

Mr & Mrs T Burgess

Coppice Lodge

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 25 and 26 October 2016. At which two breaches of legal requirements were found. This was because the registered provider checks and audits did not assess, monitor and drive improvement in the quality and safety of the services provided. In addition, the registered provider had not made all relevant notifications to Care Quality Commission (CQC). A notification is information about important events which the provider is required to send us by law and CQC requires this information to look at the risks to people who use care services.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches. We undertook a focused inspection on the 31 May 2017 to check that they had followed their plan and to confirm that they now met legal requirements.

This report only covers our findings in relation to these requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Coppice Lodge' on our website at www.cqc.org.uk

Coppice Lodge is registered to provide accommodation and personal care for a maximum of eight people. There were seven people living at the home on the day of the inspection.

There was a registered manager in place who is also the registered provider. 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.

Since the last inspection the provider had made changes to the staffing team and had appointed three senior carers to provide further support to staff and develop lead roles within the home. Staff told us that supervisions and staff meetings were now in place and that they were able to ask for advice and support when needed from the senior carers. Staff told us this supported them to provide more responsive care. We saw that senior care staff had recently completed supervision training to support the completion of regular staff supervisions.

All staff we spoke with said there had been improvements in the management of the service and this had a positive impact on the care and support provided. Staff told us people were being supported with more responsive care, for example, there were now more activities within the home based on people's individual choices

Checks and audits were now in place to monitor and drive improvement in the quality and safety of the services provided. For example, there was now a system of audits to record and monitor accidents and incidents in place to identify trends, so staff could take appropriate action to reduce the likelihood of events

from happening again.

Records showed notifications had been made as required to CQC. A system was now in place to record and monitor Deprivation of Liberty (DOL) applications and authorisations. However, we found that whilst improvements had been made, the provider needed to review systems used to ensure they were robust enough to identify all instances when action needed to be taken.

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The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service well-led?

We found that action had been taken to improve the management of the service.

There were now checks and audits in place to monitor and drive improvement in the quality and safety of the services provided.

A new senior staff structure had been introduced to provide further support to staff and develop lead roles within the home. Staff supervision and meetings were now in place which supported staff to provide more responsive care.

Systems were now in place to ensure notifiable events were sent to CQC.

This meant that the provider was now meeting legal requirements.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for well led at the next comprehensive inspection.

Requires Improvement 

Coppice Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook a focused inspection of Coppice Lodge on 31 May 2017. This inspection was completed to check that improvements had been made so that the provider was now meeting the legal requirements after our comprehensive inspection on 25 and 26 October 2016. We inspected the service against one of the five questions we ask about services; is the service well led. This is because the service was not meeting legal requirements in relation to that question.

The inspection was undertaken by one inspector. Before our inspection we reviewed the information we held about the home, this included the provider's action plan, which set out the action they would take to meet legal requirements. We also contacted the local authority about information they held about the provider.

During our inspection we spoke to one person who lived at the home, and used different methods to gather people's experiences of what it was like to live at the home. We spoke with the registered provider who was also the registered manager, the deputy manager, two senior care staff and two care staff. We looked at audits of incidents and accidents, medication audits, three people's care records, diary appointment system, three staff supervision records and staff meeting minutes.

Is the service well-led?

Our findings

At our comprehensive inspection of Coppice Lodge on 25 and 26 October 2016, we found that the registered provider checks and audits did not assess, monitor and drive improvement in the quality and safety of the services provided. This was a breach of Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014 Good Governance.

We also found that the registered provider had not submitted all relevant notifications to CQC. A notification is information about important events which the provider is required to send us by law and CQC requires this information to look at the risks to people who use care services. This was a breach of Regulation 18 Care Quality Commission (Registration) Regulations 2009 Notification of other incidents.

At our focused inspection 31 May 2017, we found that the provider had followed the action plan they had written to meet shortfalls in relation to the requirements of Regulation 17 and 18 described above.

Since the last inspection the provider had made changes to the staffing team and had appointed three senior carers. Each senior carer led care staff on a shift and also had a lead role, for example, one senior carer was responsible for developing the incident monitoring systems.

We saw a system of audits to record and monitor accidents and incidents were in place and to identify trends to reduce the likelihood of events happening again. One member of staff told us, "We [staff team] have all been brought up to date with recording incidents etc." We spoke to the senior carer who told us how the system was being continually developed based on feedback from staff. For example, records had been amended to capture more information. We were told by two staff that the new checks in place evidenced a reduction in the number of incidents for one person following a change in their medication. Both staff commented on the positive impact for the person's well-being.

A second senior carer was the lead for activities within the home. On the day of our inspection spoke to one person who was enjoying helping staff with a delivery into the home and we saw that people had enjoyed a cooking session on the morning. All staff we spoke with said there had been improvements at the home with people being supported with more responsive care. For example, there were more activities within the home based on people's individual choices. One member of staff said, "Things are definitely improving, there's more activities in the home so it's much better for those people who like to be busy."

We saw an activity board was now available to guide staff on activities for each day for each individual person. One senior carer said, "There's always something to do but activities aren't set in stone, people can choose on the day. Yesterday the weather was lovely, so some people chose to spend time in the garden instead."

We spoke to five staff in total, all of who confirmed that supervisions were now in place. One member of staff said, "Supervisions are good and if you have any concerns you only have to ask the deputy manager and they will put a supervision in place for you. They do respond now." Staff also confirmed as a small team they

were able to ask for advice and support when needed from the senior carers. One carer said, "I get the right level of support. The seniors have had a positive impact, there's always someone to speak to." We saw that two senior carers had recently completed supervision training to support the completion of regular staff supervisions.

Staff we spoke with confirmed that two staff meetings had taken place since the last inspection. Staff confirmed that staff meetings had improved communication within the staff group which enabled better support to people living at the home. The registered provider also told us the introduction of a guidance sheet for staff, ensured all staff were aware of their expectations and standards of care and support.

We saw that since the last inspection incident forms had been amended to include information on whether a notification had been made to CQC. Records showed that notifications had been made to CQC and also showed other actions taken, for example, referral to the local authority.

We looked at DoLS authorisations that were in place. We saw three notifications had been sent to CQC and a system was in place to review applications and authorisations. Whilst improvements had been made, the provider needed to review systems used to ensure they were robust enough to identify all instances where action needed to be taken. For example, we found one DoLS authorisation that had expired and the registered provider told us this needed to be applied for again. The registered provider confirmed that this was actioned immediately following our inspection.