

Larchwood Court Limited

Copperfields Residential Home

Inspection report

42 Villa Road
Higham
Kent
ME3 7BX

Tel: 01474824122
Website: www.larchwoodcourt.co.uk

Date of inspection visit:
25 May 2021
03 June 2021

Date of publication:
19 July 2021

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Copperfields Residential Home is a residential care home providing accommodation and personal care for up to 20 people. The service supports older people and people living with dementia. The accommodation is provided across two floors in one building. There were 10 people living in the service at the time of the inspection.

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

Quality assurance processes and audits were not always robust enough to identify shortfalls and to continually monitor, evaluate and improve the service.

Some environmental health and safety checks had not been completed in a timely manner and records of health and safety checks were inconsistent and lacked clarity. For example, emergency lighting, water temperatures and fire training were not up to date.

Staff were not always recruited safely. For example, employment history and reference checks were not documented in every case. However, most of the time there were enough staff to support people safely.

Most risk assessments and care plans were completed accurately and contained enough information for people to provide safe care. A stair gate had been fitted to prevent unauthorised access to the basement and to minimise risks to people. This was a recommendation following the last inspection.

People told us they felt safe in the service and relatives agreed. One relative said, "They genuinely want the best for my mum."

Medicines were managed safely in line with current guidance. People received their medicines as prescribed by people who were trained to do so. Medicines were ordered, stored and disposed of safely.

People and their relatives were involved in decisions about their care. Relatives had been invited to meetings to discuss and agree care plans. Relatives had been kept informed of any changes by the staff at the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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 requires improvement (published 01 December 2020) and there was a

breach of regulations. The provider completed an action plan after the last inspection to show us what they would do and by when to improve. At this inspection enough improvement had not been sustained and the provider was still in breach of regulations. This service remains rated requires improvement. This service has been requires improvement for the last four consecutive inspections.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 8 January 2020. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve staffing and good governance.

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, Responsive and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service remains the same. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, responsive and well-led sections of this full report.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Copperfields Residential 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 have identified breaches in relation to good governance at this inspection. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan for 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Copperfields Residential 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 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

The inspection was undertaken by one inspector.

Service and service type

Copperfields Residential Home 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 manager registered with the Care Quality Commission. This means that 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 received about the service since the last inspection. 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. We used all this information to plan our inspection.

During the inspection

We spoke with three people who lived in the service and four relatives about their experiences of the care provided. We spoke with four members of staff including the registered manager, a senior care worker, the cook and the provider. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included five peoples' care records and multiple medication records. We looked at five staff files in relation to recruitment and supervision. A variety of records relating to the management of the service including audits, policies and procedures were reviewed.

After the inspection

We continued to see clarification from the provider to validate the evidence found. We looked at training records, staff rotas, handover meeting notes and health and safety information.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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.

Assessing risk, safety monitoring and management

- A recent fire risk assessment had been completed by an external contractor who found that the service was carrying medium risk. They found records of testing and maintenance was out of date, some fire doors were not kept clear and the kitchen extractor required cleaning. The registered manager had developed an action plan and some actions had been completed, but there was no evidence to support this. For example, the kitchen extractor had been cleaned 'first week in April', but no supporting evidence was attached. There was a procedure for testing the emergency lighting with weekly, monthly, six monthly and annual tasks, but the emergency lighting check sheets did not evidence compliance with these timescales. Radiators were covered to prevent people burning themselves.
- Care plans and risk assessments were comprehensive and up to date. Each element of the care plan and risk assessments were updated monthly by the registered manager. However, one care plan review which had been done in May 2021 still mentioned the lack of visits due to Covid-19; these restrictions had been lifted two months earlier.
- Care plans contained guidance for staff, so they knew how to support people safely. For example, explicit instructions about how to support people to mobilise safely or to eat safely. Care plans contained signing sheets for care workers to confirm that they had read and understood the care plans.

Staffing and recruitment

- Staff had not always been recruited safely. Records were maintained to show that checks had been made on Disclosure and Barring (DBS) records. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable people working with people who use care and support services. However, one recruitment file had an incomplete employment history. Where references from previous employment were not available, for example young people joining straight from education, there was no evidence in the file to demonstrate that attempts had been made to obtain references from an educational establishment or a personal or character reference. We discussed this with the registered manager and the provider during the inspection and they gave assurances that these issues would be addressed.
- There was a small staff team who were supported by agency care workers. Regular agency care workers were allocated to the service who had a good knowledge about the people living there. Care worker recruitment had been difficult with no applicants following the last advert.
- Relatives had mixed feelings about the staffing levels but felt that there were enough staff to support their loved ones in the right way most of the time. One relative said, "They are fantastic, always welcoming." Another relative said, "I'm not sure if there are enough staff. No-one ever answers the phone." Lack of response to telephone calls was mentioned by other relatives.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People told us they felt safe in the service. Relatives we spoke to agreed that their loved ones were safe. One relative said, "She's never been happier, she was lonely before she moved here." Another relative said, "She's always laughing, with a great big smiley face. I like that."
- Some staff training in safeguarding was out of date. However, staff knew how to report safeguarding concerns. The registered manager was aware of their responsibilities and dealt with concerns in a timely manner.
- Records showed that safeguarding concerns were reported appropriately to the local authority; the registered manager and the provider worked with appropriate professionals to address any issues raised.

Using medicines safely

- Medicines were managed safely in line with national guidance. Medicines were ordered promptly and disposed of safely when no longer required. Medicines were stored securely in clean, temperature-controlled conditions.
- Medicines were administered by senior care workers who had received additional training and been deemed competent in medicine administration. Training and competency records were up to date, although when issues were identified during competency checks there were no details and no action plan to ensure corrective action was sustained. Medicines were audited regularly, and medicine errors were investigated by the manager.
- Medicine administration records were complete and accurate. There were clear guidelines in place for staff to administer 'as required' medicines, for example pain relief. When these medicines were used, staff recorded whether the medicine had the desired effect.

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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- There were systems in place for recording accidents and incidents and staff knew what to do and how to report incidents. Staff sought advice and guidance from healthcare professionals when this was necessary.
- Accidents and incidents were investigated, and actions taken to prevent recurrence, for example, sensor mats or extra pillows after falls. One person was moved to an alternative room following an accident to ensure they could safely mobilise.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant peoples' needs were not always met through good organisation and delivery.

Improving care quality in response to complaints or concerns

- The complaints file was missing at the time of the inspection. However, the registered manager told us they only had one complaint this year. They recounted the concerns raised, the actions and the outcomes and told us the issue was resolved to the satisfaction of all parties.
- Relatives had mixed views about whether concerns were dealt with properly. One relative had contacted the registered manager about a medical issue relating to her loved one and had not had a response. Another relative had no indication as to how his mother's money was being spent, despite asking for records and receipts a long time ago. With no satisfactory resolution, this relative said, "They have such a big turnover of staff, I've given up on it now." Other relatives told us that any issues they had were resolved.
- People and their relatives were told how to raise concerns about the service and all relatives we spoke to knew who the registered manager and the provider was, and who to speak to if they had a concern.

End of life care and support

- The service was able to provide end of life care and support which enabled people to remain in the service if their needs increased and not have to move to a new service. However, there was limited information in care plans about peoples' preferences at end of life. The provider told us they didn't usually discuss this routinely, but only at the appropriate time. This means that people may not get an opportunity to express their wishes whilst they are still able. This had been discussed with the provider during a previous inspection.
- The provider told us how they and staff worked with other health care professionals, such as specialist nurses, hospice teams and GPs to provide end of life care when required.

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

- Care plans were personalised and contained a lifestyle section detailing peoples' likes, dislikes and preferences. This included food choices, hobbies and interests and how they wanted to be supported. Staff were heard offering a choice of drinks to people. Some peoples' care plans said that having their nails painted was important to them. We saw these people had their nails painted. One relative told us they wouldn't want their loved one to live anywhere else.
- Daily care notes were comprehensive and included a section on emotional support, social interaction and participation in activities. Care staff had signed a sheet in most of the care plan folders confirming that they had read and understood the individual's needs and plans of care. One relative said, "They did a lot to encourage her to maintain her independence."
- The service had a designated room for visitors, enabling people to keep in touch with their families safely.

A relative said, "They have a lovely room for visiting at the front of the house and they leave us in peace during visits."

- Relatives told us that people were well cared for and their individual needs were met. One person told us they had met with the doctor and the manager to discuss elements of their relative's care plan. Another relative said, "They always treat her really nicely, she is always clean and tidy. The staff love her to bits."

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.

- Each person's care plan had a section on communication. This detailed if people had specific communication needs or required a different type of communication. For example, one person's communication plan required staff to speak to them very slowly, clearly and to give them extra time to digest the information before answering.
- Bathrooms and toilets had pictures on the outside as well as words to aid understanding. Peoples' rooms had pictures on them to support them to locate their room. Rooms had memory boxes in place, but these were empty at the time of the inspection as they had just been refurbished.
- The service did not have documents in alternative formats, but the registered manager told us that staff spoke to people to explain things, for example, they would read out the menu for those not able to do so for themselves.

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

- Care workers supported people with activities and hobbies. Entertainers used to visit the service, but due to the COVID-19 restrictions these visits hadn't been able to take place recently. There was an activities programme and staff recorded peoples' participation in their daily care records. Relatives said there was plenty of things for people to do, such as gardening, singing and games. The provider had a good relationship with the local church who have been doing Zoom calls with people during the COVID-19 pandemic.
- People had personal effects in their rooms, such as soft toys, ornaments, keepsakes and family photos. One person whose faith was important to them had a Bible beside their bed. One relative told us that they had been encouraged to bring in their own bedding, ornaments and photographs to make the person's room like a 'home from home'.
- People were enjoying their lunch together in the dining room and staff were eating with them and engaging with them. Care workers encouraged people to join in activities in the lounge after lunch. People were happily participating in singing and staff were encouraging them to join in. One relative confirmed, "Staff encourage her to join in."

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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

At the last inspection, the provider had failed to ensure there were effective systems to assess, improve and monitor the quality of care. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We carried out a focused inspection in September 2020, but there had been no significant improvement and the provider was still in breach of regulation 17.

- The registered manager was regularly needed as one of the care team due to low staffing levels. This meant that the registered manager did not always have oversight of the service although management support was being given by the provider.
- Quality audits were inconsistent and did not always identify shortfalls in the service. For example, out of date training in safeguarding and incomplete recruitment records.
- Although we did not identify any impact on people, the policies and procedures the service worked towards were out of date.
- The provider had failed to ensure that the environmental health and safety checks to ensure peoples' safety had been completed. For example, water temperatures, fire extinguishers and emergency lighting.
- The provider had displayed the CQC rating in the service and on their website, so people, visitors and those seeking information about the service were informed of our judgements.

The failure to assess, monitor and improve the quality and safety of the service is a continuing breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Continuous learning and improving care

- The service was not able to provide safe care to one person living at the service. The registered manager worked with the local authority to support them to move to a facility better able to meet their needs.
- We saw that actions had been taken in response to incidents or accidents, for example installing sensor mats or moving people to a more suitable room to aid their mobility.

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

- Staff and relatives thought the culture of the service was positive. One relative described the home as having, "A very homely atmosphere". They told us staff were always accommodating. Another relative said, "I don't have any worries about the place. She always looks well and is clean and tidy. I've got a good relationship with the staff."
- Most people living in the service and their relatives knew who the registered manager and owner was, and most found them approachable. However, one relative said, "[The registered manager] is very hard to pin down."

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 Care Quality Commission (CQC) sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing support, truthful information and an apology when things go wrong. The registered manager understood their responsibilities.
- Records confirmed relatives had been informed when someone had an accident or incident. One relative told us they had been informed when their loved one had a fall and needed to go to hospital. Another relative told us they had been contacted about their loved one having the vaccination against COVID-19.

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

- The registered manager met with staff every two to three months. These meetings were documented. There is a very small staff team, so they all speak regularly with the registered manager and provider.
- A residents meeting had been attempted but had not been successful. This was identified by the registered manager and actions had been put in place to ensure that this improved. However, we saw that staff did talk to people living in the service all the time and asked their opinions on relevant issues, for example, food and drink choices and activities.
- Group meetings for relatives had not been possible due to the COVID-19 restrictions. The provider had not sought feedback via a relatives' survey. The last one was done 18 months ago; there were no suggestions or areas for improvement, so no action plan was developed.

Working in partnership with others

- The registered manager had worked with local health teams during the COVID-19 pandemic to ensure people received appropriate care and support. The registered manager had an improving relationship with local commissioning teams.
- The registered manager and senior care workers liaised regularly with the GP surgery and district nurses visited daily to carry out nursing functions for people living with diabetes.
- The registered manager was part of a local peer support group for the purposes of sharing best practice.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>There are audit processes and other systems in place but these are not robust enough to assess, monitor and continually improve the service.</p>