Copperfield House Ltd

Copperfield House

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?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on the 24 April 2017 and was unannounced.

A registered manager was in post. 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 2008 and associated Regulations about how the service is run.

Copperfield House is registered to provide the regulated activity of Accommodation for persons who require nursing or personal care to a maximum of 16 people. Some of the people who lived at the service needed care and support due to dementia sensory and /or physical disabilities.

We last inspected Copperfield House on the 7 September 2016 where we identified concerns with the call bell system, the premises and staff recruitment processes. The provider sent us an action plan telling us what they were going to do to put things right. At this inspection we found actions had been taken to ensure the regulations had been met and the home had improved in regards to these. The provider had applied for and received basic disclosure checks for all staff employed at the service, but not for the enhanced checks. Since our inspection the provider has forwarded evidence that applications for enhanced checks had been submitted. Each bedroom had a working call bell that could be used to summon staff. The work in relation to the premises was in progress. The provider told us in their action plan that this work would be completed by the end of June 2017.

People were at risk because the arrangements in place to prevent and control the spread of infection were not being followed despite staff having received training. Medicines were suitably administered but not all recordings of medicines were accurate. Staff had not received an annual appraisal of their roles that would provide the opportunity to implement any improvements, if required, to ensure people received safe and effective care.

People did not always experience person centred care. There was a lack of meaningful activities for people to take part in. People told us that activities did not always take place and they mainly watched the television or did their own things. Not all people's care records included all the information staff would need to ensure that their assessed needs were met. Not all people's dietary needs were known by staff where their medicines may be affected by certain foods. We have made a recommendation about this.

The provider did not have effective systems in place to assess, monitor and improve the quality and safety of the service, such as regular audits.

People and their relatives told us they felt the home was safe. They told us that staff were kind and they had no concerns in relation to not being kept safe. Staff had received training in relation to safeguarding and they were able to describe the types of abuse and the processes to be followed when reporting suspected or

actual abuse.

There were enough staff deployed at the home to ensure that people's assessed needs could be met. It was clear that staff had an understanding about people's life histories, preferences and how to attend to people's needs. Staff had received training appropriate to their roles but were not always using this training in practice where it related to infection control.

Where there were restrictions in place, staff had followed the legal requirements to make sure this was done in the person's best interests. Staff understood the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) to ensure decisions were made for people in the least restrictive way. People were not prevented from doing things they enjoyed as staff had identified and assessed individual risks for people. The registered manager logged any accidents and incidents that occurred but they had not analysed accidents to identify any patterns or trends and take appropriate action.

People were supported by staff to have a choice of different foods. People were able to access external healthcare services when required and professional involvement was sought by staff to help people maintain good health.

People were treated with respect and their privacy and dignity was promoted by staff. Individual staff were very kind and caring towards people. People were able to spend time on their own in their bedrooms and their personal care needs were attended to in private. Relatives and visitors were welcomed and there were no restrictions of times of visits.

A complaints procedure was available for any concerns. This was displayed at the service. No complaints had been received by the service since our last inspection.

The provider had commenced the process to ascertain the views of people, relatives and associated professionals about the care provided and how the home was run.

During this inspection we found the provider was in breach of four Regulations of the Health and Social Care Act 2018 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe

People were at risk because appropriate procedures to prevent and control the spread of infection were not being followed.

Medicines were suitably administered but there were errors in the recording of medicines that meant people could be at risk of not receiving their medicines as prescribed by their GP.

The provider had carried out appropriate checks to ensure staff were suitable to work at the service.

There were enough suitably qualified staff on duty to keep people safe and meet their needs.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff had not received an annual appraisal of their roles to ensure people received safe and effective care.

Staff received appropriate training that helped them carry out their roles but they had not always used their training in practice.

Where people's liberty was restricted or they were unable to make decisions for themselves, staff had followed legal guidance.

People were provided with a choice of food.

People had involvement from external healthcare professionals as well as staff to support them to remain healthy.

Is the service caring?

Requires Improvement

The service was not consistently caring.

The individual staff were very caring but improvements needed to be made to ensure the service as a whole cared for people in a way that placed them at the centre of the service.

Staff were kind and compassionate and treated people with dignity and respect.

People's privacy was respected. People were encouraged to make choices about how they lived their lives.

Visitors told us they felt welcome and could visit at any time.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People did not always experience person centred care. There was a lack of meaningful activities.

People had care plans in place and these were discussed with people and their relatives.

Information about how to make a complaint was available for people and their relatives.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Quality assurance checks were not completed by the provider to help ensure the care provided was of good quality.

Records relating to the care and treatment of people were not accurately maintained to ensure that people received safe and effective care. .

Staff felt supported by the registered manager.

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 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.

We visited Copperfield House on 24 April 2017. The inspection was carried out by two inspectors. An Expert-by-Experience helped the inspectors with the inspection. An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The inspection was unannounced.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

As part of the inspection we spoke with four people, one relative, two members of staff, three healthcare professionals, the registered manager and the home manager. We looked at a range of records about people's care and how the home was managed. We looked at four care plans, medicine administration records, risk assessments, accident and incident records, complaints records, four recruitment files and the internal audits.

Requires Improvement

Is the service safe?

Our findings

At our inspection in September 2016 we found breaches in regulations around staff recruitment. Recruitment checks were in place, but were not comprehensive. The provider had not undertaken a check with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. During this inspection we found the provider had applied for and received basic disclosure checks for all staff employed at the service, but not for the required enhanced checks. Since our inspection the provider has forwarded evidence that applications for enhanced checks had been submitted. Two written references had been obtained for people working at the service and full employment histories had been provided. The provider was now compliant with the regulation.

At our inspection in September 2016 we found a breach safe care and treatment. Call bell units had not been placed in people's bedrooms. At this inspection we found the provider had addressed our concerns and each bedroom had a working call bell that were accessible to people.

However, we did find that people were not safe because the arrangements in place to protect people from infection were not effective. Three bedrooms contained commodes had not been properly cleaned. There were bodily fluid stains on the underside of the commodes. This meant that people were put at risk of infection. We observed one member of staff carrying a small bin bag which contained soiled pads through the dining room whilst people were eating their lunch. We followed the person to the laundry room and asked what was in the bag. The member of staff opened the bag and put their hands in it to show us without wearing any personal protective clothing. The washing machine in the laundry had a very strong malodour. We opened the door to the washing machine and noted that soiled laundry had been placed into the machine. We asked the registered manager if this was normal practice to which they replied yes. Staff at the home had not used red dissolvable bags for soiled laundry as they should have to prevent cross infection. The cover on the laundry floor was part carpet, which was heavily stained, and part linoleum, which had a large tear and therefore there was a risk of harbouring germs. The environment had not been thoroughly cleaned. The kitchen had black mould on the sealant around the sink, the flooring was rippled and the light cover had a large number of dead wasps. Parts of the home had not been cleaned, although a domestic person had been employed at the home. For example, light switches were dirty and had a covering of dust. The kitchen is part of the refurbishment planned for the home but it must be kept clean prior to any refurbishment.

We asked what measures were in place to monitor the cleanliness and prevention of infection at the home. We were shown a cleaning tick list that was on the back of the bathroom and toilet doors. Daily cleaning or weekly cleaning schedules were not being used. The registered manager told us they and the home manager were the lead people for infection control at the home. However, the provider had not ensured that staff followed the Department of Health 'The health and Social Care Act 2008' code of practice on the prevention and control of infections and related guidance in care homes. Providers have a responsibility to work to the code of practice or its equivalent. Staff told us they had received training in relation to infection control and that they had learnt to use personal protective equipment when attending to people's personal

care needs and handling soiled clothes, however, this was not being followed by staff. They also told us that they had to ensure that the home was clean at all times. Training records showed that staff had received training in infection control last year; however, this was not effective as the home was not clean throughout. The register manager submitted an action plan following our inspection that informed training in relation to infection control was to take place on the 18 and 19 May 2017 for all staff. They also informed that they had adopted an auditing tool from an organisation that would be used for monitoring infection control on a weekly basis.

Medicines were administered to people; however, not all medicines were being managed safely. We noted some omissions of signing in the MARs records and handwritten MARs records had not been signed by the prescribing healthcare professional or two members of staff. There was a risk that people may not receive their medicines as prescribed. Medicines were stored securely in a lockable medicine trolley that was safely stored in the main office. We observed the lunch and tea time medicine administration. Staff asked people if they were ready for their medicines and stayed with them until they had swallowed all their medicines. It was at this point that staff correctly signed the medicine administration records (MARs).

We noted that some prescribed medicines were stored in the fridge in the kitchen that all staff and people could access. The registered manager has purchased a separate fridge for these since our inspection.

The systems for the prevention of the spread of infections and the management of medicines were inadequate and in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People felt safe living at the home. People and their relatives told us that staff looked after them well. One person told us, "It's very satisfactory and the staff are very good, very helpful. I feel very safe. I find this very acceptable." Another person told us, "It's lovely, everyone's been very nice. I find it very safe. If I do have any possessions that are valuable I can give them to [the registered manager], he keeps them all safe." A relative told us, "[My family member] is well looked after, very well looked after. A massive relief to us because we were really struggling big time to look after [family member]."

Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. Staff were knowledgeable about the types of abuse and the reporting procedures to follow if they suspected or witnessed abuse. One member of staff told us, "I would always report any abuse to the manager, and if I had to, I would also report my concerns to the local authority safeguarding." Another staff member told us, "I would report all suspicions of abuse to the registered manager and the manager." Staff told us they had received training in relation to safeguarding and this was confirmed in the training records maintained at the home. Information was displayed throughout the home informing people what to do if they suspected abuse.

People were cared for by a sufficient number of staff to meet their care needs safely. We observed that staff were able to take time to attend to people's needs. When people asked for help staff were able to respond quickly. The registered manager told us that there were a minimum of three staff on duty throughout the day plus the registered manager and manager who were supernumerary to the duty rota to carry out management duties and support staff. The night duties were covered with three waking night staff. This was confirmed during discussions with staff and relatives and the viewing of the duty rota for the previous four weeks.

People were kept as safe as possible because potential risks had been identified and assessed. Staff knew what the risks were and the appropriate actions to take to protect people. Care plans contained risk

assessments and included risks in relation to mobility, falls, bathing, going out of the home, Waterlow (a score highlighting the risk of skin breakdown) and eating and drinking. For example, one person had an identified risk in relation to their mobility. The risk assessment provided guidance to staff and informed that the person required staff support when getting up, toileting, dressing and eating. Staff were aware of the risks as recorded in people's care plans.

Interruption to people's care would be minimised in the event of an emergency. There was a continuity plan in place that documented the procedure to be followed in the event of an emergency such as fire, flood and loss of utility services. Staff told us they had read and understood this document and that this included the emergency telephone contact numbers they would need. Each person had an individual personal evacuation emergency procedure that clearly detailed the person's mobility and the support they would require to be safely evacuated from the building in case of a fire.

Requires Improvement

Is the service effective?

Our findings

People were supported by staff who had supervision (one to one meeting) with their line manager, however these had not been recorded. One member of staff told us supervisions were carried out every two months and these enabled them to discuss any training needs or concerns they had. The registered manager informed us that supervisions had been carried out but not recorded. They also told us that annual appraisals had not been undertaken. Although staff were delivering effective care, apart from good infection control practices, they are required to complete an annual appraisal so that the registered manager can monitor their performance and plan for any training needs. Staff told us that they had received induction when they commenced working at the home. They told us this had included all the mandatory training as required.

The provider had failed to ensure staff had received annual appraisals that would enable them to carry out their duties they are employed to perform and this was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives spoke positively about staff and told us they were skilled to meet their needs. People told us that their support needs were met. One person told us, "Oh yes they're [staff] very helpful even to the extent of putting on a sock for me, because I can't bend." Another person told us, "They help me with my bath or anything else I need help with, and if I need to go to the toilet they walk with me."

People and their relatives told us they believed staff had been trained to do their jobs. Comments included, "I think they do have training, they know what I'm like and they know how to deal with everyone" and "They appear to be very knowledgeable in what they are doing", "They must be, we'd all be in bad shape if they weren't," and "I think so I can see that by the way they help us." A relative told us, "The way they look after the other residents, [family member] can get up out of the chair herself so she's alright. And the love they've got for the residents it really is beautiful to watch."

People received care from staff who had the knowledge and understanding needed to carry out their roles. Staff told us they received training that helped them to meet people's needs. One member of staff told us, "I have done training that has included dementia, health and safety, food hygiene, moving and handling and infection control." Another member of staff told us that they had done all the mandatory training as required. Training records confirmed that staff had received training as required. This also included medicines, fire and first aid. The registered manager had dates arranged for refresher training for staff.

People told us that they made decisions for themselves and that staff always asked for their consent. One person told us, "They [staff] always ask before they help with something." Another person told us, "Oh yes they won't do anything without asking first." A third person told us, "Yes I give them permission to help me when I need it." However, one person told us that they were not allowed to get up in the mornings when they wanted to. They told us night staff had been waking them up at 5:00 am. We discussed this with the registered manager who told us that this had been discussed during staff meetings and staff had been told that they must not get people up until they want to get up. This was confirmed in the minutes of the staff

meeting of February 2017. We were told that this would be immediately addressed again by the registered manager. We will monitor this through any complaints we receive and at the next inspection to ensure the care effectively meets people's wishes and preferences.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes and hospitals is called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Care plans contained evidence of compliance with the Mental Capacity Act (2005). Mental capacity assessments had been undertaken and DoLS applications had been submitted to the local authority for specific decisions.

Staff were knowledgeable about the MCA and the processes to be followed. They were aware that they had to assume that people had the capacity to make their own decisions unless it was otherwise proven. Staff told us they would always gain people's consent before undertaking tasks with them. For example, one staff member told us, "We always ask if they would like us to help them get dressed." Staff told us that people decided what time they want to go to bed, the food they want to eat and the clothes they wish to wear. This was confirmed during discussions with people. Staff told us, and records confirmed that they had received training in relation to the MCA and DoLS.

People were supported to have a meal of their choice by staff. People and relatives were complimentary about the food provided. Comments from people included, "They're ok, I've never had any complaints about the food here it's all been so nice. There's a variety. You can have hot or cold meals or sandwiches if you don't want to eat a meal. They're all so nice" and "It's very good, there's a lot of choice. I enjoy my cup of tea and biscuits between the meals. That's very good." A relative told us, "I've been here at lunchtime and the food seems gorgeous and it smells gorgeous as well. The food is really good and that's another benefit because [family member] was eating minimal and my brother was having to give her ready-made meals which are quite rich. There's a lot of variety here, more so than she would get if she were at home." We asked people if they could have a drink at any time of the day. People told us that the tea/coffee did not always come out on time but they were provided. One person told us, "I think we have to wait, but I don't mind waiting a bit." This was discussed with staff and the registered manager who told us that people could have a drink and a snack at any time of the day or night. We observed during our inspection that people were offered drinks.

The menus were displayed in large print in the dining room and offered choices for each meal. This enabled people to know what was on offer. The menus included freshly cooked meat, fish and vegetables and there was always a choice of meal. People told us if they did not like what was on offer, or they changed their mind about the meal they had chosen, that they would be provided with an alternative meal. Not all people's dietary needs were known by staff. For example, one person was taking a prescribed medicine that required certain foods to be avoided. Neither the registered manager nor staff were aware of this until we brought it to their attention.

We recommend that when a person is prescribed a medicine checks are completed to ensure they always

receive care that is compatible with that medicine.

People had access to health and social care professionals. People told us that they always saw the GP, chiropodist, opticians and other healthcare professionals when they needed to and records maintained at the home confirmed this. One person told us, "I've had a hospital visit I think and my family came with me. I can't remember about the opticians, I think the chiropodist comes but I don't get mine done. The doctor comes in and reviews the medication." A relative told us that staff always kept them informed when any healthcare appointments had been arranged and that they could attend the appointments with their family members. They told us, "The doctor visits her, the district nurses visit here, I've seen physiotherapists. The registered manager told me that he thought she had a urine infection, so the doctor was called and they prescribed antibiotics for that and also another time a cream for her legs."

Care plans included records of all healthcare professionals' involvement. During our inspection a community psychiatric nurse and a district nurse visited to attend to people's healthcare needs. The registered manager told us that staff would accompany people to outpatient appointments if they needed to, otherwise family and friends would accompany them. This was confirmed during discussions with one relative. Information was provided about people's medical needs and the medicines they were taking so it could be sent with the person if they required hospital treatment. During our visit we noted that staff did accompany a person to a healthcare appointment. The registered manager and staff told us that the chiropodist visited the home every six weeks, the community dentist and optician would visit the home as well. People we spoke to confirmed this. People with diabetes also saw the GP who specialised in diabetes as well as the district nurse.

Healthcare professionals told us that people had all their healthcare needs met. They stated that staff followed all instructions they gave to them and they would contact them if there were any concerns in relation to people's healthcare needs.

Requires Improvement

Is the service caring?

Our findings

At our inspection in September 2016 we found breaches in regulations because the environment wasn't suitable or always well maintained. The manager sent us an action plan telling us that the refurbishment of the home would be completed by the end of June 2017. We will visit the home after this date to monitor compliance with the action plan.

Communal parts of the home were still in need of refurbishment as identified during the last inspection. The registered manager had obtained quotes from contractors for all work required and some of the work had commenced. For example, new curtains and net curtains had been purchased, some new carpets had been laid and work had started to refurbish bedrooms and one communal bathroom. The home environment was not suitable for people with dementia. For example, there was no large signage to help people navigate around the home and the lighting outside one person's bedroom on the first floor did not work. The registered manager told us that this would be addressed in the refurbishment of the home.

People were treated with kindness and compassion in their day-to-day care. People were relaxed throughout our visit and conversing with each other and staff in a friendly manner. People told us they were happy living at the home and with the staff who looked after them. Comments from people included, "They're [staff] great. I think so anyway, they're all so nice, I never feel rushed." "They're good staff, very helpful." "I think they're all very good, they're very kind I find."

A relative told us, "The staff are absolutely gorgeous, they're so kind, it's unbelievable. I mean not just with my [family member], with everybody else. There are some really poor souls here and they are just so kind." This was echoed by healthcare professionals. They told us that staff were very caring whenever they visited the home and they looked forward to visiting the home. One healthcare professional told us, "The staff are loving and conscientious about people, they always spend time sitting and talking with people."

People's dignity was respected by staff. We observed staff knocking on bedroom doors before entering and closing doors when they attended to the personal care needs of people. One member of staff told us, "We always knock on doors and wait for an answer. When we help people to wash we make sure that we cover any exposed parts of their body." Another member of staff told us, "All personal care is attended to in private with the bedroom or bathroom doors closed." Staff told us they always talked to the person when helping them and explained what they were doing and why.

People told us that staff respected their privacy. One person told us, "They just leave you alone to get on with it if you want that. I go to my room if I want some privacy." Another person told us, "Oh yes, they knock on the doors if someone is in the toilet and that." Other comments from people included, "They do respect everyone's dignity here.I would expect nothing less, they have to otherwise they would soon hear it from me."

A relative told us that staff respected people's privacy and promoted their dignity. They told us, "In terms of dignity I don't see her being bathed or anything like that, but she would soon tell me if something wasn't

right. I mean I've watched them take her to the loo and things like that and they do it very discreetly."

We observed staff supported people as and when required. One person had asked for help to go to the toilet. This was provided by a member of staff who supported the person to the toilet waited until they had entered and then closed the toilet door and waited outside for them.

People's religious and cultural needs were met by staff. The registered manager told us that people currently living at the home were identified as Christians and that the local religious leaders visited once a month to provide communion to those who wanted this.

People were supported by staff to keep their independence. Staff told us that they encouraged people to do as much as they were able to for themselves. One member of staff told us, "We encourage people to wash and dress themselves. We are always available if they struggle with anything." The improvements to the home such as signage will aid people's independence further once the refurbishment programme is completed.

The home was spacious and allowed people to spend time on their own if they wished. Bedrooms included people's personal belongings such as family photographs and books. People were able to spend time on their own in their rooms.

Individual staff were extremely kind and caring and people and relatives were consistently positive about staff, however the lack of activity and the lack of a suitable environment meant people were living in a home where their care was not at the centre of the service.

Requires Improvement

Is the service responsive?

Our findings

People were not supported to follow their interests or take part in social activities and hobbies of their choosing. One person told us, "There's absolutely nothing to do, I have a TV in my room so most days I watch that. I also have a crossword that I do because it's good for the brain. I do get bored, it wasn't for this lot [other people at the home], I don't know what I would have done, we're like a little family, that's what we become when we come in here." Another person told us, "The time goes a bit slow, there's not much entertainment except the television." A relative told us that they had brought board games to the home but the registered manager told them they already had these. They also told us, "My [family member] was quite content, not everyone wants to do activities all the time. I mean I would be happy if [family member] was doing more things but they don't want to and they were the same at home."

The registered manager and staff told us that people had a range of activities they could be involved in. A weekly activity list was kept at the home and included activities such as board games, reminiscence therapy, physical exercises and Sunday church services. However, people we spoke with told us that activities did not take place. We saw one activity took place with one person in the morning; a member of staff was reading to a person and asked them questions about the story. We noted that two people were sitting at a table but there was limited interaction with these people. From time to time staff would ask them if they were alright. There were times when one person at the table was sleeping. One member of staff was attempting to assist a person who had dementia with a beaker of tea for nearly an hour and did not replace the drink, which would have become cold. The same member of staff repeated the same words over and over again such as "I have a cup of tea for you, let's have the cup of tea, I'll help you." Most of the time people were watching the television. One person told us, "Thank God I have my crossword and puzzles to do; otherwise there would be nothing for me to do." The registered manager informed us that they did not provide outdoor trips for people; they relied on family and friends to take them out. This showed that there were no meaningful activities for people to take part in.

On the day of our inspection the morning activity was meant to be music therapy and the afternoon activity was to be watching the one o'clock news and old movies. None of these activities took place during these times. People were eating their lunch at 13:00 so could not watch the one o'clock news. We made a recommendation at our last inspection that the activities arranged at the service should be reviewed. Activities should be available to meet people's individual needs. We did not find this to be the case. We noted in the minutes of the staff meetings in February and March 2017 that activities had been discussed as an agenda item. Staff had been asked by the registered manager to ensure that activities were provided for all residents on a daily basis. If equipment was needed then this would be purchased by the registered manager.

The failure to provide person-centred care that was appropriate to meet people's needs or preferences was a breach of Regulation 9 of the Health and Social Care Act 20018 (Regulated Activities) Regulations 2014.

Before people moved into Copperfield House, the service assessed whether it could meet their needs. Assessment records were stored on people's files and assisted staff to write people's care plans.

Assessments included information in relation to the person's medical history, communication, eating and drinking, religion, mobility, psychological needs and emotional needs. Care plans had been written from the information provided in the pre-admission assessments. We did note for one person that there was no information recorded in regard to their social activities.

Each person had a care plan in their individual file. Files were stored securely in the office. Care plans contained information to help staff provide the person with individual care. For example, eating and drinking, personal hygiene, mobility, elimination, social, cultural and religious needs and psychological needs. Staff we spoke with were aware of each individual's care plan, and told us they could read care files at any time. Staff told us that the care plans were written by the registered manager with people and their relatives. A relative told us, "My sister-in-law or brother was included in the care plan. My [family member] came in quite urgently because we had got to a breaking point with her at home. They took her quite quickly after the manager had assessed her. They talked about everything really with regards to her care. It's only been about six months so it hasn't been reviewed to my knowledge but my brother may have done that."

There was a complaints procedure available to people, relatives and visitors and information about how to complain was displayed at the home. The complaints procedure included all relevant information about how to make a complaint, timescales for response. However, it had not included the contact details for the local government ombudsman which people could contact if they were not satisfied with the outcome of complaints they had made. The registered manager told us this would be added immediately. The service had not received any complaints since our last inspection in September 2016.

People told us they would talk to staff if they needed to make a complaint or raise any concerns. One person told us, "I can tell them if I didn't like something they were doing and they know that. I can go to any one of them; I like to sort things out as they come." Relatives told us they would talk to the registered manager or the manager if they needed to make a complaint, but they had not needed to.

Requires Improvement

Is the service well-led?

Our findings

Quality assurance systems to ensure the service was safe and effective were not robust. The last monthly audit of health and safety at the home was undertaken in August 2016. The issues we found during this inspection had not been identified by the registered manager. There were no detailed cleaning schedules or quality assurance undertaken to effectively monitor infection control at the service. Records of staff supervision were not maintained by the registered manager, however, since our inspection the registered manager had conducted two recorded supervisions; this must now be embedded in practice. Records of staff induction had not been maintained by the registered manager.

People's care records had not been monitored to ensure that all the required information was recorded. For example, one person had been prescribed medicine that required certain foods to be avoided. Neither the registered manager nor staff were aware of these foods. The details of these foods were available in the leaflet that accompanied this medicine. The care plans were last reviewed in December 2016. We noted in the MARs records that there were some omissions of signatures. We also noted that hand written MARs had not been signed by the GP or two members of staff, therefore there was a risk that people would not receive their medicines as directed by the prescribing healthcare professional.

Accidents and incidents were recorded and a copy placed on people's care plan. For example, one person had lost their balance when getting up and twisted their right foot. Action taken was recorded. Although accidents and incidents were being recorded and action to seek medical advice was taken, there was no analysis of accidents to identify any patterns or trends emerging.

The registered person had failed to assess, monitor and improve the quality and safety of the service and records about people's care and treatment were inaccurate and not up to date. This was a breach of Regulation 17 of the Health and Social Care Act 20018 (Regulated Activities) Regulations 2014.

People and relatives told us they thought the home was well managed. Comments from people included, "Yes I think so, it feels like a home, not a nursing home but a normal home. You can tell them [staff] anything, they really are nice all of them," "It's very well managed."

People and relatives confirmed communication between staff and families was good, and they were informed of any concerns staff had about people's health and welfare. People told us they had been told about the recent refurbishment. One person said, "It's all been decorated and painted. We all moved up to that end and they did this part here, and then we all moved back down here so they could do the dining area part. "A relative said, "They normally catch me as I'm coming in to see [family member]. When they decorated they moved all the residents into the one area and then vice versa, so they weren't disrupted too much."

There was a clear management structure in place. The owner of the service is also the registered manager and worked at the service from Monday to Friday. If staff had any problems they were also able to telephone them at home if they were not working. There was also a home manager, senior staff and care assistants.

This led to a structure where everyone knew their own roles and were accountable for their performance. However this had not led the registered manager being clear that their own role included identifying areas that required improvements and taking appropriate actions.

Staff told us the home was well led and there was a positive culture within the staff team. Staff told us that they felt supported by the registered manager who had an 'open door' policy, was very approachable and always at the home. Staff stated they could make suggestions about how the home was run and they had monthly staff meetings when they could discuss the running of the home. Staff we spoke to said they had not put any suggestions forward to date, but they would if they felt it would make a difference to people. Records of staff meetings were maintained at the home. Topics discussed included information about the refurbishment, activities, study days and people's rights to choose the time they get up in the morning. The registered manager told us that resident and relative meetings had not worked in the past. However, ad hoc meetings took place with people as they talked to the management every day.

The registered manager had recently sent out questionnaires to ascertain the views of people, relatives and healthcare professionals about the service provided. On the day of our inspection seven feedback surveys had been returned. Comments in these included 'You are all very kind and helpful', 'What more could we ask, thank you so much for all your kindness and help with [person], it is much appreciated.' 'I have been the [a visiting professional] at the Copperfield for 21 years. I have always found the home to be friendly and caring and have the welfare of the residents at the heart.' The registered manager stated that a summary of the questionnaires and an action plan would be produced when all the surveys had been returned.

Since our inspection the registered manager had submitted an action plan telling us how they were going to make changes so they would become compliant with the breaches we identified during this inspection.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider had failed to provide person-centred care that was appropriate to meet people's needs or their preferences.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The systems for the prevention of the spread of infections and the management of medicines were inadequate.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person had failed to assess, monitor and improve the quality and safety of the service and records about people's care and treatment were inaccurate.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to ensure staff had received annual appraisals that would enable them to carry out their duties they are employed to perform.