

# Mannacom Limited

# Copperfield

## 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

This inspection took place on 27 February 2017 and was unannounced. We had received information of concern and had initiated a comprehensive inspection to look at the issues raised.

At our last inspection 23 March and 30 March 2016 the service had been served with three requirements for Regulation 12 and Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These requirements were for the proper and safe management of medicines, ensuring risk assessments were completed appropriately and the Mental Capacity Act 2005 (MCA) or DoLS assessments were required to be in place for people that required them.

Copperfield provides care and support for a maximum of 14 adults with mental health needs. The home is a large three storey detached building and is situated close to local amenities and is within walking distance of Liscard town centre. The service is close to transport links to all parts of Wirral and Liverpool.

The home had a registered manager. 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. At the time of our inspection, there was an interim manager in post as the registered manager had not worked at the service for several months due to ill health. We were told by the provider that the interim manager was going to register with the CQC as the registered manager.

We looked at the medication records for all eleven people. The medication procedure for staff was to administer their medication. Records informed that support staff would record all medication on the provider's medication record sheets to inform medication had been provided. There was information in relation to covert medication practices for staff to follow; we were told that no person was receiving this service.

We looked at records relating to the safety of Copperfield and its equipment, which were correctly recorded. We were shown where confidential records were stored and saw they were in locked filing cabinets and electronic records were password protected.

Staff predominately prepared food and drinks but there was access to the kitchen for people to help themselves if they chose too. The people choose the meals that were provided; this was discussed at their meetings every two months. Where people's weight changed this was recognised, with appropriate action taken to meet the person's nutritional needs.

The provider complied with the Mental Capacity Act 2005 and its associated codes of practice in the delivery of care. We found that the staff followed the requirements and principles of the Mental Capacity Act 2005 (MCA). Staff we spoke with had an understanding of what their role was and what their obligations were in

order to maintain people's rights. The service was providing support to people who did not have the capacity to make their own decisions in different areas of their lives.

We found that the person centred care plans and risk assessment monthly review records were all up to date in the three files looked at. There was updated information that reflected the changes of people's health.

People told us they felt safe with staff. The management had a good understanding of safeguarding. There had been no allegations of abuse at Copperfield in the last eighteen months. The manager told us that they would report any incidents directly to the local authority and the CQC.

Accidents and incidents were recorded and monitored to ensure that appropriate action was taken to prevent further incidents. Staff knew what to do if any difficulties arose whilst supporting somebody, or if an accident happened.

The staffing levels were seen to be sufficient at all times to support people and to meet their needs and everyone we spoke with considered there was adequate staff to provide the support the service was providing.

The service ensured all new staff had a Disclosure and Barring Service (DBS) check. The staff personnel records did include all of the relevant information required.

The service had an induction programme in place that included training staff to ensure they were competent in the role they were employed for, at Copperfield. Staff told us they did feel supported by the manager and the provider.

The three person-centred care plans we looked at gave details of people's medical history and medication and information about the person's life and their preferences. People were all registered with their own local GP of their own choice and records showed that people were supported if required to see a GP, dentist, optician, chiropodist or other health professionals as required.

We have made recommendations that the provider ensures that audits completed have what actions they have taken recorded to show how their systems used are effective.

## 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.

The staffing levels were adequate to meet the care and treatment requirements of the people living there.

Medication records were in place and medicines were documented appropriately.

Safeguarding policies and procedures were in place. Staff had received training about safeguarding vulnerable people.

Staff had been recruited safely. Recruitment, disciplinary and other employment policies were in place.

The home was clean, comfortable and well maintained. The personal emergency evacuation plans (PEEPs) were required to have dates recorded to inform when they had been written.

### Is the service effective?

Good ●

The service was effective.

All staff had received training and had been provided with an on-going training plan. Staff received good support, with supervision and annual appraisals taking place.

People we spoke with said they enjoyed their meals and that they had plenty to eat. People's weights were monitored if required and dieticians and health specialists were contacted on their behalf.

### Is the service caring?

Good ●

The service was caring.

People told us that their dignity and privacy were respected when staff supported them.

People we spoke with told us they were happy with the support received from the staff. They said staff were respectful, caring

and helpful.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People who used the service were involved in their own, person centred care plan and, where appropriate, their support needs were assessed with them and their relatives or representatives.

Suitable processes were in place to deal with complaints.

Care plan review documentation was always updated and seen to be relevant.

### **Is the service well-led?**

**Good** ●

The service was well-led.

There were systems in place to assess the quality of the service provided. However, the systems in place were not completed to show actions taken and lessons learnt.

People who used the service and staff were asked about the quality of the service provided.

Staff were supported by the manager and the provider.

The provider worked in close partnership with other professionals to make sure people received appropriate support to meet their needs.

# Copperfield

## 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 27 February 2017 and was unannounced. The inspection was carried out by two adult social inspectors.

Prior to our visit, we looked at any information we had received about the home and any information sent to us by the provider since the home's last inspection. We also contacted the Local Authority for their feedback on the service.

At this inspection we spoke with four people who lived at the home and two relatives. We also observed the provision of day to day care. We spoke with the interim manager, the provider, two day support staff, one night support worker and a domestic. We looked at a variety of records including three care records, recruitment records for four staff, staff training records, financial transaction records, medication administration records and other documentation relating to the management of the service.

We looked at the communal areas that people shared in the home, we did a tour of the home and visited a sample of people's bedrooms.

## Is the service safe?

### Our findings

People we spoke with said they felt safe when supported by the care staff. When asked if they felt safe, one person told us "I am safe, the staff look after me" another person told us "I am safe they [staff] make sure I am".

We looked at the staff personnel files of four staff members who worked for the service and found that the pre-employment checks carried out by the service included all of the relevant records required. A Disclosure and Barring Service (DBS) check had been completed for all staff at the service. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable groups, by disclosing information about any previous convictions a person may have. There were nine support staff currently working at the service with the manager.

We spent time with the manager looking at the medication policy and procedure at the service. We noted that medication records were in the person centred care plans of the three people we case tracked. The medication records and medicine charts for all people were correct. The records we looked at were correctly signed by staff and people we spoke with told us that they gave their consent for staff to support them with their medication.

Staff had received training in medication administration and were able to tell us the procedures they followed. They also informed us that any issues with medication were always reported to the manager who dealt with the issue immediately and liaised with the relevant health professional.

Records showed that all staff had completed training about safeguarding adults. The manager and provider ensured that staff had refresher training every year. We were given the training plans and safeguarding training was in place to update staff knowledge. The provider had a policy on safeguarding and this was dated June 2016. Staff we spoke to were aware of the need to report any concerns to a senior person and they had knowledge of their own responsibility to report any concerns about their workplace to an outside body if necessary.

We discussed the reporting of incidents to the CQC with the manager and provider who told us that they would notify the CQC and the local authority immediately. There was a safeguarding file in place that was stored in the main front office. A safeguarding information sheet was on the notice board in the staff room to inform of the professional contacts for staff to liaise with if any issues occurred.

We saw that risk assessments had been completed which had identified risks to people's safety and well-being. The risk assessments had been dated and marked as reviewed in all three of the person centred care plans looked at. The review was indicated by a date within the person's records. Information had been recorded if any changes had occurred and what actions were required to be implemented, or with no changes documented meaning the reviews had produced no new information. The original risk assessments had been completed with regard to moving and handling, the environment, medication, equipment, socialising in the community and people's physical and mental health.

We saw that the service had accident records that were completed in full showing what the incident was and how they had investigated, made referrals to other professionals and reported where required.

## Is the service effective?

### Our findings

We asked people about the skills of the staff and if they were competent in their roles. Comments received included "Really good staff", and "Most staff are all brilliant".

People were supported to have sufficient food and drink provided by support staff if it was part of their person centred care plans (PCCP). We talked with the staff about food and diets and were told by a person, "I choose what to have and the staff cook most of the time". We were told that if people needed a special diet they would contact a dietician. The staff checked people's weight if required in the PCCP.

We looked at staff training. Staff had up to date training for providing support for people. We looked at the training material and saw that the training was provided internally by the provider and also by external providers for specialist training if it was required for a person using the service. We were provided with the training programme that showed training was provided throughout the year on a rolling basis so that all staff were able to attend. Training for staff included health and safety, fire safety, first aid, challenging behaviour, dementia care, personal care and person centred care, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), food hygiene and infection control.

We spoke with staff who told us the training provided was good. Staff were confident and happy about the training they had completed. The staff working at the home also had an induction that was provided in line with the 'Care Certificate' that is a set of standards for social care and health workers in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care and support workers.

All staff had been provided with supervision meetings by the manager. The manager told us that she was trained to provide supervision to their teams. We looked at four staff files and saw that they all had supervision records in place that ranged in the frequency of meetings in relation to the staffs contracted hours. Staff told us they had supervision with the manager and said there was an open door policy and the manager and provider were supportive and dealt with their issues immediately. Staff told us that they had an annual appraisal. We spent time talking to the manager and they confirmed that appraisals had taken place.

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 Mental Capacity Act 2005.

We spent time with the manager who was the lead in MCA and DoLS at the service and who was now experienced with requirements of the MCA 2005. The service had an appropriate procedure in place. The staff we spoke with were aware of the MCA and some of the impacts it could have on their role. All the

support staff we spoke with had received training in the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards. Staff told us that they always sought people's consent. There was one person who was provided with support by the staff that did not have capacity and the manager had applied for a DoLS as there was an identified risk that the person could not go into their community on their own due to their vulnerability. We saw the application of the person and the official authorization from the local authority responsible for the implementation of the DoLS assessment.

We observed staff interacting with people and from their interactions it was clear staff had a good knowledge of the people and how to meet their support needs. Staff were very supportive and were heard throughout this inspection confirming comments made by the people, supporting them to make decisions and being patient. A person that we spent time with told us that staff met their individual support and care needs and met their preferences at all times.

People were supported to attend healthcare appointments in the local community by staff if required or make appointments for them to visit the person in the home. Staff monitored people's health and wellbeing. Staff were also vigilant in noticing changes in people's behaviour and acting on that change and the records we looked at informed us that staff dealt with the changes effectively. The records we looked at also informed the staff how to ensure that people had the relevant services supporting them. For example one person had health professionals visiting them and staff worked with them to ensure they were fully briefed on any changes to the person's mental health.

## Is the service caring?

### Our findings

People told us that staff were respectful and caring when supporting them. One person told us "They're all brilliant, great staff, they support me a lot". Another person said "Staff are really good I don't ask them for a lot but when I do they always help me".

We saw when members of staff were talking with people who required support; they were respectful to the individual and supported them appropriately in a respectful manner. We observed staff and overheard telephone conversations of staff reacting to people calmly and were always reassuring and pleasant.

We asked people if the staff respected their privacy and were told they did at all times. We observed people being listened to and talked with in a respectful way by the manager and staff. Staff were all seen and heard to support the people communicating in a calm manner and also reassuring people if they became anxious. The relationship between the people being supported was respectful, friendly and courteous.

The manager and staff told us that if any of the people could not express their wishes and did not have any family/friends to support them to make decisions about their care they would contact an advocate on their behalf. The provider had an effective system in place to request the support of an advocate to represent people's views and wishes if required. We were told by the managers that no one had recently used this service however an advocate had been involved for one person in 2016. We were provided with the record of this support.

Relatives told us that the staff were caring and provided good support to their relatives living at Copperfield. Comments included "Staff do care and they are very welcoming when we visit", another commented "Staff are respectful and will communicate any issues with me, it's a home from home".

## Is the service responsive?

### Our findings

The people who we spoke with were more than satisfied with the way staff supported them and the way care was provided. People spoken with were sure they would know how to complain if it became necessary and had not, so far, made any complaints. They told us "I don't need to complain, I'm happy. I would speak to the manager if I did", and "I've got no complaints, I'm happy here".

In all of the three people's files we looked to see if the person centred care plans (PCCP) were up to date and relevant and records reflected any change in service provision. The PCCPs were informative and gave a clear picture of the care and support requirements of the people they were supporting. For example, one person required more support from staff. The PCCP reflected the required support to ensure the person's needs were met. We saw that the information was reviewed and information updated to reflect changes that had taken place.

Copperfield had a clear written complaints policy and this was included in the information pack given to people when they started using the service and was displayed on the notice board by the dining room. The complaints procedure advised people to contact the manager if they wished to raise any concerns and gave contact details for the CQC. We asked people if they had the complaints procedure and had they used it. They told us that they had seen the complaints procedure and would use it if required. We saw from the records that there had been no complaints raised in the last two years.

A person we spoke with told us that they were fully involved in their PCCP. They reported that they had full choice in their PCCP and the way it was provided and they were in control of the care and support they received. They told us that staff consulted them about how their support was to be provided and they clearly understood the reason why they required care and support provided from Copperfield.

The manager informed us that a person could not move into Copperfield until they had been to meet and assessed the person. We were told that the eleven people currently living at Copperfield had done so for a long period of time.

The PCCP and care plans included examples of specialist advice that had been sought and provided from the service. For example, a person had also been provided with health care professional support when arriving back to the service after a short stay in hospital due to their mobility. Staff told us that they informed the manager of any changes to the person's health. Records showed this communication took place regularly to ensure the wellbeing of the person.

Staff completed a daily record of the care provided and we saw that entries were detailed and described the support and care that had been provided and how the person was feeling. We discussed one entry with the manager and provider and requested that the language used should be appropriate.

We asked how staff liaised with any community services on behalf of the people who received care. All staff told us they would call a doctor/ emergency services if they had concerns. They would always notify the

manager of any concerns immediately and record in the daily record, the actions taken and the outcome. We were able to see how the service was able to contact relevant people to provide appropriate treatment and we saw how the service worked appropriately with other health and social care professionals to provide the support and care required.

## Is the service well-led?

### Our findings

The people we spoke with who used the service told us that the manager was available and so was the provider if they wanted to speak with them. Comments included "The manager is good, she's friendly and does" and "Really nice lady; all of the managers are lovely".

There were systems in place to assess the quality of the service provided. These included person centred care plan audits, medication audits, staff training audits, health and safety audits and incident and accident audits completed. We looked at the audits for January 2016 to January 2017. The audits showed how the manager and provider had implemented action plans; however there were no documents in place to inform what they had done to evaluate and improve the service. The manager informed us that they were usually able to act on issues immediately and were supported at all times by the provider.

We recommend that the provider ensures all relevant records of actions taken are completed to inform how they are effectively monitoring their service and what improvements they had implemented because of their findings.

We were shown records of information gathering where people using the service and staff were invited to complete a confidential questionnaire on the service. We looked at the information collated that informed the service was providing an overall good service to people and that staff were happy working there. Any issues were discussed and actions were implemented for example changing the menu. We were told it was important that the people being supported worked well with staff to enable them to be as independent as was practicable.

There was a one tier management structure at Copperfield which comprised of the manager who was supported we were told at all times by the provider. The leadership was visible and it was obvious that the manager knew the people supported when we discussed people. Staff told us that they had a good relationship with the manager and the provider who were supportive and listened to them. We observed staff interactions with the manager which was respectful and positive. The manager or provider was contactable to make sure there were clear lines of accountability and responsibility for the support staff.

The manager and the staff had a good understanding of the culture and ethos of the service, the key challenges and their achievements and concerns and risks. Comments from staff were "It's a good place to work, we provide good care and support people properly", and "If I had a relative I would be happy for them to live here. I think we do provide great support to people here, we all work hard and it's a good home".

Comments from relatives were "Copperfield is a home from home and my relative is very happy living there". Another relative said "It's a nice place for my relative to live and the staff are lovely. They do make a difference to the quality of the people's lives".

We noted that the provider worked in partnership with other professionals to make sure people received appropriate support to meet their needs.

We looked at the ways people were able to express their views about the support that they received. One person told us "I am always asked if I am ok and I say yes because the staff are good". Information we looked at showed that meetings took place every two months with staff, and people and were asked if they had any issues.

Services which provide health and social care to people are required to inform the CQC of important events that happen in the service. The manager and the provider of the service understood that the CQC were required to be informed of significant events in a timely way. This meant we could check that appropriate action had been taken.