love you." The care worker responded with "I love you too," and gave them a hug. A relative told us, "Staff give people a hug and that makes them feel wanted."

Without exception, people told us Cooper House was a good home. Everyone said the staff were kind and caring. Comments from people who used the service included, "I am happy here, the staff are really excellent, we can have a laugh, they are respectful and caring and always pleasant, they always listen and don't talk over you." "I like the staff very much all are excellent with me we have a laugh." Relatives told us, "The staff interaction is really good, they are respectful and treat [Name] with dignity which is very important." It was clear from speaking with staff they knew people extremely well and how best to support them to live a dignified life. For example, one care worker told us there was one person they supported with personal care who would not often talk to them, however, they explained if they started singing the person would try to join in.

The service had staff who were dignity champions. They were empowered to provide staff with constructive

feedback, in real time, to improve individual's skills and understanding. This initiative supported the organisations value about striving for excellence. Staff recognised the importance of treating people with dignity and respect and demonstrated this in all interactions. Staff bent down to the same level when communicating with people, spoke clearly and waited patiently for people to respond. Staff were mindful and highly respectful of people's privacy, for example knocking on bedroom and bathroom doors before entering.

Throughout the two days of the inspection, all the interactions we observed between staff and people who used the service were extremely kind, respectful and compassionate. We heard staff speaking with people using their preferred names or agreed names, and showing a genuine interest in their wellbeing. Comments included, "You look lovely. Do you want to sit down and I'll put the kettle on?" In one lounge people who used the service had been watching a Les Dawson programme. We saw one person sitting in the corridor with a member of staff laughing with them about what they had seen. We heard one person who used the service say to a care worker, "You think your good and all!" This resulted in much laughter from people at the table and staff. A visitor told us, "The staff are fond of people, they call our relative 'Nana [name]' and she really likes that."

Staff were exceptionally thoughtful which ensured people received person centred care. People who used the service told us, "The staff know my likes and dislikes they are lovely, they come quickly if I press my buzzer, they are so pleasant and they chat." A visitor told us, "[Name of staff member] accompanied my relative to a family funeral. They [registered manager] got the person my relative would have wanted."

The head of catering told us care workers had told them some people were having trouble eating the peaches and cream. This was because they were 'chasing' the peaches around the bowl with their spoon. The kitchen staff now make peach mousse so people can still enjoy the taste of peaches and cream.

On the second day of our visit the head of activities explained they had originally planned to take people who used the service on a trip out to a tea room. However, because of one person's specific dietary needs they went to a large park where the café had a more extensive menu.

A relative contacted us to give some highly complementary feedback before this inspection. They had spent the night at the home as their relative was nearing the end of their life and wanted to tell us how wonderful the staff were. They said, "Everyone from the top to the bottom are superb. They treat residents like a family would do and I know what good care looks like. Some people were up having breakfast at 3am [by choice], everyone was treated with patience and kindness. One of the staff, who wasn't on duty came in with their baby to see my [relative] and they have named the baby after my relative."

On the first day of our inspection some staff from the service had been to the funeral of someone they had cared for. The family had included the following tribute in the service: "The staff at Cooper House loved [relative], they fully understood their needs, they were cared for beautifully by all the staff teams and [relative] had an enhanced quality of life we could never give them. This care and compassion and understanding we as a family are truly grateful and we thank all the teams from the bottom of our hearts. We do not believe [relative] could have been in better hands, for a family it is such a difficult decision to hand your loved one over to be looked after. We have been blessed with all of you and thank you for the care you gave [relative] and we as a family are eternally grateful."

The head of activities told us in May 2018 a Memorial Day was held to remember residents who had died over the previous 12 months. Relatives were invited and the service was held outside. Staff read poems and balloons were released. We saw the following compliment had been made by a relative, "Just to let you

know I really enjoyed the memorial service this afternoon at Cooper House. I enjoyed releasing balloons for [Name]. Somewhere over the rainbow was the song which was played at [Names] funeral so it was lovely for me seeing the balloons going up into the sky while that was playing. Also, it was nice to see all the lovely staff who helped to look after [Name], and to meet up with other families again, I think it would be a good idea to do it again next year. It will bring a lot of comfort to the families." The Catholic Priest told us, "They invited me to preside at a service for recently deceased residents earlier in the summer - the first of its kind - and they prepared it very well."

People who used the service were supported to be as independent as possible. Staff looked happy and smiled a lot, spoke with people in a kind and compassionate way. One person who used the service told us, "Staff are lovely they are kind and respectful and I get help with showering every other day and hair washed. I have my hair done at the hairdressers once a week, I am quite independent but if I need help they come quickly." A relative told us, "The staff do everything possible to help independence, [Name] actually came in for end of life care, they [staff] have looked after them so well they can now do lots of things for themselves and is very well in comparison. We can't thank them enough." We heard one person tell a member of staff there was something they could not find in their handbag. The member of staff gently encouraged them to look through the bag themselves until the item was recovered. One of the housekeepers was looking for one person who used the service as they liked to help with the cleaning.

We looked at whether the service complied with the Equality Act 2010 and in particular how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. Our observations of care, review of records and discussion with the registered manager, staff, people and relatives showed us the service was highly pro-active in promoting people's rights. People's spiritual needs were sensitively assessed and people were fully supported to follow their faiths.

Services were held in the home by a Catholic priest, a Church of England vicar and a Hindu Priest. People had also been out to visit the local Hindu Temple. A care worker who supported the visit shares the same cultural background and told us, "As soon as [Name] got into the Temple they knew exactly what to do."

The Catholic Priest told us, "I visit Cooper House once a month to conduct a Communion Service there. I also visit Catholic residents who are unable to attend the Service in their rooms. Sometimes, the staff call me in to give the Sacrament of the Sick to a resident who is nearing the end of his or her life. I have been associated with Cooper House in this way for the last three years. I am very impressed by the whole set-up. The activities manager could not be more helpful. They encourage residents to attend the monthly service and personally goes around floors and rooms to help with the logistics of getting people to the ground floor lounge. They usually sit in and join in the singing and discreetly advises me who is a Catholic and hence might want Holy Communion and who isn't and for whom therefore a blessing would be more appropriate. The activities manager also discreetly advises me on which Catholic residents appear to be nearing the end of their lives so that I know to give them the Sacrament of the Sick as well as Holy Communion. They have accompanied me as I visit residents in their rooms and has explained different people's particular needs."

People's care plans stated how they should be supported to ensure they made their own choices and had their views heard. Throughout the two days we saw staff worked in full consultation with people and talked to them appropriately. People were asked for their opinions on things like where they would like to sit, what they wanted to eat and what activities they would like to be involved in. Wherever possible people had been involved in planning their care and support. Where this had not been possible relatives, friends or representatives had been involved. Review meetings were held every three months to ensure everything people wanted was in place and their wishes agreed.

Visitors were made to feel extremely welcome. Relatives told us, "The staff are always kind and friendly we can go and make our own drinks." One visitor told us about the Valentine's Day celebrations. They had been invited to share the day and a meal with their relative. They said a special meal had been prepared, together with a glass of wine and there was a rose on the table. This had made the day very special for them.

Is the service responsive?

Our findings

People's needs were assessed before they moved into the home. The assessment considered people's needs and choices and the support they required from staff, as well as any equipment which might be needed. We saw these assessments were in people's care files. One person who used the service told us, "Moving here was the best thing I've ever done, I came in February for respite for two weeks and never left. I've got company, entertainment and I think the food is excellent." A relative told us, "I visited a few homes and Cooper House was recommended to me. Staff from here went to the hospital to do the assessment and then [relative] was offered a place here." Another relative said, "I came here to look around unannounced to look around, I spoke to other relatives who were visiting and they were happy with the care."

People who used the service and relatives told us they had been involved in the care planning process. One person who used the service said, "I have a care plan but my family deal with that." Visitors told us, "We have had a review [of the care plan] and there is another one coming up soon, we have had two in three months, they are always recorded and signed by all of us." "[Name] has a care plan and it is always read and signed by us."

Care records were detailed and reflected people's individual care and support needs as well as personal preferences, history, likes and dislikes.

Care plans were being reviewed every month or as people's needs changed. We looked at six care plans. We found one which was not completely up to date. We brought this to the attention of the deputy manager who addressed this during our visit.

People's end of life care needs were planned for. People who used the service and relative's had been consulted about where and how they wished to be cared for at the end of their life. This had been documented in the care plans together with any specific requests. For example, one person wanted classical music to be played in their bedroom.

Complaints were taken seriously and investigated. The complaints procedure was detailed in the welcome folder which was in every bedroom. We also saw the complaints procedure was on display in reception, together with feedback forms and a suggestions box so people could comment on their visit

People who used the service and relatives told us, "Well, I've never had to complain but I would speak to [Name of staff member]." "If I have any concerns or complaints I speak to [Name of unit manager] and they sort it out." A system was in place to log, investigate and respond to complaints. We saw complaints had been responded to appropriately.

We looked at what the service was doing to meet the Accessible Information Standard (2016). The Accessible Information Standard requires staff to identify record, flag and share information about people's communication needs and take steps to ensure that people receive information which they can access and understand, and receive communication support if they need it. We saw people's communication needs

had been assessed and support plans put in place to help staff meet their needs.

People were being offered an excellent range of stimulating activities. People who used the service told us, "We have activities, I like all of them, bingo, DVD's on a big screen it's like being at the pictures, singing, dancing, I've been to Scarborough on the minibus, we have themed days, coffee mornings, church services and my family take me out as well, it's good." We have things going on, we have a big TV, music, we have everything, singers, we have been out for fish and chips there were eight of us."

Relatives told us, "The residents go on outings and they have themed activities regularly. The vicar also comes in regularly." "The activities are good, they have themed projects monthly for the residents, also lots of music and TV choice, there is a garden room which is themed leading to the outside garden." "The staff know [Names] likes and dislikes, they like old engines and they took them out to the Industrial Museum in Bradford they like old transport and mill machines." "There is lots of entertainment coming in and this keeps their minds active."

A staff member said, "Everyone in the home can see how much of an improvement the activities team has made. They take them out on trips. Before, there didn't seem to be much (to do)."

The service has two very enthusiastic and creative activities staff and a volunteer who helped the activities team. Large and small group activities were organised together with one to one activities. Trips out in the homes own minibus were also organised every week.

Themed activities had also taken place. There had been a gardening week, people who used the service had been out to buy seeds, plants and pots. Pots had been painted and the garden decorated with flowers people had painted. A garden party had been held with music and drinks.

One of the lounges had been turned into a garden themed room. On the table were gardening books, dried herbs, artificial grass and a big tree had been painted on the wall with butterflies on its branches.

The home had also been turned into a cruise ship for a week. Local schools had been involved and had provided art work to decorate the home. The cruise ship 'stopped' entertainment had been organised to reflect the country it was in. For example, Bollywood dancing when it stopped in India. The head of activities told us this had been a very successful event and had prompted a lot of memories.

The activities co-ordinator was also a musician. There were many piano's in the home and impromptu sing-a-longs were organised. We saw them playing to two people who used the service. As people responded to the tunes, they would stop playing to talk with them about their memories.

People who used the service were supported to develop new relationships. Children from a local crèche visited the home every two weeks. They brought toys and books with them and sang nursery rhymes. Some of the people who used the service showed us pictures of themselves with the children and it was clear how much enjoyment they got from these visits.

One of the local schools had also invited people who used the service to join them for a 'school dinner' and craft activities.

Is the service well-led?

Our findings

When we inspected the service in August/September 2016 it was rated as 'Inadequate.' When we returned in July 2016 the current registered manager had taken over and improvements had been made. The service was rated as 'Requires improvement' because we needed to be assured improvements could be sustained and developed over time. This has happened and the service now has an overall quality rating of 'Good.'

There was a registered manager in post who provided leadership and support. They were supported by a nurse clinical lead, three unit managers and heads of each department.

Relatives made the following comments about the registered manager, "[Name] is approachable and is very good at their job. If the manager is properly trained it's passed down the line." "They are very pleasant. They showed me around and gave us a choice of bedroom.

Staff comments about the registered manager included, "[Names] door is always open. They like things done properly and will try and help solve any issues." "[Name] is a very good manager. They implement things correctly and have instilled in staff to take ownership and invest in the service." "[Name] is firm but fair. They give you skills and resources to do what you need to do. They spot potential in staff and they know what skills people have."

We found the management team open and committed to make a genuine difference to the lives of people living at the service. We saw there was a clear vision about delivering good care, and achieving good outcomes for people.

Staff morale was good and staff said they felt confident in their roles. Staff we spoke with told us they would recommend the service as a place to receive care and support and as a place to work. It was evident that the culture within the service was open and positive and that people who used the service came first.

Effective systems were in place to assess, monitor and improve the service. Audits were undertaken in a range of areas including infection control, safeguarding, medicines, care planning and the dining experience. We reviewed some of these audits and found they were thorough and meaningful, with detailed actions produced to drive improvement.

Communication was good. The registered manager met with unit managers and heads of each department every day, this enabled them to have a complete overview of what was going on in the service. Also they could give the rest of the management team information or updates.

People's views about the service were sought and acted upon. Residents and relative's meetings were held. Some of the people who used the service and relatives we spoke with told us they attended these meetings. People said, "I go to the meetings, we are given information about what is going on and can talk about anything we want to." "There are regular relative's meetings and I will be at the next one, this will be my first time." "I've been to a couple of resident's meetings to see what's going on and my son has been to relative's

meetings."

On the 'You said; We did' board it was clear what action had been taken in response to people's requests. For example, the garden area had been improved and a welcome pack had been developed to make sure people had all the information they wanted about Cooper House.

Staff meetings were held every month. Staff told us, "We have staff meetings every month and then separate seniors and nurse's meetings as well." We saw from staff meeting minutes staff were encouraged to speak openly and raise any issues. We asked staff if their ideas were listened to and acted upon. "With the end corridors, they used to be plain whereas now we have a bookcase where someone can sit. We said we needed more activities so we did a round the world virtual cruise."

The registered manager had worked in partnership with the local authority commissioning team, the local clinical commission group commissioners and local authority safeguarding team to bring about improvements to the service. The local authority commissioning team told us "[name of registered manager] has on a few occasions helped other providers I am working with in sharing some of their group/home checklists and forms. They have joined our Council Care Home Service Improvement Board.

Providers are required by law to notify The Care Quality Commission (CQC) of significant events that occur in care settings. This allows CQC to monitor occurrences and prioritise our regulatory activities. We checked through records and found the service had met the requirements of this regulation. It is also a requirement that the provider displays the quality rating certificate for the service in the home, we found the service had also met this requirement.