

TLC Group (Rockley Dene Homes Limited)

# Cooperscroft Residential and Nursing Home

## Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Good 

### Overall summary

This unannounced inspection was carried out on the 14 and 17 October 2014.

Cooperscroft provides accommodation, support and treatment for up to 60 people who require nursing and personal care; some of whom may be living with dementia. At the time of the inspection there were 57 living in the home.

The home had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

# Summary of findings

At our last inspection on the 10 September 2014, we told the provider to ensure staff followed the appropriate processes to ensure the safe handling, recording and administration of medicines when given covertly. During this inspection we found that our concerns had been addressed and safe medication systems were in place.

The provider had effective recruitment processes in place, but there were not always sufficient staff employed.

People's needs had been assessed, and however not all care plans took account of people's individual care and treatment needs, preferences, and choices.

There were risk assessments in place that gave guidance to the staff on how risks could be minimised. There were systems in place to safeguard people from the risk of abuse and medicines were managed safely. Occasionally risk was over managed.

Staff had appropriate training, supervision and support, and those who had been trained understood their roles in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were supported to have sufficient food and drinks in a caring and respectful manner.

People were supported to access other health and social care professionals when required. They were also enabled to maintain close relationships with their family members and friends.

The provider had a formal process for handling complaints and concerns. They encouraged feedback from people and acted on the comments received to improve the quality of the service.

We identified one breach to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 during our inspection. You can see what action we asked the provider to take at the back of the full version of this report.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

There were not always enough experienced and skilled staff to meet the people identified needs in a timely manner.

Staff were aware of their duty to safeguard people and they knew about how to report any allegations of abuse to the appropriate authorities.

Risk was assessed but occasionally the way in which it was managed reduced people's independence.

Medicines were ordered, stored, administered and recorded as prescribed.

Requires Improvement



### Is the service effective?

The service was not always effective.

The staff who were caring for people living with dementia did not always have sufficient training to recognise and meet people's needs.

The staff understood the requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

People were supported to have sufficient food and drink.

Requires Improvement



### Is the service caring?

The service was caring

The staff cared for people with kindness and compassion. There was good communication and interaction between the staff and the people throughout the inspection.

People were involved in making decisions about their care.

People's dignity, independence and privacy were promoted.

Good



### Is the service responsive?

The service was not always responsive.

People's needs were assessed and a plan of care was drawn up. However, people living with dementia did not always have their individual needs recognised and met.

Meaningful activities were not available for the majority of the people. People were not supported to pursue their hobbies and interests.

There was an effective complaints system in place.

Requires Improvement



### Is the service well-led?

The service was well led.

Good



# Summary of findings

Staff felt supported by the manager.

Effective audits had been carried out by the management team.

The people who used the service, their representatives and the staff had input in to the running of the home.

# Cooperscroft Residential and Nursing Home

## Detailed findings

### Background to this inspection

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

This inspection took place on 14 and 17 October 2014 and was unannounced. The inspection team was made up of two inspectors and a Specialist Advisor with expertise in dementia care. The team also included an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their experience was in supporting a family member who was living with dementia.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed all the information we held about the provider. We looked at the notifications that the provider had sent us. A notification is information about important events which the provider is required to send us by law. We looked at the report of the previous inspection held in September 2014. We also contacted health and social care professionals who regularly visited the people who live in the home. We received feedback from three health care professionals.

During our inspection we carried out observations and used the Short Observation Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experiences of people who could not talk to us due to their complex needs.

We spoke with 11 people who lived in the home and 12 relatives and friends of the people. We spoke with the manager, three members of the management team, two nurses and six care staff members. We reviewed the care records of six people we observed as having complex needs and training records for all the staff. We also reviewed how the manager audited the service. This involved looking at records pertaining to how the people's care was managed.

# Is the service safe?

## Our findings

During our last inspection on 10 September 2014, we found that the home was not meeting people's needs in relation to the administration of medication. Staff had not followed the appropriate processes to ensure the safe handling, recording and administration of medicines when they were given covertly. During this inspection we found that there were systems in place to resolve this breach.

We saw that people received their medicines as prescribed. Staff administered medicines in a manner that was unhurried and chatted to the person they were administering to. People were given ample time to take their medicine. Some people had their medicine administered covertly. We saw records that showed that this was done in consultation with the person, or where appropriate their representative, their GP and the pharmacist. This ensured that any changes made to the medicines, such as crushing it, did not change the effect of the medicine. We saw that medicines were stored, recorded and administered appropriately. Audits were carried out daily by senior staff which ensured that if an error had occurred it could be rectified without delay.

Discussion with people who used the service identified that there was not always enough staff to meet people's needs in the way which they would like. For example, people told us that they had to wait too long to be taken to the toilet. One person said, "I often have to wait over 10 minutes and that's too long as I can't always wait that long." People told us that the staff were not always available to meet their needs. One person told us, "I feel a bit under their control. I have to wait my turn to get up in the morning and sometimes it's too long to wait. When the carer does come the care is good and done how I want". Another person told us, "I can't always go to the garden when I would like as there are not enough staff and they are so busy I don't always like to ask."

We saw that staff were rushed and some people had to wait for their needs to be met. Staff who worked with people living with dementia told us that if all the people they cared for were having a good day there was enough staff. However if some people needed extra assistance they were stretched and not able to give the attention the

people needed. For example, on one unit during our inspection we saw that staff did not have time to spend with people as one staff member had accompanied a person to hospital.

Although the manager had recognised that the staffing levels needed to be increased throughout the home and was in the process of recruiting staff to increase staffing levels during the day on all the units by one care staff member per shift. They had not taken any action in the interim to cover staff shortfalls.

This was a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People told us that they feel safe. One person told us, "I have no worries about my safety." Another person said, "I feel really safe at night and it's a relief not to have to worry." One relative told us, "We looked at so many homes and this one was the one that as soon as we walked in felt safe and homely". Another relative said, "This home was recommended to us and we are so glad that it was. It's sad that we can't care for [relative] any more. This is the next best thing and we have no worries about safety." People told us that they could raise any concern with the manager or any staff.

Discussions with staff showed us that they were trained in and were able to tell us about their responsibilities to keep people safe and free from abuse. Staff were aware of how to escalate concerns if they felt that the management team had not dealt with them. One staff member told us that there was "no way they wouldn't report abuse and that they would stay with it until it was sorted."

We saw that there were personalised risk assessments. These gave staff detail on how to protect people from avoidable risks whilst promoting their independence where possible. We saw that these risk assessments were reviewed regularly to ensure they reflected people's changing needs. These included risk assessments to keep people safe at night through the use of bed rails. Throughout the inspection we saw that people were assisted to move around the home safely and with the appropriate support as indicated in their records.

There were also risk assessments in relation to keeping the building and general environment safe for people, such as plans for an emergency and how staff should respond in the event of a fire. However, the management of some risks reduced people's independence. For example, people were

## Is the service safe?

not facilitated to go into the garden unless the weather was good. The use of door locks within areas of the home restricted the movement of people who used mobility aids and people who were frail as the doors were heavy to open and the locks were sometimes out of their reach.

# Is the service effective?

## Our findings

From our observations we saw that the staff caring for people living with dementia did not always have the skills to be able to engage with them in a meaningful manner. For example, we saw that when a person was distressed the staff repeatedly offered them a cup of tea to no avail. Staff told us that they did not always feel they had sufficient skills and knowledge to recognise and meet people's needs in relation to their dementia. We were told that this was especially difficult when people's behaviour was difficult to understand.

The manager told us that training for staff in this subject had been reviewed and found that staff needed more training. Training sessions for this had been planned for later this year and early 2015.

People in other parts of the home who had good communication skills told us that staff listened to them and they had their needs recognised and met. People told us that their personal care was delivered well and always with their consent. They felt that the staff were trained to care for them. One person told us, "Staff were really good at giving me my care." Another person said, "Yes all the staff know what they are doing and check with me if I am happy and ready for my care." A third person said, "If I'm not feeling well they know what to do and they always look after me." A relative told us, "[Relative] is not always easy to care for but they always manage. I think they (the staff) are skilled and wonderful."

New staff received induction training which ensured that they understood their duties and responsibilities. One staff member told us, "In all my years as a carer this is the first home that I had proper induction training." A staff member, who had recently started working at the home, showed us their induction programme and what timescales were set to complete their induction training. Staff told us that they had supervision meeting with their line manager which gave them an opportunity to identify their training needs. Staff told us that the provider had a very positive approach to training and if there was an area in which they felt that they need more training they just had to ask. Staff told us that they felt well supported in their role and that the management team were accessible to them at all times.

The manager and 23 of the 75 staff had received training and understood the principles of the Mental Capacity Act

(MCA) and the associated Deprivation of Liberty Safeguards (DoLS). Discussions with the registered manager showed that they were aware of their responsibilities under MCA and in relation to DoLS. They told us that some applications had been made to the local authority, and they were in the process of completing necessary documentation to ensure that people living at the home were appropriately protected under these safeguards. Staff we spoke with also demonstrated that they were aware of their responsibilities, and there were plans in place to ensure all the staff had training on MCA and DoLS. .

People in the home who did not have the mental capacity to make informed decisions, had best interests decisions made on their behalf. This decision making process involved the person's family or representative and where necessary the person's GP. For example some of the people in the home had their medicine administered covertly. We reviewed their care records and saw that those people who knew the person best and health care professionals had been involved in the decision making process.

People told us that there was generally a good selection of food available. One person told us, "The food is good." Another person said, "My family like to use the snack bar at the front of the home to make tea and coffee when they visit me." The manager had recognised the importance of ensuring meal time was an enjoyable experience. To enable people to have input into the menu planning, a new post of hospitality manager had been created. The purpose of the appointment was to liaise with the kitchen staff to ensure that people had access to food they liked and was suited to their needs. We were told that more snacks and finger foods had been made available following appointment to this post. Staff had identified people at risk of not eating and drinking enough, and supported them with fortified food and drinks. that met their needs.

We observed how staff assisted people to eat at lunch time. We saw that staff had a mix of skills when doing this. Some staff were skilled at assisting people in a manner that promoted their dignity and gave them an opportunity to enjoy their food. However we saw that one member of staff was assisting more than one person to eat at a time and we saw that this left one person distressed and took away from their enjoyment of lunch.

People's physical and mental health was promoted. They had appropriate access to health and social care professionals such as GPs, dentist, opticians and mental



## Is the service effective?

health professionals. People we spoke with confirmed this. During our inspection we spoke with a visiting social worker and a health care professional. Both confirmed that they had been called in appropriately and that the home was proactive in ensuring people's changing needs were recognised and met. We spoke to one person who was waiting for transport to take them to a planned hospital

appointment. They confirmed that a staff member would accompany them and that this was what always happened. Visitors told us that staff were made available to escort their relative safely to appointments outside the home. The families we spoke with said that this gave them peace of mind when they were unavailable to escort their family member.

## Is the service caring?

### Our findings

Most people we spoke with and their relatives commented positively about the staff that supported them. They told us that the staff and the management team were kind and caring.

A relative told us, “The staff showed care and kindness to [relative].” Another relative said, “For the first time since [relative] became ill we leave them in someone else’s care and we leave the home without knots in our stomach with worry about their care.” Another family member told us, “We have finally found somewhere we trust to care for [relative] and our visits to the home are a pleasure and we can enjoy being with [relative] as we do not have to fret about their care.”

We saw staff interact with the people with kindness and care. Members of staff told us that they enjoyed working in the home. Many of the staff we spoke with told us that they had worked in other homes and that this one was the most caring where the people were always put first.

People told us that they were treated with kindness and respect, and that their dignity was promoted by the staff. People said that the staff always knocked on their door and asked if they could come in. They also told us they felt listened to, as staff gave them time to respond at their own pace. We saw this practiced throughout the inspection.

Relatives of one person told us that the staff were very respectful to their [relative] and that the staff always kept them in touch with any changes that happened. They told us that they had taken a long time to find such a caring home for their [relative]. They said that they left the home feeling relaxed and happy that their loved one was being cared for in a manner that they ‘wished they could do themselves’. Relatives told us that they were welcomed in the home at any time.

People were given choices about where to spend their day, and we saw that their interactions with staff were relaxed and friendly.

# Is the service responsive?

## Our findings

People were positive about the care they received. They and their families told us that they were given 'every opportunity' to part take in the planning of their care or the care of their relatives. This included capturing the views of relatives who were unable to attend in person. They said that their views were respected and that they felt listened to by the staff and the management team. One visitor told us that they had no doubt that the home put their relative, "at the heart of how the home is run." Other visitors we spoke with told us that they were kept up to date on their relative's health and welfare. One said that they were told when the person had a particularly good day which they really appreciated.

We found that their care plans of people who had good verbal communication skills contained good information for staff on how to care for them. Care plans were reviewed and updated on a regular basis or when there was a change in care needs. However, we found that care planning for people living with dementia did not have sufficient detail on how the person was to be cared for. For example staff were not given sufficient information on the person's dementia and how it affected them. We saw that staff had no guidance on how to care for people who had behaviours that were not easily understood. Because of this we saw that staff did not always engage effectively with the people who were living with dementia. This resulted in people having their physical needs met, however they were not stimulated or appropriately comforted. For example we saw that one person was agitated and unsettled. We saw that staff offered them a drink on several occasions but had no other interaction with them. This resulted in them being isolated and we saw that they withdrew into themselves. Other people were being monitored and checked on rather than receiving any level of interaction with the staff. We saw that the staff were kind but did not have the skills to communicate effectively with the people in order to understand and meet their needs.

Activities were undertaken in the home, however those who were not able to, or did not want to join in organised activities had little or no stimulation. People were not engaged in things they wanted to do and were not assisted to pursue their hobbies and interests. People told us that they occasionally went to bingo or a quiz. One person mentioned that as they were partially sighted they would like 'talking books'. Another told us they enjoyed the film night that took place once a week in the home's cinema and wondered why there were not more opportunities to do this. We also found that there was there not sufficient or appropriate stimulation for people living with dementia. This is important as stimulation can prevent the brain from deteriorating or can slow the speed of the deterioration.

The manager told us that they felt that some of the people were at risk of social isolation. In an attempt to address this, a new post had been created. The purpose of this post was to make links with the local community and to 'bring the outside world into the home.' A person had been appointed but had not yet taken up their post at the time of the inspection.

The home held regular meeting to ensure they knew the people's needs and wishes. People who attended the meetings felt that their views were listened to and valued. We saw from minutes of the meeting that discussions included menu planning and planning home activities such as Christmas celebrations. We were told by the manager that the meetings were not always well attended by the people or their relatives. However, as a result of these meetings the manager created a new post to ensure the home was providing food and refreshments that people wanted to eat.

People told us that they had not had any cause to complain. However, they said that they were comfortable with raising complaints and concerns and had been given the information to enable them to do so. One person told us that the manager was always around and a 'quick word' was usually all that was needed to sort something out. This view was supported by other people we spoke with. We saw that any complaints received by the provider had been recorded, investigated and responded to appropriately.

# Is the service well-led?

## Our findings

The service had a registered manager in post. The manager told us they were supported by a deputy manager and nursing and care staff team. We found that the manager provided leadership and guidance to all the staff and they told us that they liked to “lead by example”. They were clear about the standard of service they wanted to provide to people and their families, as well as, providing effective support for the staff. The manager held regular meetings with the staff to discuss issues relevant to their roles and responsibilities and the staff we spoke with was happy about the level of support they received. They said that they were happy with the approach of the manager and that they felt appreciated. They demonstrated a good knowledge of all aspects of the service, the people who lived at the home and the staff team and we saw that in turn the people and staff were comfortable and relaxed with them.

Relatives told us that they felt the home had an open culture which put the people who lived there first. They said that they were welcomed into the home at any time and were included where possible in decision making in relation to their relative. We spoke with three people who moved to the home purely because of the manager’s reputation for providing good care. They said that they had not been disappointed and their expectations had been met. People were very happy about how the home was managed and were very complimentary about the manager. One person told us that they moved from another home into this home because the manager was so caring. They told us, “You will not find a more caring person anywhere.”

We were told that because the manager was easy to talk to and always around, if they had a concern they had ‘a quick word’ with the manager and it was resolved. They said that the manager was proactive in getting their opinions on care, and had an ‘open door’ policy which meant that they could talk with them at any time. This enabled issues to be

resolved, “without any fuss or upset.” We saw that the manager was fully accessible to people and staff. They spent time out and about in the home, was able to introduce us to people and discuss their needs.

Social care and health care professionals we spoke with said that the service was well run, well managed and that their input was valued and advice followed.

The manager had systems in place to review how the people were cared for, this included how their medication was administered and how they were kept safe in comfortable surroundings. Audits carried out had identified the need to increase staffing levels and to provide more training for staff who cared for people living with dementia. Another audit had highlighted the need for more communication between the kitchen staff and people to ensure mealtimes were as enjoyable as possible. A new post had been created to address this gap in communication. A further new post had been created to address the risk of some people becoming socially isolated in the home. There were also systems in place to ensure the environment of the home was well maintained and was clean and welcoming.

The manager also told us that people, their relatives, staff and healthcare professionals had been asked for their opinion on how to improve the service each year through an annual survey. Records were available at the service to evidence to us that these had taken place each year and that overall feedback had been consistently positive. Residents’ meeting took place on a regular basis. The manager had introduced a system to allow those families and representatives who were not able to attend the regular meeting to have input into the running of the home.

The staff demonstrated an awareness of the provider’s whistleblowing policy which provided them with guidance should they wish to raise concerns when they felt that people were at risk of receiving unsafe care. Whistleblowing is when a member of staff reports suspected wrongdoing at work.

Records were stored appropriately to protect people’s confidentially.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing  <b>The provider failed to ensure that there were sufficient numbers of trained staff on duty at all times to meet the needs of the people who live at Cooperscroft.</b>