

Coventry City Council

Copthorne Lodge

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?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Outstanding ☆

Summary of findings

Overall summary

About the service

Copthorne Lodge provides personal care and support to people living in an extra care scheme with some shared facilities. At the time of the inspection the service was supporting 18 people in their own flats. The service supports primarily older people within individual flats. Six of the flats provide short term reablement people requiring support to regain their independence.

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

The registered manager and assistant manager were extremely passionate about the service and making it the best it could be for people using it. The commitment of the management team and staff to driving up the quality of the service was clear. This was demonstrated through the volume of positive comments we received about the service everyone we spoke with was exceptionally positive about how the service was delivered.

People were genuinely at the centre of how the service was run. The committee was empowering people to shape how the service was delivered and provide opportunities for leisure activities to help reduce social isolation.

The management team and staff were committed to delivering care which was rooted in best practice. The commitment of the staff champions to drive improvement and their success in achieving sustained results with accreditation schemes ensured people had a safe, effective and good quality service.

The service had a strong learning culture and worked in partnership very well with other professionals. People had achieved their goals and had positive outcomes from the partnership working and staff really benefitted from the support available and learning opportunities.

People were supported to manage risks to their safety and were supported by staff that understood how to recognise the signs of abuse. People were supported by enough staff that had been safely recruited. People had support to manage their medicines and received these safely. People were protected from the risk of cross infection. Where incidents and accidents had happened, these were analysed and learning was put in place.

People had their needs assessed and were involved in developing their care plans. Assessments and care plans involved other professionals and used best practice approaches. Staff had an induction to their role and received regular updates to training. Staff had reflective supervisions and were supported to access development opportunities.

People were supported to understand their dietary needs and had plans which reflected their individual needs and preferences. People received consistent support from staff who worked well with other professionals. Where people had health conditions staff were aware of these and had guidance in place to

meet them. Referrals to health professionals were prompt and any advice was followed by staff.

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.

People were supported by staff that were caring. Staff knew people well and had developed good relationships. People were in control of their lives and made decisions about their care and support. People were respected and their privacy was maintained by staff.

People were receiving person centred care and support. People had their preferences understood and were supported to communicate in their preferred way. Staff supported people to engage in activities and were engaged with relatives and visitors to the service. There was a clear system in place to manage any complaints and people told us they felt these would be addressed.

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

Rating at last inspection

The last rating for this service was good (published 3 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-Led findings below.

Copthorne Lodge

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.

Inspection team

The inspection was conducted by two inspectors.

Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

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

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the registered manager would be in the office to support the inspection and could arrange for people, relatives and staff to speak with us.

Inspection activity started on 3 February 2020 and ended on 10 February 2020. We visited the office location on 5 February.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from 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 visited five people in their flats to discuss their experience of using the service and spoke with one visitor about their experience of the care provided. We spoke with 10 members of staff including the registered manager, assistant manager, short term placement coordinator, service manager, senior support workers, support workers and domestic staff.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at a variety of records relating to the management of the service, champion records, accreditation evidence and audits.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records and analysis of people's feedback.

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 good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse. One person told us, "I feel a lot safer here, I can go to bed feeling safe, life is much nicer now."
- Staff were able to describe the signs of abuse and could tell us how they would report any concerns. Staff had received safeguarding training and this was kept up to date, they showed confidence when asked about how they would respond to concerns.
- Staff were supported to understand safeguarding procedures by a safeguarding champion. They provided and maintained information and guidance for staff on safeguarding procedures and offer expert support to their peers.
- Systems were in place to safeguard people from abuse. Policies and procedures were shared with staff and any concerns reported to the appropriate bodies. This was supported by the champion role and meant all staff were completely knowledgeable about how to keep people safe.

Assessing risk, safety monitoring and management

- People were supported to maintain their safety and any risks were assessed and plans put in place to minimise these. One person told us, "I feel safe here its secure and I see people on a regular basis. The place has been adapted and there is less risk as there are no stairs. Having on site help to provide support when I need it is really helpful."
- Staff were knowledgeable about risks to people's safety and could describe in detail how people were supported to manage risks to their safety. One staff member told us how they supported people to maintain safety relating to preventing falls. Another staff member told us about support for a person where there were concerns about their food and fluid intake.
- Risk assessments had been carried out which identified where people had risks to their safety. There was guidance in place for staff to minimise the risks and people confirmed staff followed their plans and they felt safe.
- Equipment and technology were considered for the management of individual risks. For example, a flood sensor had been used for one person to manage risks and additional smoke alarms were in use where there was an increased risk of fire.
- Equipment in place was checked to ensure it was maintained and safe for use. The champion for health and safety had set up these systems to ensure people were safe.

Staffing and recruitment

- People were supported by enough safely recruited staff. One person told us, "The staff are very stable

here, it's marvellous, the same ones here with us all the time."

- Staff told us there were enough staff to meet people's needs. There was an allocations system in place which directed staff to support people individually at specific times. There was also on-site staff support 24 hours a day to provide response to anyone with any difficulties.
- The registered manager told us recruitment was managed centrally through the local authority. There was a system in place to ensure any staff vacancies or absences were covered and this used regular relief staff to ensure continuity.

Using medicines safely

- People received support to have their medicines as prescribed. One person told us, "The staff come in with medicines in the morning, then come back later to apply my creams and do my eyedrops."
- Staff were confident when discussing how they managed people's medicines and described the training they received, and the levels of support people needed. People had their individual needs assessed and plans were in place to guide staff. Staff encouraged people to manage their own medicines where they could do so safely.
- Guidance was in place for staff on safe medicines administration. When people had been prescribed 'as required' medicines there was guidance for staff. Medicines administration records were in place and accurately completed.
- Technology was used to support independence. Pill dispensers were used to support people with self-management of medicines.

Preventing and controlling infection

- People were protected from the risk of cross infection. People told us they were supported to maintain a clean and safe environment.
- Staff were trained and understood how to prevent the risk of cross infection. Information on display called 'say no to infection' gave information about protecting people from infection risks.
- An external accreditation had been achieved. This meant the service had worked to achieve standards which kept people safe from the risk of cross infection. The staff champion was instrumental in ensuring all staff followed safe procedures, had the right training and met the standards required to achieve accreditation. The accreditation had been achieved consistently for three consecutive years.

Learning lessons when things go wrong

- There were systems in place to learn when things went wrong. The registered manager was proactive in ensuring lessons were learned and there was a strong learning culture visible in the service.
- For example, where falls occurred there was a system in place to review the individual and make changes to individual falls prevention plans and consideration of any wider themes emerging where action could be taken to prevent this from happening again.
- The registered manager was supporting a staff champion to work towards an accreditation for falls prevention and this was ensuring changes were taking place to minimise the risk of people experiencing falls.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People had their needs assessed and plans put in place to meet them. One person told us, "I know all about the care plan and assessment. The staff have a copy in my flat."
- Health professionals told us they were integral to the assessment process for people coming to stay for a short period of therapy and assessment. Staff valued the contribution and followed the plans to help people improve their life.
- People had positive experiences of the assessment and care planning. Many were able to describe how their life had improved and their care needs reduced since using the service. One visitor told us, "[Person's name] whole demeanour has changed, they are a lot happier. They have got their self-confidence back."
- One staff member told us about being the champion for people living with dementia and how they researched equipment and new technologies which were then used to support people to remain independent and maintain their tenancy. The registered manager confirmed staff consistently worked to ensure people could remain in the service.

Staff support: induction, training, skills and experience

- Staff received an induction into their role. The induction followed the care certificate and included two weeks shadowing with a mentor. The care certificate is an identified set of standards that health and social care workers follow in their role.
- Staff received a full range of training to ensure they could meet people's individual needs and there was a clear pathway in place for progression. Training was monitored and updates were given. Staff were very proud of the champion roles they held and the additional training they had which helped them to advise their colleagues on specific topics.
- People were complimentary about the skills staff displayed and some told us they had been involved in sharing with staff how to offer them support to meet their specific needs.
- Staff received regular opportunities to discuss their role and identify any training needs and felt completely supported by the management team. One staff member said, "We have supervision and there are regular team meetings. These are helpful, we can bring up any issues or concerns and these are acted upon quickly."
- The registered manager was passionate about ensuring staff had continuous development opportunities and shared examples of how individual staff had achievements were impacting on the service.
- Staff had their individual training needs considered and where required additional support was available through access to work to enable staff to have the support they needed to access training and fulfil their role.
- Staff had additional support when needed from access to work to support them with adjustments to

ensure they had the right support to carry out their role and have access to training.

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

- People received the support they needed to maintain a balanced diet. One person told us, "I am much healthier now, my diet has improved which has helped tremendously." The person went on to explain they had been encouraged by staff to go to the restaurant for lunch and cook for themselves since coming to live at the service.
- People told us without exception they were happy with the support they had with meals and the ones provided in the restaurant were really good and excellent value for money.
- Staff had an excellent knowledge of people's individual needs and preferences with regards to food and drinks. People had individualised levels of support with meals which maximised their independence. The staff ensured people had support to follow advice from health professionals.
- There was a range of different equipment available to people as required to support them with independence for eating and drinking. The champions had ensured there was up to date information about different crockery which could be accessed to encourage people to eat.
- Champions had worked to identify how eating and drinking could impact on different health conditions. Information had been drawn together for people with specific conditions about how their diet may support with their wider health issues.
- The registered manager and staff used festivals and events to promote and embrace food from different cultures. People told us they really enjoyed their experiences. One person showed us photographs of one of the events and was extremely positive about the impact this had on them and the involvement they had in identifying the menu.

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

- People were supported to receive consistent care. People told us the staff team were stable and they received support from a consistent group of staff.
- There was positive feedback from other professionals about the consistency of support from staff. Staff worked extremely well with other health professionals to ensure people had effective care.
- People were supported to access the service for enablement after a period of being unwell. A range of health professionals worked with the service to ensure people met their goals for returning to their homes.
- The registered manager told us they attended a regular multi-disciplinary meeting to discuss people's progress in the short-term placements which worked well to coordinate people's care.

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

- People were supported to maintain and, in many cases, improve their health and wellbeing. One person told us, "Before I came here I had an ulcer on my ankle, within four weeks of being here it had completely cleared up."
- Staff had a good knowledge of people's individual health needs and specialist training had been sought where required from relevant health professionals. People's care plans included relevant information and guidance for staff and any referrals for health care services were done promptly.
- One visiting professional told us the service had worked to reduce times for people waiting for equipment by using an onsite cleaning system for equipment so it can be put in place for people without having to wait and there was good access to a range of specialist equipment to support people with their health needs.
- The various staff champion roles in place supported people to maintain their health and wellbeing. For example, the champion for react to red was an accreditation scheme which had prevented pressure sores from being developed and food and nutrition champion had helped with advice on how to maintain a healthy diet for specific conditions.

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

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People were supported by staff that understood how to work within the principles of the MCA. Staff sought consent from people before providing care and support.
- All staff had received training in the principles of the MCA and there was a champion in place for MCA which provided a specialist point of contact for staff.
- There was nobody assessed as lacking capacity to make decisions for themselves using the service. The registered manager however could describe how they would assess capacity and take decisions in people's best interests where needed.
- There was an MCA staff champion in place to provide support and guidance on the principles of the MCA to their peers. Staff champions were able to access additional training and cascade this to their colleagues.

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

- People were supported by caring staff. One person told us, "The company you have here is great the staff join in with everything we do. Staff come in special when there is an event on." Another person told us, "I could not wish for better staff they are always jolly and helpful. You can have a laugh with them."
- People had their rights respected and were treated as individuals. One person told us, "The staff are always very considerate. They could not do more if they were supporting the queen."
- Staff focussed on people and were able to tell us how they had got to know people well and could describe the things which were important to people including about their life history and individual preferences.

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

- People were able to make their own decisions and express their views. One person told us, "The staff respect my choices I am never forced into anything."
- Staff were very clear about how people were able to make choices and decisions for themselves. The staff gave examples of people making decisions daily including about going out in the community and other decisions about the way their support was delivered.
- Care plans gave guidance to staff on how to ensure people were involved in their care and support and people had been fully involved in decisions about their care.
- The registered manager told us they checked with people using a personal care audit to confirm people were engaged in their care and support and their preferences were met.
- People were involved in the management and decision making about the service and were leading conversations about developments. There was a tenants committee and tenant champion roles in place which sought the views of others and advocated for changes.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect and their privacy and dignity was maintained. One person told us, "Staff are respectful they always ring the buzzer and wait to be invited to come in." People confirmed staff were respectful of their homes and when offering personal care.
- People were supported to work towards goals to improve their independence. One person told us, "Everything about the service is to encourage us to maintain our independence and this is exactly as it should be." A visitor told us, "The staff assist [person's name] with mobility when they are having a bad day, they give recommendations and encouragement to press buzzer for help."
- Staff demonstrated a clear understanding of the importance of promoting independence. Staff described

in detail how they offered people encouragement to do things for themselves. One staff member told us, "[Person's name] make all their own meals which is encouraged." People confirmed staff helped people to retain their independence.

- There had been investment in equipment to support independence. For example, through telecare. Staff were knowledgeable about what would support people to retain or regain their independence.

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 good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People were treated as individuals and their preferences were understood and met by staff. One person told us, "The staff come to my aid all the time, nothing is too much trouble." Another person told us, "All the decisions are mine to make. It is my home and my own front door."
- Staff were able to describe how people wanted to be supported. One staff member told us about a 'happiness mapping document' which helped people to identify the things which were important to them and made them happy. Staff said this was a useful guide and reminder of people's individual preferences for things which made them feel good.
- People told us the staff were aware of all individual preferences and followed these when offering support. One person told us, "I am looking forward to being able to get in the garden in the warmer weather, the staff know I like to get outside and will assist me with sorting out the garden."
- Care plans showed details about people needs and preferences. Regular reviews were in place and there was a clear system for ensuring staff stayed up to date on how people wanted to be supported. Staff were aware of people's individual preferences and could share examples with us about how they ensured people had these respected. One staff member told us, "We ask resident if they have any gender preferences for their care."
- The registered manager told us every aspect of people's care centred around them. They gave the example of how technology was individually considered to support people's specific needs. For example, flood detectors, additional smoke alarms and pill dispensers.

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.

- People had their communication needs assessed and care plans guided staff on how to effectively communicate with people. Staff could describe how people received information and showed their understanding of the need to adjust their approach dependent on people's individual needs.
- The registered manager understood their legal requirements under the AIS and the systems in place ensured people were given information in a way they could understand in line with the standards.

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

- People were supported to follow interests and avoid social isolation. One person told us, "The

entertainment here is second to none."

- The registered manager told us there was a strong focus on helping people to avoid social isolation. Staff were keen to tell us all about the different activities people participated in and understood the importance of supporting this.
- People were at the centre of making decisions about activities. There had been numerous events and one person showed us the pictures taken at events which they said were good memories for them.
- Another person told us about how they had been involved in planning a cultural evening and they had given advice on food and decorations. The person said their relatives also got involved in making decorations and was very proud of how well the event had gone.
- Care plans included information about people's life histories and their interests. People had worked with staff to identify their areas of interest. One person told us, "I love to play games on my laptop and speak with my family."

Improving care quality in response to complaints or concerns

- People understood how to make a complaint or raise concerns about the service and there was a culture of learning from complaints in place. One person told us, "I have never had to complain but I would know how to."
- There had not been any complaints about the service since the last inspection. However, the registered manager told us any complaints received would be investigated and responded to which would include a process to look at wider learning.
- Information about complaints, comments and compliments received was shared with people who lived at the service as feedback. The registered manager valued people's feedback and told us it was important to ensure there was an open-door approach to receiving people's views.

End of life care and support

- Nobody was receiving end of life care at the time of the inspection. People's future wishes had been discussed and documented in people's care plans where appropriate.

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 good. At this inspection this key question has now improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- People told us the management of the service was exceptional and they had positive stories of improving the quality of their life since using the service. One person said, "The management here is really good. They make sure everything here is fabulous." Another person told us, "I think this is the best move I ever made. It has given me back my independence living here." People told us for example, they felt safe, their health had improved and they had gained confidence to try new things and form friendships.
- The vision and values demonstrated by staff and managers put people at the heart of the service. For example, helping people to maintain their independence through person centred planning was a central to the focus of the service.
- There was a strong emphasis on continuous improvement. People and staff had been engaged in striving to make improvements. The registered manager had embedded our key lines of enquiry into the services practice. People and staff understood these and described how they felt the service was delivered in line with these.
- Staff were extremely collaborative. Staff worked with other agencies striving to achieve positive outcomes for people. One visiting health professional told us, "There is a really good success rate for improving independence here. We work with staff to set therapy goals and staff follow the plans. Almost all of the time these goals are met for people."
- Staff worked to maximise people's independence. This drive to promote independence was valued by everyone using the service. For example, people had been supported to arrange events, carry out fund raising, manage their own personal care and meals. There was consistent positive feedback from everyone who used the short-term service about increases in independence.
- People were highly engaged in the service with a variety of different approaches in use. The staff and management team adopted a range of approaches to engage with people using the service. For example, people decided how information to welcome visitors was presented in reception, developed a tenants committee and had a tenant champion to advocate for others.
- Staff were completely engaged in the service. Champion roles had captured staff imagination and given them a focus to strive for improvement. They had engaged in developing accreditation schemes, developing audit processes and checks on the quality of the service. Staff feedback was extremely positive about their involvement.
- Staff were highly motivated and extremely proud of their work and the outcomes they had achieved for people. Staff told us they loved coming to work and enjoyed their role. Staff had begun to capture case studies to show case people's outcomes. One person had been supported to build confidence and led to

them engaging more with activities and attend events. Another person's confidence had grown sufficiently for them to speak in front of an audience.

- The provider had invested in staff and management training. A solid leadership culture had been established across all areas within the service and this was clearly demonstrated in staff behaviour. For example, staff wanted to share with us how the champion role which was in place had helped them to develop as a team and improve people's lives.
- Equality was a central focus of the service. The equality and diversity champion described how important this role was to them and their work which included guidance on supporting people from LGBT communities, assessment practices and work to celebrate diversity within the service.
- The registered manager had embedded systems in place to check people's satisfaction with the service. Since the beginning of January, the service had received 22 compliments about how the service was run. The comments people made were all consistently positive.

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 management team understood their responsibilities and worked in line with duty of candour. The registered manager told us they were open and transparent sharing information with people about incidents when these occurred with other agencies and families.
- There was a consistent theme of transparency in the service there was information on display about concerns, complaints and compliments received about the service. People showed they had a trusting relationship with staff.

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

- The quality of the service was monitored and there was a shared responsibility for driving up quality and making improvements. The clear management structure led to consistently effective governance arrangements which managers and staff shared. The service manager had overall responsibility, a registered manager, assistant manager and seniors along with staff monitored the service.
- Best practice approaches to performance management were in place and effective in keeping people safe. The registered manager had sought accreditation schemes to improve practice. For three years the 'say no to infection' and 'react to red' prevention of pressure sores accreditation schemes was in place and had effectively improved how staff worked in these areas. There had been no pressure sores since the introduction of the scheme and no concerns with infection control.
- The management and staff operated as a team to check the quality of the service. A personal care audit carried out which involved the management team speaking with people about whether their personal care needs had been met effectively. Other checks were in place on the environment, medicines administration care planning,
- Staff were encouraged to explore their role through regular supervision and reflection. The registered manager told us, "It is important tool. If staff are more confident with understanding safeguarding for example, then people living here are safer." Staff shared the management view and valued the developmental opportunities and could describe the impact this had on people's lives. One staff member said, "The registered manager arranged for reasonable adjustments to be provided so I could complete my work."
- The registered manager understood their role and responsibilities. The rating of the last inspection was clearly on display. We had received notifications about certain events in line with the legal requirements.

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

- The service was shaped by the views people, relatives, staff and other health professionals. People told us they were able to influence how things were run. There were a range of different methods used to capture feedback. The registered manager used the feedback to make changes.
- People actively used a suggestion box to share ideas. The registered manager ensured these were adopted. People had suggested activities were held in the late afternoon and evening as this was better for people, and this was put in place.
- The registered manager welcomed feedback from relatives and used this to make improvements. A survey response indicated relatives may find it useful for staff wear name badges to help them identify different staff. This was adopted by the service and name badges were introduced.
- The service was used by the provider and their commissioners as a model of good practice for engaging people, relatives and staff. The registered manager told us they had been asked to share their practice for champion roles and engaging people in the service.
- Staff across all roles in the service were engaged as champions to drive areas of development the champions we spoke with were highly motivated in their role. The equality and diversity champion had researched and developed guidance for staff on supporting people from LGBT communities and engaged in activities which enabled conversations with people and staff about gender and sexuality.
- The registered manager sought innovative ways to engage people in the service. There was a tenant champion in place to speak with tenants and share their thoughts with the management team an advocate for other people using the service. The registered manager had also people to set up a resident committee.
- People, relatives and staff were kept fully informed about the service. A monthly newsletter gave information about events and activities celebrations and other information. People who spoke to us really valued this. One person had kept these in a folder and enjoyed sharing these with their visitors and was able to share with inspectors how important this was to them.
- People were fully engaged in sharing their views about the service. There was a system in place for people to make comments and give compliments. People told us they valued the chance to make comments and suggestions and they were always acted upon. One person told us, "I am on the resident committee and help other residents to raise any concerns. I feel our voices are listened to."

Continuous learning and improving care

- Continuous improvement was at the centre of the management team's approach. There was a strong learning culture in place. Every opportunity was sought for staff to learn. There was a comprehensive training and development program in place which had been well invested in by the provider. Champions actively researched their specific area. The dementia champion had researched innovative support from technology to make this available to people. There were a range of sensors in use to provide a safe environment for people to live independently.
- People's views were central to quality assurance process. The registered manager used people's feedback to learn about peoples experience and assess the effectiveness of the service. The systems in place to gather views had been actively used by people and the registered manager could demonstrate how the learning was implemented.
- The innovative approaches used by the service had been shared with others. Staff had been involved in a range of forums sharing their practice. They had developed guidance, assessment tools, nutritional guidance, audit tools and all of these had been shared as models of good practice.
- People were encouraged to learn and be involved in new things. One person told us about an activity they had been involved in and how staff had presented them with a certificate recognising their involvement. The person said this had encouraged them to be involved in other things.
- Success was celebrated by the service. The service had been nominated for phoenix awards team of the year, role model of the year. The registered manager had worked with the provider to provide recognition for staff through an awards ceremony. The registered manager told us, "I am going to make a nomination

this year to the national care awards for the staff team as recognition of their hard work."

- The service was working towards an accreditation scheme for fall prevention. Falls were analysed and considered to look how learning may prevent falls from occurring. The registered manager had worked with the accreditation body to adapt the accreditation scheme to meet the needs of people living in housing with support. Once complete this practice would be shared with other housing with support services.

Working in partnership with others

- The service was used as a role model for other services. Commissioners signposted a range of other services to Copthorne Lodge to enable others to share in their practice and improve quality. The work had led to one location achieving an outstanding rating in well-led from CQC.
- The service worked closely with other professionals to develop a multi-disciplinary approach to develop short term placements to support people back to independence. The approach was highly person-centred and enabling. People set goals and the service worked with other health professionals to achieve them. The success rate was extremely good and people using the service were exceptionally positive about their experience.
- The management team and staff were highly motivated to make positive changes to the service. There was regular engagement with all stakeholders and continuous research into best practice areas was carried out enabling innovative ideas to be implemented. Staff were encouraged to reflect through supervision. The champion role had given staff an opportunity to develop additional skills and strive for excellence in their area. This had delivered positive outcomes for people.
- The registered manager had supported people using the service to work in partnership with an external agency to develop a committee. The committee was in the early stages of development but members were excited to be involved. The committee was set up to improve wellbeing of people using the service by encouraging friendships and preventing social isolation through leisure and recreation activities.