

MMCG (2) Limited

# Coplands Nursing Home

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We undertook this unannounced inspection on 8 February 2018. Coplands Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission [CQC] regulates both the premises and the care provided, and both were looked at during this inspection. Coplands Nursing Home is registered to provide personal care and accommodation for a maximum of 79 older people, some of whom may have dementia. The home is purpose built and accommodation is provided on the ground floor, first floor and second floor of the building. At this inspection there were 78 people living in the home. The home was registered with its current provider on 30 July 2017.

Our previous inspection on 2 June 2016 found a breach of Regulation 18 HSCA RA Regulations 2014 Staffing. We rated the service as "requires improvement". During this inspection on 8 February 2018 we found that the service had taken the necessary action and made improvements. The required staff training had been provided. The service is now rated as "Good".

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

There were suitable arrangements to protect people from harm and abuse. Care workers were knowledgeable regarding types of abuse and were aware of the procedure to follow when reporting abuse. Risks in relation to treatment and care provided were assessed and risk management plans ensured that identified risks to people were minimised. The service followed safe recruitment practices and sufficient staff were deployed to ensure people's needs were met. There were suitable arrangements for the administration of medicines and medicines administration record charts (MAR) had been properly completed.

The premises were kept clean and tidy. Infection control measures were in place. There was a record of essential maintenance of inspections by specialist contractors. Fire safety arrangements were in place. These included weekly alarm checks, a fire risk assessment, drills and training. Personal emergency and evacuation plans (PEEP) were prepared for people to ensure their safety in an emergency.

The service worked with healthcare professionals and ensured that people's healthcare needs were met. The dietary needs of people had been assessed and arrangements were in place to ensure that people received adequate nutrition. People were mostly satisfied with the meals provided.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS ensures that an individual being deprived of their liberty is monitored and the reasons why they are being restricted are regularly reviewed to make sure it is still in the person's best interests. We noted that the home had suitable arrangements in place to comply

with the Mental Capacity Act 2005 and DoLS.

Care workers worked well as a team and there was effective communication among them. They had received a comprehensive induction and training programme. There were arrangements for support, supervision and appraisals of care workers. There were enough care workers deployed to meet people's needs. Care workers had been carefully recruited and their files contained the required documentation.

Care workers prepared appropriate and up to date care plans which involved people and their representatives. The home had a varied activities programme to ensure that people received social and therapeutic stimulation.

Care workers communicated and interacted well with people. There were opportunities for people to express their views and experiences regarding the care and management of the home. Regular residents' and relatives' meetings had been held. Complaints made had been carefully recorded and promptly responded to.

Comprehensive checks of the service had been carried out by the registered manager, deputy manager and senior officers of the company in areas such as health and safety, complaints and accidents. Audits were carried out by the area manager and senior managers of the organisation. They included checks on care documentation maintenance of the home and staffing arrangements.

## 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. There were suitable arrangements for security and safeguarding people. Care workers were carefully recruited. Staffing levels had been reviewed to ensure there were enough care workers. Risk assessments had been carried out. There were suitable arrangements for the management of medicines. Infection control measures were in place.

### Is the service effective?

Good ●

The service was effective. People who used the service were cared for by care workers who were knowledgeable and understood their care needs. People's nutritional and healthcare needs had been attended to. There were arrangements to meet the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Care workers were well supported by their managers.

### Is the service caring?

Good ●

The service was caring. People were listened to and treated with respect and dignity. Care workers communicated well with people. They protected people's privacy. People and their representatives had been consulted and they had opportunity to express their views. Effort had been made to meet the diverse and individual needs of people.

### Is the service responsive?

Good ●

The service was responsive. The needs of people had been carefully assessed and appropriate care plans were in place. Care was regularly reviewed.

Care workers were knowledgeable regarding the individual needs of people.

Complaints had been promptly responded to.

### Is the service well-led?

Good ●

The service was well-led. Managers were approachable, transparent and positive in their approach.

Comprehensive audits and regular checks had been carried by the managers of the home and the service manager.

People and care workers expressed confidence in the management of the service.

# Coplands 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 checked 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.

The inspection took place on 8 February 2018 and it was unannounced. The inspection team consisted of one inspector, a nurse specialist and 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. Before our inspection, we reviewed information we held about the home. This included notifications from the home, complaints received and reports provided by the local authority. The provider completed and returned to us 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.

There were 78 people living in the home. We spoke with 12 people who used the service and three relatives. We received feedback from one healthcare and two social care professionals. We spoke with the registered manager, deputy manager, the chef, a maintenance person and eight care workers. We also spoke with the area manager of the organisation.

We looked at the laundry, medicines room, kitchen, communal areas, garden and people's bedrooms. We reviewed a range of records about people's care and how the home was managed. These included the care records for seven people, seven staff recruitment records, staff supervision, training and induction records. We checked the audits, policies and procedures and maintenance records of the home.

# Is the service safe?

## Our findings

People told us that they felt safe in the home and they were well treated. One person said, "Staff by and large know what they are doing - usually enough of them." A second person said, "I feel safe, they put me into bed and I know where I am and they put bedrails so I don't fall over." A third person said, "I feel safe. There are a couple of erratic residents but I don't make eye contact." A relative said, "Mum is safe here, staff very caring - slightest medical condition they are on to it and they call the GP. They inform me of any problems." A second relative said, "They are quick to inform me if they need to tell me anything". She is safer here than when she was at home." A third relative said, "They are hot on cleanliness and smells. It's cleaner now they've got vinyl and not carpets. I am satisfied with cleanliness."

During the inspection, we observed that people were cleanly dressed and appeared well cared for. Care workers were attentive, welcoming and interacted well with people.

The service had a safeguarding policy and staff had details of the local safeguarding team and knew how to contact them if needed. The contact details of the local safeguarding team were available on the noticeboard of the home. Care workers had received training in safeguarding people. They could give us examples of what constituted abuse and they knew what action to take if they were aware that people who used the service were being abused. They informed us that they could also report it directly to the local authority safeguarding department and the CQC if needed. A small number of safeguarding concerns were notified to us and the local safeguarding team. The service had co-operated with the investigations by the local authority safeguarding department. The registered manager stated that when a safeguarding or other critical incident occurs, remedial actions and lessons learnt are fed back to the team to improve practice.

Risk assessments had been prepared for people. These contained guidance for minimising potential risks such as risks from certain medical conditions, risks of falling and pressure sores. Personal emergency and evacuation plans (PEEP) were prepared for people to ensure their safety in an emergency.

There were suitable arrangements for the recording, storage, administration and disposal of medicines. We examined nine medicine administration record (MAR) charts. There were no unexplained gaps. This indicated that people had been given their prescribed medicines. This was also confirmed by people we spoke with. Audit arrangements were in place. The temperature of the fridge and room where medicines were stored had been checked daily to ensure they were within the required temperature range. The registered manager told us that the local clinical commissioning group pharmacist had inspected their arrangements recently and no concerns were expressed.

There were arrangements for ensuring fire safety. The home had an updated fire risk assessment for providing guidance on managing potential risks. The emergency lighting had been checked by contractors. The fire alarm was tested weekly to ensure it was in working condition. Fire drills had been carried out regularly. Fire procedures were on display in the home. Care workers had received fire training and four staff had received fire marshal training. The January 2018 fire report from the London Fire and Emergency Planning Authority indicated that the fire safety arrangements were satisfactory.

The hot water temperatures had been checked weekly by the maintenance person. We noted that the temperature of the water prior to people being given a shower or bath had been recorded. The service had a record of essential maintenance carried out. These included safety inspections of the portable appliances, hoists, passenger lift and gas boiler. The electrical installations inspection certificate indicated that the home's wiring was satisfactory. All bedrooms visited had window restrictors and these had been checked regularly.

The service had a recruitment procedure to ensure that care workers recruited were suitable and had the appropriate checks prior to being employed. We examined a sample of seven records of care workers. We noted that all the records had the necessary documentation such as a Disclosure and Barring Service check (DBS), references, evidence of identity and permission to work in the United Kingdom. Nurses' recruitment records contained evidence of their recent registration status. The registered manager informed us that they had a low turnover of staff. This meant that they could provide consistency of care to people.

With one exception, all people and relatives informed us that the staffing levels were adequate. With one exception, all care workers stated that the staffing levels were adequate. The registered manager informed us that dependency levels of people were closely monitored and reviewed. Documented evidence of monitoring was provided. According to their monitoring tool, the registered manager stated that they had adequate care workers. She also stated that she and her deputy went around the home each day to check that there were adequate care workers. Additional care workers were allocated when people needed one to one close supervision. The home had a team of household staff comprising a receptionist, kitchen staff, maintenance and cleaning staff. The registered manager and deputy manager were both supernumerary. However, they stated that they would also assist in care duties if needed. We found no indication during the inspection that people's needs were not met. People received the help they needed with their meals and other care needs.

The premises had been kept clean. The home had an infection control policy together with the guidance regarding infectious diseases. The health authority infection control nurse had visited the home in November of 2017 and no concerns were noted. There were suitable arrangements for the transport and laundering of soiled linen.

We reviewed the accident records. Accidents forms had been fully completed and signed. Where appropriate there was guidance to care workers on how to prevent a re-occurrence.

The service had a current certificate of employer's liability insurance.



# Is the service effective?

## Our findings

Our previous inspection on 2 June 2016 found a breach of Regulation 18 HSCA RA Regulations 2014 Staffing. Care workers did not receive the appropriate training to enable them to carry out their roles and responsibilities effectively. During this inspection on 8 February 2018 we found that the service had taken necessary action and made improvements. Care workers were well trained to ensure they could meet the needs of people. Our expert by experience and nurse specialist found care workers to be knowledgeable regarding their roles and the care needs of people. We saw copies of their training certificates which set out areas of training. Topics included moving and handling, health and safety, equality & diversity, Mental Capacity Act, safeguarding and other training specific to the needs of people such as dementia and diabetes training. Care workers confirmed that they had received the appropriate training for their role.

The service had a low turnover of staff. Newly recruited care workers had undergone a period of induction to prepare them for their responsibilities. The induction programme was extensive. The topics covered included policies and procedures, staff conduct, information on health and safety. The registered manager informed us that fifteen care workers including all their new care workers had completed the Care Certificate. This course is comprehensive and has an identified set of standards that care workers work through with their trainer.

Care workers said they worked well as a team and received the support they needed. Records of care workers contained evidence of supervision and appraisals meetings. Care workers we spoke with confirmed that these took place and we saw evidence of this in their records.

People using the service told us that care workers were competent and they were satisfied with the care provided. One person said, "I see doctor regularly and my wife cuts my nails". Another person said, "There are enough staff and care is OK. Food is OK." There is plenty of choice. If you get hungry you can ask for coffee and biscuits". A third person said, "Breakfast is nice. Sometimes good and sometimes not. There is a choice!" A fourth person and fifth person stated that they did not like the meals served even though there was choice of meals and the food was not always hot. A relative said, "The staff are very attentive and prompt. They encourage people to be as independent as possible. The staff said my relative eats the food. I have seen my relative enjoy the food."

People's healthcare needs were closely monitored by care workers. Care records of people contained important information regarding their background, medical conditions and guidance on assisting people who may require special attention because of their mental state or health problems. Visits by healthcare professionals had been logged. We saw evidence of recent appointments with healthcare professionals such as a physiotherapist and GPs. The registered manager stated that the home's GP visited weekly to review the medical care of people. This was confirmed by the GP. He also informed us that the healthcare needs of people were attended to. People and their relatives confirmed that their healthcare needs had been attended to.

Arrangements were in place to ensure that the nutritional needs of people were met. Our nurse specialist

found that people's needs had been assessed using the MUST (Malnutrition Universal Screening Tool): This is a method used to work out a person's risk of nutritional problems so that support or referral to specialist professionals can be arranged if needed. This method included checking their medical history, dietary history weight and other information. Care workers were aware of the special dietary needs of people such as diabetic diets and soft pureed diets. Fortified diets were available for those who needed them. Specialist support was sought where needed from the dietician or from the Speech and Language Therapy (SALT) team. They told us they were satisfied with their meals. To ensure that people received sufficient nutrition, monthly weights of people were documented in their care records. We noted that the kitchen had been inspected by the Food Standards Agency in the previous month and had received a very good rating of five stars.

We checked whether the service was working within the principles of The Mental Capacity Act 2005 (MCA). The 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. We saw that mental capacity assessments had been carried out. Where people lacked capacity, details of their advocates or people to be consulted were documented in the assessments. Care workers were knowledgeable about the importance of obtaining people's consent regarding their care, support and treatment.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. We noted that when needed, application for DoLS had been made and authorisations were in place. The registered manager had also ensured that the CQC were notified.

# Is the service caring?

## Our findings

People made positive comments about care workers and informed us that they were caring. One person said, "They ask before they do anything. They respect me nicely. Carers are nice. I am happy here." A second person said, "They always knock on the door". Carers are OK." A third person said, "Staff are always very good. They always knock at door and ask a person before they do anything. " A fourth person said, "The staff are very kind and respectful." A relative said, "Staff I meet are very nice - friendly and make me welcome - very helpful." A second relative said, "Staff treat my relative well and understand what my relative needs." A social care professional told us that they had always found the staff to be friendly, professional and approachable. This professional added that the home involved people's family at all times and kept all parties informed.

We observed that care workers interacted well with people. Care workers smiled and talked with people in a friendly manner. People looked comfortable with care workers. Care workers treated people with respect and dignity. We saw that care workers knocked on people's bedroom doors and waited for the person to respond before entering. Our "expert by experience" noted that there was an atmosphere of friendliness and attentiveness. She noted that at lunch time, three people had care workers next to them, helping them to eat. The care workers were talking with and interacting with people they were feeding as well as to others in the dining room. The atmosphere was calm and unhurried. There were menus setting out the choices for that day on the table. There were water jugs on the tables.

They service had a policy on promoting equality and valuing diversity (E & D) and respecting people's individual beliefs, culture, sexuality and background. Representatives from the local religious denominations visited their members in the home. People had also visited the premises of local religious organisations. The home had also organised a National Dignity Awareness day and a Black History month.

We noted that the food menu was varied and included multi-cultural dishes. A culturally appropriate menu was available with separate cooking and storage facilities available for people requiring a kosher or halal diet. One relative said the home served food which met their relative's religious needs. The registered manager stated that she frequently monitored staff engagement and interactions with people to ensure they were respectful.

Care records contained communication profiles to assist staff in understanding and communicating with people. Care plans included information that showed people had been consulted about their individual needs including any special preferences, their spiritual and cultural needs. We however, noted that two records of people did not have completed life histories of people. The registered manager stated that they would ensure that they were completed.

Regular meetings had been held where people could express their views and be informed of any changes affecting the running of the home such as activities and meals were discussed. These minutes of meetings were seen by us. We were informed that people who used the service had taken part in running these meetings. One relative stated that management responded to issues raised at the meetings.

Effort had been made to provide a pleasant environment for people and help them feel at home. The bedrooms were well-furnished and had been personalised with people's own ornaments and pictures. People bedroom doors were personalised with different colours, their names, pictures to represent a particular interest, such as a football team or flowers. We however, noted that some areas of the home were in need of minor redecoration and repairs. The registered manager stated that they had a running programme for renovation of the home. They had received new furniture in January 2018 and this was followed by having new flooring in all rooms and communal areas which will finish by end of March 2018. They were currently in the process of receiving quotes regarding refurbishment of ensuite bathrooms and repainting of the home for works to start by this April. At present the arrangements were that the maintenance person would paint a room before a new person moved in.

We discussed the steps taken by the service to comply with the Accessible Information Standard. All organisations that provide NHS or adult social care must follow this standard by law. This standard tells organisations how they should ensure that people who used the service who have a disability, impairment or sensory loss can understand the information they are given. The registered manager stated that the home had information such as menus and notices of activities in pictorial format. Notices and instructions were in large print format. Interpreters were also available if people needed them and notices were translated into other languages.

## Is the service responsive?

### Our findings

People informed us that they were satisfied with the care provided and care workers were responsive to their needs. They stated that there was a variety of activities in the home. One person said, "Care is very good, nice people and staff know what they are doing." Another person said, "I go to residents meetings – not much to say, I just observe. I never have a complaint. If I had, I would go to one of the staff." A relative said "Staff know each person, what they were like and what was their job." A second relative said, "Lot of staff are very good. At night they check up on all residents." A third relative said, "They speak to me about my relative's care plan but they are the experts." A social care professional stated that the care provided was person-centred. A healthcare professional informed us that the care needs of people had been met and care workers were able to effectively manage certain medical conditions.

The care needs of people had been carefully assessed. These assessments included information about a range of needs including those related to the premises, mobility, mental health, skin condition and communication needs. Care plans were then prepared by care staff. People and their representatives were involved in planning their care and support. Care records contained photos of people so that they could be easily identified by care workers. Care workers had been given guidance on how to meet people's needs and when asked they demonstrated a good understanding of the needs of people.

Our nurse specialist discussed the care of people with diabetes and looked at people's care records. Diabetes care plans were in place for people who needed them. Care workers were aware of the dietary needs of people and potential complications which may be experienced by people with diabetes. Our nurse specialist also discussed the care of people with pressure ulcers. She noted that pressure sore risk assessments and care plans were in place. Nursing staff were aware of their responsibilities.

All care plans examined had been evaluated monthly by senior care workers. Formal reviews of care had been arranged with people, their relatives and professionals involved to discuss people's progress.

Most people we spoke with stated that the home had various activities for people. When we discussed the activities provided by the home, one person said "I like the activities. I like bingo and exercises. This is a nice place but nothing to do at weekends". Another person said, said "there are outings, there was a trip to Brighton in the summer but I did not go." Two relatives however, said that there were not enough activities.

The home had a varied and regular programme of activities. Most people were satisfied with the activities organised. The registered manager stated that activities were discussed on admission and people's preference documented in their care plans. Activities provided included gentle exercises, bingo, arts and crafts, pet therapy and storytelling. A McMillan coffee morning, dementia awareness week and Remembrance Day had also been organised recently. Outings to places of interest had also been organised. The home had also celebrated the 100th birthday of a person and the mayor of Brent had attended. The home had also invited families and the local community to join them on certain special days where there was an entertainer and raffles draw for people. The home had a sensory therapy room where people could experience sensory stimulation such as light therapy and music therapy.

Our "expert by experience" observed a quiz being organised in the lounge on 2nd floor where people were asked to recognize sounds and another on the ground floor in the afternoon with the activities co-ordinator asking questions and people participating.

The home had a complaints procedure. People and their relatives informed us that they knew who to complain to. They said they could approach the managers or care staff. We examined the complaints recorded. These had been promptly responded to. The registered manager informed us that complaints and incidents were reviewed so that they can learn from them.

## Is the service well-led?

### Our findings

The feedback we received from people and their relatives was positive and they expressed confidence in the management of the home and stated that there were opportunities for them to express their views. One person said, "I go to meetings for residents-sometimes useful, sometimes not. The manager and deputy manager are easy to talk to." A relative said, "I go to meetings. Manager upfront about what is happening e.g. costs. They are proactive about complaints. Several months ago there was an incident with staff. They dealt with it efficiently." A second relative said, "Manager is always approachable. They discuss things and do respond if possible." A third relative said, "I sometimes come to meetings. I listen to what people say. I am 100% happy with the Home. They try and communicate."

A social care professional stated that the home communicated well with them. This professional added that the feedback from families was very favourable and they rarely have a family refuse Coplands Nursing Home when it was offered as an option for placement for their loved one. A healthcare professional stated that the home had undergone a lot of improvement in the care of people and expressed confidence in the management of the home.

A second social care professional stated that they were not satisfied with the service provided but stated that the staff were respectful and pretty good. They felt that communication was poor and staff did not encourage their client to be as independent as possible and the activities were not sufficiently structured. The registered manager stated that they would use this information to further improve the care provided.

We noted that the host local authority had carried out a quality monitoring visit in November 2017. The report indicated that the home was well managed and no serious concerns were identified.

The home had effective quality assurance systems for assessing, monitoring and improving the quality of the service. Comprehensive checks of the service had been carried out by the registered manager and deputy manager in areas such as cleanliness of premises, safeguarding incidents, medicine administration and care documentation. Audits had been carried out by the area manager and senior staff of the organisation. A monthly visit was made by their quality and compliance Inspector to carry out a review of quality and compliance. This is recorded as a provider report, detailing identified areas for improvement, and giving timescales for completion. This is reviewed each month with the regional director. An external auditor conducted an annual health and safety and fire safety audit with an action plan which is addressed and reviewed by the registered manager and their quality and compliance Inspector.

There was a range of policies and procedures to ensure that care workers were provided with appropriate guidance to meet the needs of people. These addressed topics such as infection control, safeguarding and health and safety. Care documentation and other records associated with the running of the service were up to date and well maintained.

The service had carried out its own satisfaction survey in July 2017. The results were positive and indicated that people were mostly satisfied with the care provided. The staff survey was carried out in October 2017

and indicated a high level of satisfaction.

The home had a clear management structure. The registered manager was supported by a deputy manager and heads of departments. Care was provided by a team of nurses and care workers. Household staff included a receptionist, maintenance person, kitchen and cleaning staff. Senior management support was provided by the regional director, quality and compliance inspector and the human resources manager who visited the home regularly.

The home had an effective communication system. Hand-over meetings took place at the beginning and end of each shift. Staff meetings, including head of department meetings were held weekly to update staff, discuss the care of people and the management of the home. Care workers stated that communication with their managers was good. They had confidence in the management of the home and found their managers approachable.