

Copperfield House Ltd

Copperfield House

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?	Requires Improvement ●

Summary of findings

Overall summary

Copperfield House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home can accommodate up to 16 people with a range of needs including elderly care and dementia. At the time of our inspection nine people were living in the home.

This unannounced inspection took place on 18 September 2018.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the agency. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the agency is run. The registered manager assisted us with our inspection.

We last inspected this service in February 2018 where we found continued breaches of regulation relating to good governance and infection control. We also identified a breach of regulation in relation to the Mental Capacity Act 2005 (MCA). We found at this inspection the registered manager had worked hard to make significant improvements to the service and has such had met the breaches of regulation.

People's medicines were managed in a safe way. Risks to people had been considered and information to respond to these risks was in place. There was oversight of accidents and incidents and information relating to these was held appropriately. Staff were aware of their responsibility in relation to safeguarding people from abuse.

People's needs were assessed before they moved into Copperfield House, however there was a lack of background information on people. We have made a recommendation to the registered provider in this respect. Staff had a good understanding of the MCA and there were no restrictions within the home. Improvements to the paperwork used in relation to capacity assessments had been made, but we have made a recommendation to the registered provider that they should ensure that capacity assessments are decision-specific.

Staff received the training and supervision they should expect and staff went through a recruitment process before commencing work at the home. However, we have recommended the registered provider ensures they are following robust processes when recruiting. Systems were in place to audit and quality assure the care that was being provided. The registered manager had a commitment to improving the service and told us they had learnt from the last inspection and their lack of improvement at that time. The registered manager worked with external agencies and gave people, relatives and staff the opportunity to give their views of the service.

People told us they were cared for by staff who were kind and caring, showed them respect and allowed them to make their own choices. Where people wished to participate in activities outside of their home, staff supported them to do this. Activities within the home suited people and they told us they could participate in them if they wished or spend time participating in their own hobbies if they preferred. When people needed healthcare treatment this was arranged for them by staff.

People told us they liked the food that was provided to them and they were happy with the service they received. They said they were cared for by a sufficient number of staff and we did not see people having to wait for attention. People's care plans covered all aspects of their care needs and staff knew people's needs well. No one was receiving end of life care, but the registered manager was working with the local hospice to upskill staff in this aspect.

People were cared for by staff who understood the need to carry out good cleaning processes and staff helped to ensure people were kept safe from harm as health and safety and fire system checks were in place. People knew how to make a complaint but told us they had never felt the need. We read people had complimented staff on the care they received from them.

During our inspection we made three recommendations to the registered provider.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff had been recruited through a recruitment process but we have made a recommendation to the registered provider in relation to this.

People's medicines were managed in line with best practice.

People's risks had been assessed. Accidents and incident information was held appropriately and reviewed by the registered manager.

Staff understood their responsibility in relation to safeguarding.

Deployment of staff was such that people received the care they needed when they needed it.

Infection control processes were followed by staff.

Is the service effective?

Good ●

The service was effective.

Although improvements had been made, further work was needed to ensure people's care was provided in line with the Mental Capacity Act 2005.

Staff had access to appropriate supervision and training.

People's nutritional needs were assessed and people enjoyed the food provided.

People were supported to obtain healthcare treatment when they needed it.

People's needs were assessed before they moved into the home.

Is the service caring?

Good ●

The service was caring.

People told us staff were kind, caring and attentive.

People were involved in making their own decisions in relation to their care.

People said staff treated them with respect and dignity and relatives and visitors were made to feel welcome.

People were enabled to be independent.

Is the service responsive?

Good ●

The service was responsive.

Care plans included sufficient information to enable staff to provide appropriate care.

People had opportunities to take part in activities.

People told us they would know how to make a complaint.

Staff were working with local services to learn about end of life care.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

The registered manager had acted in response to our last inspection, but further work was needed.

There were quality monitoring and auditing systems in place to identify shortfalls and to strive to improve the service.

The registered manager had started to work with outside agencies.

People and relatives gave positive feedback about the service and management.

Staff met regularly to discuss all aspects of the service.

Copperfield House

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the agency, and to provide a rating for the agency under the Care Act 2014.

This inspection took place on 18 September 2018 and was announced. The inspection was carried out by two inspectors.

Before the inspection we reviewed the evidence we had about the home. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to. This enabled us to ensure we were addressing potential areas of concern at our inspection.

As part of our inspection we spoke with two people, two staff and the registered manager (who is also the registered provider). Following the inspection, we carried out telephone interviews with two relatives.

We looked at the care records of seven people, including their assessments, care plans and risk assessments. We looked at records relating to medicines, four staff recruitment files and other records relating to staff support and training. We also checked records used to monitor the quality of the service, such as the provider's own audits of different aspects of the service.

Is the service safe?

Our findings

During our inspection in February 2018 we found some concerns in relation to infection control procedures within the service. There had also been a visit from the environmental health officer (EHO) who had found serious concerns in the cleanliness and maintenance of the kitchen. We found at this inspection the registered manager had addressed the shortfalls in both areas. Cleaning schedules were in place and being used by staff and we found everywhere was clean and tidy. The EHO had since carried out a further visit and had been happy with the action taken. A relative told us, "It's always very clean and the house is well looked after."

People were cared for by staff who had gone through a recruitment process. However, we found some additional information should have been in place for the registered provider to ensure they were meeting Schedule 3 of the Health and Social Care Act 2008 (Regulations Activities) Regulations 2014. Schedule 3 gives information on the recruitment checks that should be undertaken to ensure safe recruitment. Some staff had personal references, rather than references from their last employer and staff had not confirmed whether they had any health issues which would prevent them in carrying out their role. However, we did see that the registered provider had asked prospective staff to complete an application form with employment history and to undergo a Disclosure and Barring Service check (DBS). A DBS check checks that staff are suitable to work in this type of setting.

We recommend the registered provider ensures for future recruitment they follow the requirements in Schedule 3.

We asked people if they felt safe living at Copperfield House. One person told us, "Yes, I think I do. There are staff around should I need anything. I can tell they are always looking out to see if anything's wrong. They pick up if things are out of routine." Another person said, "It's the staff (that make me feel safe). I get on alright with them and there's no trouble here."

People were cared for by staff who knew how to recognise the signs of abuse. Staff were knowledgeable about the procedures to follow if they suspected abuse and we saw a safeguarding chart in the office for staff. One staff member told us, "I would report to my senior and manager. I could report to CQC or the council." We saw evidence that staff received regular training in this area. A relative said of their family member, "She is perfectly safe – I don't worry about her at all. She is the sort of person who would speak up if she was harmed."

Risks to people were identified and guidance was in place for staff to follow to respond to the risks. We read in people's care plans risk assessments relating to their skin integrity, mobility and physical health. One person had reduced mobility and their care plan noted they should, 'walk with a stick'. Where people were at risk of pressure sores they were provided with suitable mattresses and repositioned regularly.

Accidents and incidents were logged and included the detail of the incident, the action taken, treatment provided/needed and follow up action required. We noted these were signed by the registered manager

with comments added if relevant. Three accidents had taken place since our previous inspection; none which had resulted in serious injury.

People had their needs met by enough staff. A relative told us, "There are enough staff. People are watched all the time." We saw staff had time to chat with people and there was a relaxed atmosphere within the home and we saw staffing numbers were in line with what the registered manager had told us in their Provider Information Return (PIR). Although care staff were responsible for cooking and the laundry we saw no reduction in their ability to care for people. The registered manager told us they were intentionally keeping low numbers at the service to make sure they had the right mix of people living together. He said it was also to ensure he did not lose good staff and people were attended to promptly. A staff member told us, "We have plenty of time with them (people). Especially with the low numbers – they (people) are well looked after." Another said, "At present the staffing levels are okay."

People's medicines were managed safely. Each person had a medicine administration record (MAR). This included their photograph for identification, GP information and any allergies they had. We saw no gaps in people's MARs which meant people had received the medicines prescribed to them. Dates were written on bottles when they were opened and temperatures were monitored in both the medicines room and the fridge to ensure medicines were stored correctly. Where people had 'as required' (PRN) medicines these were accompanied with a protocol to assist staff in knowing when to give the medicine.

Is the service effective?

Our findings

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

During our last inspection we found a breach of regulation relating to the Mental Capacity Act. We found at this inspection the registered manager and staff had a good knowledge of the MCA and there were no restrictions in place for people. There were no locked doors, bedrails, wheelchair straps or people on covert medicines (medicines given without people's knowledge). We found the registered manager had introduced more relevant capacity assessment form to determine people's capacity, however these were generic, rather than decision-specific. There was a consent to care form in each care plan which had been signed by the person or the person's representative. We spoke with the registered manager about decision-specific capacity assessments for people and they said they would obtain appropriate forms and review everyone again. The impact of the not having these was lessened due to the lack of restrictions at the home and that most people had capacity to make decisions.

We recommend the registered provider ensures they are working in accordance with the principals of the Mental Capacity Act 2005.

Staff asked for people's consent before they carried out care and a staff member told us, "They have the right to choose, to tell us what they want and don't want. We talk to each other and to [registered manager] if they can't make a decision. It needs to have everyone's opinions – family as well."

People's needs were assessed before moving into Copperfield House. The registered manager told us, "We are careful who we admit. We want to create a family atmosphere. We do assessments and often find people aren't suitable or we're not suitable for them." We read people's pre-assessments in their care plans. These covered all aspects of the care they needed.

People told us staff knew what they were doing. One person said, "I am epileptic. I can feel weird at times. The staff know what to do, they sit me down and stay with me." People were cared for by staff who had access to on-going training. We read that staff had covered a wide range of training sessions. This included topics specific to people living in the home such as diabetes. A staff member told us, "The trainer comes in every year and training is updated." This was confirmed by the records we saw. Another staff member said, "There is enough training. We do health and safety, fire and food hygiene." We did however see two staff members struggle to transfer someone using a hoist. We spoke with the registered manager about this who told us, "I think the staff were nervous and neither had 'led' the process before, but had taken direction from other staff." The registered manager went on to say they would remove these staff from using the hoist until

they had received further training. Immediately following our inspection, the registered manager sent us evidence to show they had arranged for a physiotherapist to carry out a training session for staff on 3 October 2018.

The registered manager told us in their PIR, 'We have relatively low staff turnover, which has meant that we can help staff to achieve relevant, recognised qualifications in health and social care. Most of our care staff have already achieved a qualification. There is a supervision and appraisal programme in place'. We found this to be the case with the staff we spoke with and records we reviewed.

Staff had the opportunity to meet with their line manager to discuss all aspects of their role. This included any concerns, training requirements or responsibilities. A staff member told us, "We talk about the job and training. I feel supported and valued as [registered manager] says 'thank you very much'".

People enjoyed the food that was on offer to them. One person said, "There's a regular choice. It's discussed every week. It's well cooked." Another person told us, "The food is lovely; normal – what you'd have at home." Where people required support to eat we saw this was provided to them. At the time of our inspection, no one had a specific dietary need. The registered manager told us, "There is no one with dysphagia. Everyone is on a normal diet, although one person does like their food minced as it's easier for them to eat." We noted in the kitchen there was information relating to one person and the foods they had to avoid. A relative told us, "She enjoys it all - good home-cooked food."

People were supported to access healthcare services when they needed them. The registered manager told us, "The GP comes routinely and we can call them at any time and they would come." There was evidence of optician and dental appointments as well as visits from the GP in people's care plans. Where one person required insulin injections these were carried out by the district nurses each day.

People lived in an environment that offered plenty of space for them to move around in, adapted baths, handrails, wide corridors for wheelchairs and names on people's rooms. We observed some people using walking aids to support their mobility.

Is the service caring?

Our findings

People told us staff treated them with kindness and care. One person said, "Staff are always attentive and kind." A relative said, "Very caring indeed. That's the one thing I love about the place."

There was a friendly, relaxed atmosphere in the home and it was clear staff and people knew each other well. We observed the registered manager in the lounge at frequent intervals throughout the day. One person said to him, "I love you" and he replied, "I love you too" and blew them a kiss, with them both laughing at the exchange. One person told us, "This morning I've been sitting with the boss. They're all really good."

People were cared for by staff who were gentle and attentive with them. A relative told us, "Staff are very kind and very attentive of her needs. She is very well looked after." We observed the registered manager go to one person who was dozing and gently rub their hand and told them it was nearly lunch time. A relative told us, "Staff are the strong point."

Staff spent time chatting and engaging with people. We heard one person and a staff member talk about Elvis and the person later told us he was their favourite singer. A staff member told us, "I spend time talking to them (people). I make sure I talk to them nicely, that is my number one."

People could make their own decisions about their care. One person told us, "I'm early to bed and early to rise. I can decide." Another person told us they liked their nails and makeup done and that staff helped them with this. A staff member told us, "We make sure they can choose what they want. We always ask them." Another said, "I always ask before doing something because sometimes they don't want you to."

People were treated with respect. One person said, "The staff hear if I'm awake. I like my door left open a bit so I can see what's going on." We asked a relative if they felt their family member was treated with respect and they told us, "Oh, yes." Another relative told us, "Staff are always respectful." A staff member told us, "We have to close the door to maintain their dignity."

People's rooms were individual and personalised with personal items in them. Where people had cultural or religious needs the registered manager told us they would ask about this during a person's assessments and as such make arrangements for this.

People were encouraged to maintain relationships that meant something to them. The registered manager told us in their PIR, 'There are no strict visiting times. We are very flexible with visiting arrangements as it is the residents' home and their views are always taken into consideration'. Relatives told us they were made to feel welcome when they visited. One relative said, "Staff always make you feel comfortable; very friendly towards residents and us."

People were supported to be independent in that they could choose how they wished to spend their time. One person told us they chose not to participate in activities and two other people were enabled by staff to

attend a day centre which was of their choosing.

Is the service responsive?

Our findings

We received comments from relatives that activities within the service had improved. A relative told us, "There are enough activities now; there wasn't before." Another said, "They are doing more things in the week now. They have some dance and music which they like."

There was no activities worker in place, instead staff covered these. The registered manager told us in addition they had a company come in to lead activities one day a week and entertainers for special occasions. We observed people and staff playing Scrabble together during the morning with music playing in the background. One person spent their time reading the newspaper and on the internet and staff chatted to them about what they were looking at. The person said, "It's a wonderful thing. I can keep in touch with family abroad and look things up. It's good that I have the internet." A second person told us, "I like everything we do with the staff. I like the TV and listening to Elvis." Two people living at Copperfield House were supported to attend a day service four days a week. A staff member told us, "Every day we do activities. We play Scrabble, boules, bingo and cards."

People's care plans contained information about their needs such as mobility, sleep, communication, interests, personal care and nutrition. They also included the reason people required 24-hour care, such as one person who was noted as, 'can no longer manage on his own'. A monthly review of their care plan was completed covering all areas. Where people had specific needs, staff were aware of them, such as one person who sometimes felt, 'lonely and frightened'. Staff knew this person needed reassurance during these periods. Another person was recorded in their nutritional care plan as, 'likes food soft'. The registered manager had already told us this and again, this was known by staff. This same person required their legs to be elevated on the advice of the GP and we saw this was happening. A relative told us, "I feel very involved in mum's care plan." Another relative said, "I feel she's improving. Her mood swings are less and she is rarely unhappy."

Staff told us they read people's care plans and said they gave them the information they needed. They also said they had regular handovers where they discussed people. A staff member said, "We talk to each other about what is happening. It's good."

People and relatives told us they would feel comfortable raising a complaint. One person said, "I have my ways if I want to complain. I'm sure he (registered manager) would listen." Another person told us, "If I don't like something, I tell them. They're never nasty." A relative said, "I did speak to the manager when my mum first came here and he listened and tried to resolve things." A staff member told us, "If someone wished to make a complaint I would send them to [registered manager]." We read of no formal complaints having been received by the service since our last inspection and saw the complaints procedure displayed in a way that it was accessible to people. We noted some compliments in the recent satisfaction questionnaire. These included, 'a very homely, caring place', 'the staff are very good and the manager is very good', 'happy and pleased with the considerate service provided' and, 'looked after well and with politeness and help'.

No one living at Copperfield House was currently receiving end of life care. The registered manager told us

they were working with the local hospice to, "Build skills on supporting people at the end of their life in preparation for meeting people's needs in the future." The registered manager had also told us in their PIR, 'all care staff receive training in end-of-life care to make sure that they continue to treat a dying service user with dignity and respect and do everything possible to relieve any distress and suffering'.

Is the service well-led?

Our findings

At our inspection in February 2018 we identified a continued breach in good governance within the service as the registered manager had failed to carry out robust audits, keep accurate records about people or address all the shortfalls found at our previous inspection. We found at this inspection significant improvement had been made. The registered manager told us, "The level went down a bit. I have worked with (Surrey County Council) and their last visit resulted in a good report."

Although people's care plans contained sufficient detail to assist staff to provide safe, effective and responsive care, we found care plans were not personalised. There was information about people's likes, dislikes and hobbies – such as one person who was recording as liking to read the newspaper and do gardening. However, there was a lack of background information on the person, for example, what they used to do as a job. If new staff joined the team this information would assist them in getting to know the person. The impact of this was low as existing staff knew people very well. A staff member told us, "They tell you their story, I like it."

We recommend the registered provider ensures information contained in people's care plans is person-centred.

We are unable to award the service a Good rating in this domain. This is because the service was Inadequate in Well-Led during from last inspection. It is also because providers should be meeting the standards set out in the regulations and display the characteristics of good care. During this inspection we have made recommendations to the registered provider in relation to recruitment processes, following the principals of the MCA and person-centred records.

Quality assurance processes were in place. We saw health and safety checks and audits were completed and equipment checked in line with good practice, such as electrical safety checks. Fire safety procedures were up to date as we saw an external fire risk assessment was completed in March 2018, a fire drill carried out in March 2018 and fire safety audits completed regularly. Weekly and monthly medicines audits were in place and we noted the service did not keep excessive stock of medicines. Weekly infection control audits were completed and each month there was an environmental clean programme. Infection control was also a regular agenda item at staff meetings.

People and relatives gave positive feedback about Copperfield House. One person told us, "I'd say overall it was good. I should say I never worry." Another person said, "This is my home. The best thing is the staff and the boss. I like him and I tell him. We get on well." A relative said, "[Registered manager] is a very good manager."

Staff were equally happy working in the home. One staff member said, "I would definitely recommend it to a relative or a friend because they are so well cared for." Another told us, "I love working here. The best is the way we help people and support them. We talk and have a joke."

Staff felt supported by the registered manager and in turn the registered manager told us they were upskilling staff to take on more responsibility. They told us, "It's difficult for the manager to do everything. You need a team and we've tried to build that here." They told us they were attending registered managers' meetings and, "I try to take a staff member with me to help train them." One staff member told us, "[Registered manager] always helps us and is very good to us. We are all very friendly. Everyone is friendly with each other here; the residents, staff, relatives."

Staff confirmed they had staff meetings and we saw minutes of these recorded. A staff member said, "They're good as we talk about everything." We read staff discussed team work, records, infection control, medicines and care plans at the last meeting.

The registered manager worked with external agencies to drive improvement. They told us they had worked hard since the last inspection and used the support of the local authority quality team to improve things. They said, "We have worked a lot on documentation. I have a manager's diary now which shows what I need to do daily. All the files have been indexed and we've introduced audits." They went on to tell us that following a visit from environmental health they had improved the facilities in the kitchen and now had a five-star rating. We noted the registered manager had attended a manager's study day in May 2018. They told us this gave support and guidance on how to become compliant (with relevant regulations) and follow good practice. The registered manager told us, "We want to do well. We have learnt from the last inspection."

People and relatives could express their views on the service being provided. A relative told us they received a survey to complete. Two surveys had been carried out since our last inspection and the most recent one had been responded to by seven people. People reported they felt they were treated as individuals, called by their preferred name, had freedom of choice, privacy and could make their own decisions. The registered manager told us they met with people and relatives individually to check they were happy with the care being provided.