

Amore Elderly Care Limited

Cooper House Care Home

Inspection report

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Date of inspection visit:

15 February 2022

22 February 2022

23 February 2022

28 February 2022

Date of publication:

30 March 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service caring?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Cooper House is a residential care home providing personal and nursing care for up to 80 people. The service provides support to older people some of whom are living with dementia. The home is purpose built with accommodation provided in separate units over three floors, each with their own facilities. At the time of our inspection there were 42 people using the service.

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

Medicines were not always managed safely which placed people at risk of harm. The provider was working with external specialists to monitor subsidence issues with the building. However, we were not assured the risks had been fully mitigated.

We found improvements had been made since the last inspection which had resulted in better outcomes for people using the service. People received person-centred care. Staff knew people well and understood how to support people who were distressed or anxious. Staff were kind, caring and compassionate. They treated people with respect and maintained their dignity.

Staff understood how to manage any risks to people and knew the processes to follow to manage any allegations of abuse. Care records provided detailed information about people's needs and preferences.

There were enough staff to meet people's needs. Recruitment processes ensured staff were suitable to work in the care service. Staff were trained and had received recent supervision. Communication systems had improved; a range of daily meetings ensured managers and staff were kept updated about any changes.

Leadership and management had improved. The manager had good oversight and knowledge of the service and monitored and supported the staff team making sure the quality of care was maintained. Quality assurance systems were effective in identifying and addressing issues, although medicine audits needed to improve. Accident and incidents were analysed and lessons learned were shared with staff. The provider had an ongoing improvement plan to ensure improvements were sustained.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was inadequate (published 28 July 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made in relation to these breaches.

This service has been in Special Measures since 28 July 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or

in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We carried out an announced comprehensive inspection of this service on 27 May to 11 June 2021. Breaches of legal requirements were found. We served warning notices in relation to Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and requirement notices in relation to Regulations 10, 13 and 18. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions Safe, Caring and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this 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. This included checking the provider was meeting COVID-19 vaccination requirements.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cooper House Care Home on our website at www.cqc.org.uk

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified two breaches in relation to medicines and the premises at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Cooper House Care Home

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. 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

The inspection was carried out by three inspectors and a medicines inspector.

Service and service type

Cooper House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Cooper House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The registered manager left the service in July 2021. The current manager has applied for registration with the Care Quality Commission. The registered manager 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 announced. We announced the inspection from the car park shortly before entering the service on 15 February 2022. This was because we needed to check the arrangements in place for preventing and containing transmission of COVID-19 prior to entering the building. Inspection activity started on 15 February 2022 and ended on 28 February 2022. We visited the service on 15 and 22 February 2022. The other dates were spent reviewing information off site.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the clinical commissioning group (CCG) and local authority commissioners and safeguarding team and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

While on site we spent time with people in the communal areas observing the care and support provided by staff. We spoke with five people and four relatives about their experience of the care provided. We spoke with 11 members of staff including the manager, deputy manager, nursing, housekeeping, activity and care staff. We reviewed a range of records. This included 10 people's care records and 12 people's medicine records. We looked at two staff recruitment files. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We requested further information from the provider relating to the building and fire safety arrangements.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not always managed safely.
- People missed some doses of their prescribed medicines because there was no stock available in the home for them.
- Written guidance was in place for staff to follow when medicines and creams were prescribed to be given "when required". However, sometimes information was missing which meant staff did not always have the guidance to tell them when someone may need the medicine or how much to give.
- Arrangements were in place to make sure most time sensitive medicines were given at the right time. However, one type of antibiotic which had been prescribed for three people, had not been given on an empty stomach. Another person was given a medicine with food but the medicine should have been taken before food. This means the medicines may not work properly.
- Some people were prescribed medicated patches for severe pain and to treat other symptoms, but they were not applied as directed by the manufacturers. This put people's skin at risk of irritation.
- Waste medicines were not stored safely in line with current guidance.

Medicines were not always managed safely. This placed people at risk of harm. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- The building had been affected by subsidence. There were visible cracks in one area of the building and because of this a communal area had been closed. Records showed some fire doors had been affected causing gaps between the doors and the walls. The provider confirmed these fire doors were being monitored and said none of the rooms affected were occupied.
- The provider told us they were working with external specialists to ensure the safety of the building. A survey of the building had been carried out in March 2021 and made recommendations. The provider told us they had acted on the recommendations and continued to monitor the situation. We reviewed information the provider sent us, however, we were not fully assured the premises was properly maintained

The premises were not properly maintained. This placed people at risk of harm. This was a breach of regulation 15(1) (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this section of regulation 12.

- Risk management had improved. Risk assessments provided clear guidance on how to manage risk. There was evidence of regular review and updates when changes occurred.
- Staff were aware of risks to people and took action to keep them safe. For example, staff followed guidance when supporting people who were agitated and distressed, making sure the individual and others were safe.
- Environmental safety and maintenance checks were in place. Areas of the home had been redecorated and refurbished and this was ongoing.

Preventing and controlling infection

At our last inspection people were not protected from the risk of infection as control measures were not implemented consistently. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this section of regulation 12.

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.

- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed. We identified one isolated incident where staff were unsure if a person was still in isolation as the person's COVID-19 test had not been properly recorded. The person had not left their room therefore no harm was caused. The provider took immediate action to address the issue when we raised it.

- We were assured the provider's infection prevention and control policy was up to date.
- The provider was facilitating visits for people living in the home in accordance with the current guidance.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency.

- The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

Staffing and recruitment

At our last inspection the provider had failed to ensure sufficient suitably qualified, competent, skilled and experienced staff were deployed to meet people's needs and keep them safe. This was a breach of

regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- There were enough staff to meet people's needs and keep them safe.
- Staff worked well together as a team ensuring a staff member was always present in lounge and dining areas as well as supporting those who chose to stay in their rooms. We saw staff responded promptly to people's needs and did not rush people.
- Regular agency staff were used to ensure consistency. Staff usually worked on the same unit which meant they knew people well.
- Staff said there were enough staff to meet people's needs and this was confirmed by our observations.
- A staffing tool was used to monitor and adjust staffing levels according to people's dependencies.
- Recruitment processes were safe with all required checks completed before new staff started employment.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider failed to ensure people were protected from the risk of abuse and improper treatment. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- People said they felt safe in the home and relatives agreed. One relative said, "I have always felt [family member's] safe in here, no doubts."
- Staff had completed safeguarding training and knew the procedures to follow if abuse was suspected or found.
- Safeguarding incidents were recorded and showed actions had been taken to protect people.
- Safeguarding incidents were referred to the local authority safeguarding team and notified to CQC.

Learning lessons when things go wrong

- Improved systems ensured accidents and incidents were reported, recorded and analysed.
- Any lessons learned were shared with staff through daily meetings, handovers and safety huddles.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

At our last inspection people were not treated by staff with compassion, dignity and respect. This was a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

- People were well cared for and supported kindly by staff.
- Staff engaged warmly with people and were caring and considerate in their approach. Staff knew people well and took every opportunity to chat with them making them smile.
- When people were becoming anxious staff intervened calmly and gently saying things like, "Shall we go for a walk and a change of scenery." People looked comfortable and relaxed in the company of staff and those who were able to tell us said they were happy with the care provided.
- Some people gained comfort from baby dolls and therapy pets and staff ensured these were provided and talked with people about them. One relative said, "[Family member's] got one of those cats and she absolutely loves it. It's such a comfort to her."
- Relatives praised the staff and spoke positively about the care provided. Comments included; "Staff are very kind and so good with [family member]. They keep in touch with me every day" and "Staff have been absolutely fantastic with [family member]. I don't know how we would have coped, if [family member] hadn't come here."
- We identified one isolated incident where we observed an agency care worker not engaging or supporting a person correctly with food and drink. We reported this to the manager who took action to address the issue.

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

- Staff supported people to express their views and involved them in decisions about their care.
- Communication aids were used by staff to help them communicate with people whose first language was not English. Staff had learnt key words in one person's first language and used these effectively to help ease the person's anxiety when the person became distressed.
- Relatives said they were kept informed about their family member and were involved in decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was maintained and staff treated people with respect.
- People looked well groomed. They were comfortably dressed and wearing appropriate footwear. One relative said, "[Family member's] always been a smart man. He likes to wear a shirt, tie and jumper and they always make sure he's well dressed as they know it's important to him. They really look after him."
- Staff complimented people on their appearance. One staff member said, "You look lovely in blue" which made the person smile.
- Staff encouraged people to be independent. We saw one staff member walking alongside a person telling them how well they were doing and saying, "Not far now. We're nearly there."
- Staff were discreet when asking people about their personal care needs and ensured any personal care was carried out in private.

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.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

At our last inspection the provider had failed to ensure robust systems were in place to assess, monitor and improve the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- We found improvements had been made to address the breaches identified at the last inspection. However, at this inspection we identified two new breaches in relation to medicines and the premises.
- The registered manager left shortly after the last inspection in June 2021. The current manager started in September 2021 and has applied for registration with the Commission.
- Leadership and management had improved. The manager had good oversight of the service and was visible on the units supporting and directing staff to ensure standards were maintained.
- Staff said the manager was approachable and listened to their views. Comments included; "Things are improving, there's been a lot of changes. Communication is better. Manager's really good, keeps on top of everything" and "It's better now, more organised. Communication has improved." One relative told us they had seen positive changes in the last few months and said, "Staff seem much happier with the new manager."
- Staff were clear about their roles and understood their responsibilities. Records showed staff training was kept up to date and staff had received recent supervision.
- Effective communication systems ensured staff were kept informed of any issues and actions required and also provided them with an opportunity to raise any matters.
- Quality assurance systems were in place. Regular audits were carried out by the management team and provider reviewing all aspects of service provision. Overall, the audit process was thorough, identifying issues and actions to be taken. However, medicines audits needed to improve as issues we identified at the inspection had not been picked up or addressed.
- Record keeping had improved. Care records we reviewed were well completed, up to date and reflected people's needs. Further work was being undertaken to ensure all care records met this standard.
- The provider and manager were keen to make improvements and proactive when issues came to light at

the inspection. An action plan was in place and regularly reviewed to ensure improvements were sustained.

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

- The manager understood the requirements of the regulations to make notifications and to comply with duty of candour responsibilities when things had gone wrong.

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

- People, relatives and staff were engaged and involved in the service.
- We saw minutes of meetings the manager had held with people and staff. Relatives said they had been kept informed about their family member and what was happening in the home. One relative appreciated staff contacting them daily. Another relative told us how thoughtful staff were and said, "We couldn't have picked a better place."
- We saw recent cards and emails thanking staff. One relative's email said the home's newsletter was fantastic and made it easier to have conversations with their family member as they knew what had been happening in the home. Another message said their family member had 'come on in leaps and bounds since she moved in'.
- The activity co-ordinator and staff had worked hard to involve and engage people in a variety of activities and events over the last few months. Over Christmas there were several celebrations and on Valentine's Day everyone received a rose and small bottle of fizz. Links had been made with a local primary school to develop the Together with Music programme connecting generations and communities. Photos and updates were posted on a private social media page which families could access. One relative said, "It's so lovely for all the family to see and reassuring that he's having a good time when we're not here."

Working in partnership with others

- The service worked closely with other agencies. Care records had good evidence to show other professionals were involved in people's care.
- The manager and staff understood the importance and benefits of working alongside other professionals.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Medicines were not always managed safely which placed people at risk of harm. Regulation 12 (1)(2)(g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment
Treatment of disease, disorder or injury	People who use services and others were not protected against the risks associated with unsafe or unsuitable premises because of inadequate maintenance. Regulation 15 (1)(e)