

Peninsula Care Homes Limited

Coppelia House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Coppelia House is a residential care home providing personal care to 25 people aged 65 and over at the time of the inspection. The service can support up to 30 people.

Coppelia House provides care in a building adapted to meet the needs of older people who may need support with their mobility. Some people were living with dementia when we inspected.

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

The service had recently introduced a consistent approach to auditing and ensuring the safe running of the service.

Prior to the inspection, the provider had recognised that they needed to act to improve the quality and safety of the care experience of people at Coppelia House. They had employed two quality managers to bring in a uniformed system of monitoring the quality across all their services. The issues we found on this inspection in respect of records relating to risk assessments, medicine records, accounting for staff training and improving audits had been identified and were now drawn into an action plan. This was to be monitored closely by the provider to ensure compliance.

Medicines were ordered, administered and disposed of safely. We have recommend that the provider keeps under review records in relation to risk assessment and medicines.

There were sufficient staff employed who were recruited safely.

The service was clean, and the staff understood the importance of keeping people safe from infection.

People and their families spoke about the staff and service they received positively. Concerns had been shared with them by the provider and they were keen to relate to us they had confidence in the provider and registered manager in resolving this. One family member said, "I feel very sad that things are not good at the moment but I'm sure things will turn around. With the support of staff and management, it will get back to the lovely home it was. I'm sure of that with all my heart."

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 Good (published 31 May 2017). A focused inspection checking the service's fire safety which was completed in July 2017 (published 4 August 2017) continued to rate the service as Good.

You can read the report from our last inspections, by selecting the 'all reports' link for Coppelia House on our website at www.cqc.org.uk.

Why we inspected

This inspection was a focused inspection prompted due to concerns received. Please see the safe and well-led sections of this report for further details.

We have found evidence that the provider needs to make improvements. However, we did not judge this to have breached Regulations.

The overall rating for the service has remained Good. This is based on the findings at this inspection.

Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Coppelia House

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 completed by one inspector and one assistant inspector.

Service and service type

Coppelia 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 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

As this was a focused inspection, 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 reviewed information we had received about the service since the last comprehensive inspection in March 2017. We reviewed the concerns we had received and communicated with the local authority and police.

During the inspection

We spoke with four people who used the service and four relatives returned questionnaires about their experience of the care provided. We spoke with three members of the care staff. We also spoke with and met with the provider, registered manager, business manager and quality assurance manager.

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

After the inspection

We asked the provider to provide an action plan by the 21 June which we received. Action had been taken to address issues we found in the service.

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 remained the same.

Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff knowledge of safeguarding was good however, records showed that staff had not received up to date training. The quality assurance manager advised this had been recognised and training was being arranged. They added, the whole system of monitoring and recording staff training needed to improve as it did not highlight when staff training was going to be out of date.
- Staff not having regular training in safeguarding meant staff may not have understood how to whistle blow if they needed to. It is noteworthy that one member of staff did raise concerns with the management team, who took appropriate action. This had been recognised by the provider; the quality assurance managers had held a group supervision to support staff to know what they should do. We spoke with the provider and registered manager about how they could make contact details of outside agencies available to staff and people should this be needed.
- The provider had recognised the need to improve how they ensure staff are informed to meet people's needs and observed to maintain a safe standard.
- People and their families told us they felt safe at the service and could talk to the registered manager if they were concerned. Everyone expressed they felt listened to and action would be taken.
- A family member said, "If I have any concerns, I've always been listened to and I'm happy with the result".

Assessing risk, safety monitoring and management

- People told us they felt safe in staffs' care; they felt staff understood their needs and kept them safe from coming to physical harm.
- Staff understood people's needs well and expressed how they could then meet individual needs.
- People had some risk assessments in place to support staff how to keep them safe. These were then clearly linked to people's care records and up dated.
- There was not a consistent approach to risk assessing people's needs. For example, of the four records reviewed all but one did not have the risk of this person developing issues with their skin. This person was living with diabetes and had poor mobility; this would place them at risk in relation to the integrity of their skin. When we spoke with the person, they told us the lengths the staff went to to ensure their skin was looked after. This included good foot care, using prescribed creams and ensuring they had the required equipment to reduce the risks. They also had regular diabetic eye care. None of this however was recorded. We discussed with the provider and registered manager their approach to risk assessing people's needs. They stated they would look at ensuring a core number of risk assessments were in place and update their audit of care plans to ensure this was identified.
- Personal emergency evacuation plans were in place to support people to leave the building safely in an

emergency.

- Equipment was checked to ensure they were well-maintained.

Using medicines safely

- At our last comprehensive inspection in March 2017, we recommended the provider review how they were recording people's topical medicines. We found this had improved. People's topical creams were recorded on people's electronic records and alerted staff and managers if this was not recorded. The associated Medicine Administration Record (MAR) only had "Administered by carers" written on it as opposed to detailing where the administration was recorded.
- Records of administration were kept on (MARs). These were accurate. However, hand written entries on MARs were not always signed, checked and countersigned to ensure information was correctly recorded. Also, when new medicines were received the MARs did not always document the total of medicines carried forward. The registered manager advised they have only recently moved from blister packs to individual boxed medicines so there is a bit of settling in needed to ensure all medicine stock records are accurate. A new month's medicine started the week of the inspection, so they would work to put this in place.
- Protocols were in place for 'as required' (PRN) medicines. However, the labelling on the medicine and in the protocol used was not specific to the type of pain/condition the person had been prescribed that medicine for. For example, for pain relief it did not state what pain or presenting condition it should be given for. Having this in place prevents conditions being missed that may need a GP overview. The registered manager advised they will contact the GP and put this in place as soon as possible.
- Homely remedies were used in the service. Homely remedies are those medicines that can be bought over the counter. The remedies held had been discussed with a GP. However, we discussed with the registered manager the need to ensure the need to flag with staff the importance of checking people's MARs before giving a homely remedy. This is to prevent errors occurring in respect of people being given a medicine such as paracetamol when this is already prescribed.
- Medicines that required higher level controls were safely stored. Each medicine was accurately administered and recorded in the MARs and dedicated book and witnessed by two staff. However, we found the recording process could improve and records ceased for people no longer residing at the service.
- The service had been working closely with the local authority medicine optimisation team to improve their auditing and administration practice and processes. We discussed with the registered manager the need to ensure the recording issues we found were picked up by the audits. They advised they will review the practice of the audits to ensure this was the case.
- People's medicines were ordered, administered and disposed of safely. People had regular GP oversight of their medicines to ensure their needs were being met.
- Only trained staff administered medicines.
- People were supported to have control of their medicines and self-administer if this was appropriate. Risk assessments were completed, and a lockable cupboard provided if necessary.
- The registered manager understood their responsibilities in respect of the Mental Capacity Act 2005 should people require their medicines to be given with out their expressed consent. Best interests decisions were taken. However, we spoke with the registered manager about the need to ensure this was consistently recorded and listed those involved with the decision.

We recommend that the provider keeps under review records in relation to risk assessment and medicines.

Staffing and recruitment

- Staff were recruited safely and, in enough numbers, to keep people safe
- The provider and registered manager ensured people's current needs were reflected on when judging how many staff to be available.
- People, family and staff were happy that there were enough staff to meet their care needs and spend time

with them.

- The service was currently using agency staff to fill in staffing gaps while new staff were being recruited. These were staff the service used often so they were aware of people's needs.

Preventing and controlling infection

- The service was clean and free of adverse odour
- Staff understood their responsibilities to use personal protection equipment (PPE) and keep people safe from cross contamination while giving personal care, in the laundry and preparing food.
- The service had recognised the need to be more consistent in auditing and checking infection control practices were good. A new staff competency tool had been introduced for all staff.

Learning lessons when things go wrong

- Medicine errors were reported and acted on to keep people safe
- The service had worked closely with the local authority over recent concerns
- Lessons had been learnt from how the home was managed and there was a greater management presence over the weekends and out of hours. Checks had been brought in to ensure people were safe over night and at weekends.

Is the service well-led?

Our findings

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 deteriorated to Requires improvement.

Requires improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Some systems and processes had not been employed effectively to assess, monitor and therefore improve the quality and safety of the service. This included ensuring the experience of service users receiving their service was of good quality and safe care.
- We identified issues on the inspection that raised concerns about how the service was ensuring records were accurate and reflected staff practice.
- The system for auditing at the service had not been effectively operated. The provider had recognised this and was acting to address. An action plan provided to CQC details the issue, what is going to happen and who will complete and review its successful completion.

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 provider has communicated to all people and their relatives in respect of recent concerns and apologised in writing. Families reflected to us they knew there had been recent issues but felt confident this would soon be resolved.
- The provider operates a complaints process that responded to people and other issues when they arose.

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

- The provider had employed two quality managers recently to review and improve their quality assurance process at this and all their services.
- Registered managers of their different services acted as peer support and quality reviews of each other's service.
- Work as part of the action plan to ensure all staff ensured their responsibilities.

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

- People and family felt the service was well-led and they could approach the registered manager if they had any concerns or suggestions about the service.

- Staff felt they could approach the registered manager and other managers for advice and support at any time.
- A staff member said, "I find all the management all very approachable. [The registered manager] is very calm and he listens if you have a suggestion he will take it on board. [All the management team] are really friendly and they always show an interest in staff and residents. For the most part they value the staff and I feel valued. We seem them regularly".

Continuous learning and improving care; Working in partnership with others

- The provider, the registered manager and senior management team expressed a commitment to personalised care and a desire to address the issues identified. We found them responsive and open to support and advice to ensure the service improved.
- The senior management team expressed their commitment to working with all agencies, including CQC and the local authority, to ensure the situation was addressed and put right.