

Mr SJ Tarrant & Mrs MJ Tarrant

# Copper Beeches Lodge

## Inspection report

52 Truro Road, St Austell PL25 5JJ  
Tel: 01726 74024  
Website: [www.copperbeecheslodge.co.uk](http://www.copperbeecheslodge.co.uk)

Date of inspection visit: To Be Confirmed  
Date of publication: 02/10/2015

### 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 

### Overall summary

We inspected Copper Beeches Lodge on 25 August 2015. This was an announced inspection. We told the provider two days before our inspection visit that we would be coming. This was because we wanted to make sure people would be at home to speak with us. The service was last inspected in November 2013. During that inspection visit we found the service was meeting regulations.

Copper Beeches Lodge provides care and accommodation for up to thirteen people who have a learning disability. Twelve people were living at the service during this inspection visit.

The service is situated in the centre of St Austell with local transport available close by. The service also has a car

and mini bus to support people to attend community facilities and events. The service is an extended two storey house. There is a large front garden area which is currently being developed to include improved access for people with mobility needs.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were treated with kindness, compassion and respect. The staff at the service took time to speak with

# Summary of findings

the people they were supporting. We saw many positive interactions and people enjoyed talking with staff on duty. Comments included; “I just love working here. It’s different every day” and, “We work well as a team and support each other. Service Users are encouraged to live as independently as they can. You could see that this morning in the kitchen”.

Staff were competent in how they were providing support to people. They were very familiar with what support and care people needed. Staff supported people to make meaningful decisions about their lives and respected people’s decisions and wishes. People were supported to lead full and varied lives and staff supported them to engage in a wide variety of activities. Comments included, “We get out as much as we can. It’s good that we have the transport available to us” and, “I know the boundaries of [the person] capabilities and look out for times when they might be getting stressed or upset and I know how to manage that”.

People had a choice of meals, snacks and drinks, which they told us they enjoyed. People had been included in planning menus and their feedback about the meals in the service had been listened to and acted on. One person was actively involved in preparing soup for lunch.

People and staff dined together in the dining area. The dining experience was seen to be a social experience with people sharing conversation between themselves and staff. Comments included; “We [staff] make mealtimes as social and relaxed as possible. It’s always a busy time” and, “Meals are inclusive and people like to have conversations about the day, what they have done or what they are planning”.

The service was meeting the requirements of the Mental Capacity Act (2005) and the associated Deprivation of Liberty Safeguards.

People had individual support plans, detailing the support they needed and how they wanted this to be provided. Pictorial plans supported people with learning disabilities to understand what care and support they received. Records showed relatives were involved in the care planning and review process wherever possible. A professional who visited the service told us, “Staff make sure everybody is involved in planning care and they have the skills to communicate with people here”.

Copper Beeches Lodge was well-led. The service had an open and positive culture with a clear focus on enabling and supporting people to become more independent.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe. Staff were confident they could keep people safe whilst supporting them to take day to day risks.

People's medicines were managed safely and there were safe arrangements in place to assist people with their finances.

Staffing levels met the care needs of the people that lived at the service.

Good



### Is the service effective?

The service was effective. Staff were well supported through a system of regular supervision.

Staff training ensured people were cared for by staff who were competent in their roles.

People's choices were respected and staff understood the requirements of the Mental Capacity Act 2005.

Copper Beeches Lodge worked well with other services and health professionals to ensure people's care needs were met.

Good



### Is the service caring?

The service was caring. People were treated with respect and their independence, privacy and dignity were promoted.

People and their families were included in making decisions about their care.

Staff worked to help ensure people's preferred method of communication was identified and respected.

Good



### Is the service responsive?

The service was responsive. Care plans were detailed and informative and regularly updated.

People were supported to engage with the local community and to access a variety of recreational activities and employment.

There was a system to receive and handle complaints or concerns.

Good



### Is the service well-led?

The service was well led. The staff team told us they were supported by the registered manager.

There was a system of quality assurance checks in place. People and their relatives were regularly consulted about how the service was run.

The registered provider routinely worked in the service and dealt with any issues of quality quickly and appropriately.

Good



# Copper Beeches Lodge

## 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 was 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 25 August 2015 and was announced. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has experience of using or caring for someone who uses this type of care service. Before the inspection we reviewed previous inspection

reports and other information we held about the service including notifications. A notification is information about important events which the service is required to send to us by law.

We spoke with the director, registered manager and three care staff. Due to people's health care needs we were not able to verbally communicate with everyone who lived at the service in order to find out their experience of the care and support they received.

We looked around the premises and observed how staff interacted with people during the inspection visit. We also looked at three people's care records, staff training records, recruitment records and other records associated with the management of the service including quality audits.

We contacted six professionals who work with the service including social workers, district nurses and learning disability services.

# Is the service safe?

## Our findings

During the day there were a few people using the service as most were out until later in the afternoon at various daytime activities. People were relaxed and at ease in each other's company. When people needed support they turned to staff for assistance without hesitation. Staff and managers were visible and available to people throughout the inspection visit and were seen to engage with people throughout the day. People responded positively to managers and staff and it was evident they were comfortable in each other's company.

There were no restrictions at the service for people to move around and people were using their own rooms, lounges and dining areas. People were observed to be receiving the level of support they needed. Some people had specialist equipment to support them with their mobility. There was enough storage areas for the equipment to be stored safely.

Staff were aware of the service's safeguarding and whistle blowing procedure and said they felt able to use it. Staff were confident they knew how to recognise signs of abuse. They told us they would report any suspected abuse and felt assured they would be taken seriously by the registered manager. Staff knew who to contact externally if they felt any concerns were not being acted on. The processes in place ensured safeguarding concerns would be recognised, addressed and actions taken to improve the future safety and care of people living at Copper Beeches Lodge.

Staff supported people to take day to day risks whilst keeping them safe. For example people were involved in preparing meals and hot drinks. One person was preparing soup for lunch. A support worker assisted them in this chosen task. They said, "This is a regular thing [the person] loves cooking and baking and we support [the person] to do this. Care plans were well designed and regularly updated to reflect people's changing needs. They contained risk assessments which were specific to the needs of the individual. For example we saw assessments had been completed regarding one person's sensory issues by marking equipment to assist them using laundry machines and identifying things in the kitchen area. This showed the service was promoting people's independence whilst taking steps to keep them safe. We saw care plans contained risk assessments which were specific to the needs of the individual. For example we saw an assessment

had been completed regarding one person's safety in the community. This was specific to road safety and the need for supervision to keep the person safe. Risk assessments were regularly reviewed and offered clear guidance for care staff on how to minimise identified risks. This demonstrated that the service protected people from risk whilst supporting them to lead full lives.

Staff felt there were sufficient trained staff on duty to meet the needs of people who lived at the service. Staffing levels were based upon the needs of people using the service. For example staffing levels at the service took account of where people required one to one support. More staff were on duty during times when people living at the service were all at home. During the daytime some people were out at arranged activities, but there were enough staff on duty to support people who remained at the service. Staff were seen to have the time to spend supporting people in activities or spending time with people on a one to one basis.

There were appropriate storage facilities available for all medicines being used in the service. Medicines Administration Records (MAR) were completed appropriately. We checked the number of medicines in stock for one person against the number recorded on the MAR and saw these were accurate. Only staff who had received medicine training were allowed to administer medicines to people. One staff member said, "We are really focused on making sure medication is given out at the right times especially when they need pain relief". In discussion with staff we found them to be knowledgeable about the medicine that needed to be administered. There was clear guidance for staff when administering 'as required' medicines (PRN), about how to administer these medicines, and who to inform that they had been given. Where people required application of creams records were being completed by the staff applying the cream at the prescribed times. Body maps were in place so staff applied creams accurately. This demonstrated there was clear guidance to help ensure a consistent approach from the staff team.

There was a thorough recruitment process to help ensure new employees had the appropriate skills and knowledge required to meet people's needs. We looked at three recruitment files and found they contained all the relevant recruitment checks to show people were suitable and safe

## Is the service safe?

to work in a care environment. A member of staff told us they thought the recruitment process was good and they had been given all the information they felt they needed about their role and responsibilities.

Fire safety records and maintenance certificates for the premises and equipment were in place. The service was currently reviewing quotes to renew the hard wire electrical certificate which was due to be updated.

# Is the service effective?

## Our findings

People were supported by skilled staff with a good understanding of their needs. The registered manager and staff talked about people knowledgeably and demonstrated a depth of understanding about people's specific support needs and backgrounds. People had allocated key workers who worked closely with them to help ensure they received consistent care and support.

We reviewed the service's training plan and looked at individual staff training records and details of planned training events. A new training system had recently been introduced which was in line with the Care Certificate framework. This replaced the Common Induction Standards with effect from 1 April 2015. Staff training needs were discussed during supervision sessions and reflected training which supported them in their roles. Staff said they felt supported and they had the opportunity to discuss their performance and development with the registered manager. One staff member told us, "The training is good here. They are always making sure we are up to date with everything. The training is around the needs of service users but also the mandatory training as well".

The registered manager and staff had an understanding of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides a legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make specific decisions for themselves. The Deprivation of Liberty Safeguards provides a process by which a provider must seek authorisation to restrict a person for the purposes of care and treatment. A current DoLS authorisation in place was being monitored and reviewed in accordance with the requirements of the legislation.

Diet and nutrition was focused upon for each person. Records showed everybody had personal diet and nutrition assessments. All were in easy read and showed what people liked and disliked. A pictorial menu was available in the kitchen. It showed what was being prepared daily, although staff said there were often changes as people collectively or individually often wanted to make their own choices. Some people enjoyed preparing their own meals and baking. One person was preparing a homemade soup

for lunch. Staff told us this was something they had enjoyed doing before they came to live at the service. Staff encouraged the person to continue to cook and bake. Mealtimes were designed to be inclusive. Staff took their own meals with people. The atmosphere at lunchtime was relaxed with people sharing conversations and enjoying the experience. A member of staff told us, "It's a busy time when we all have meals together but it's when service users are relaxed and we can have a bit of a laugh". Staff cooked the main meals but people were able to prepare their own snacks and drinks, with support as necessary.

Staff had access to the registered manager on a day to day basis. Staff told us they felt well supported by the registered manager and regularly discussed how they provided support to help ensure they met people's needs. There was a formal programme of supervision which provided staff with an opportunity to review their work practice, professional development plans and any concerns regarding working practices. Staff told us supervisions were useful for their personal development as well as helping ensuring they were up to date with current working practices. This showed staff had the training and support they required to help ensure they were able to meet people's needs.

People had good access to a range of health support services. Each person had a health plan in place which covered the person's physical health and mental welfare. The health plans were detailed and identified if a person needed support in a particular area. People's care records contained details regarding other health professionals and their contact details as well as easy read, health action plans which outlined what support people needed in an accessible format. Records showed individual appointment and visit records which included reasons for visits and actions to be taken. Staff told us this was a very useful tool for them. The registered manager and staff told us how the service dealt with people's changing health needs by consulting with other professionals where necessary. This meant people received consistent care from all the health and social care professionals involved in their care.

One healthcare professional we spoke with told us the service worked well with them. They said when staff at the service asked for advice they were confident they would

## Is the service effective?

follow it and had the skills to deliver care and support to people. Another professional told us, “They are very caring. They want to be sure they are doing the right thing for people”.



# Is the service caring?

## Our findings

People were supported by skilled staff with a good understanding of their needs. The registered manager and staff talked about people knowledgeably and demonstrated a depth of understanding about people's specific support needs and backgrounds. People had allocated key workers who worked closely with them to help ensure they received consistent care and support.

We reviewed the service's training plan and looked at individual staff training records and details of planned training events. A new training system had recently been introduced which was in line with the Care Certificate framework. This replaced the Common Induction Standards with effect from 1 April 2015. Staff training needs were discussed during supervision sessions and reflected training which supported them in their roles. Staff said they felt supported and they had the opportunity to discuss their performance and development with the registered manager. One staff member told us, "The training is good here. They are always making sure we are up to date with everything. The training is around the needs of service users but also the mandatory training as well".

The registered manager and staff had an understanding of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides a legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make specific decisions for themselves. The Deprivation of Liberty Safeguards provides a process by which a provider must seek authorisation to restrict a person for the purposes of care and treatment. A current DoLS authorisation in place was being monitored and reviewed in accordance with the requirements of the legislation.

Diet and nutrition was focused upon for each person. Records showed everybody had personal diet and nutrition assessments. All were in easy read and showed what people liked and disliked. A pictorial menu was available in the kitchen. It showed what was being prepared daily, although staff said there were often changes as people collectively or individually often wanted to make their own choices. Some people enjoyed preparing their own meals and baking. One person was preparing a homemade soup

for lunch. Staff told us this was something they had enjoyed doing before they came to live at the service. Staff encouraged the person to continue to cook and bake. Mealtimes were designed to be inclusive. Staff took their own meals with people. The atmosphere at lunchtime was relaxed with people sharing conversations and enjoying the experience. A member of staff told us, "It's a busy time when we all have meals together but it's when service users are relaxed and we can have a bit of a laugh". Staff cooked the main meals but people were able to prepare their own snacks and drinks, with support as necessary.

Staff had access to the registered manager on a day to day basis. Staff told us they felt well supported by the registered manager and regularly discussed how they provided support to help ensure they met people's needs. There was a formal programme of supervision which provided staff with an opportunity to review their work practice, professional development plans and any concerns regarding working practices. Staff told us supervisions were useful for their personal development as well as helping ensuring they were up to date with current working practices. This showed staff had the training and support they required to help ensure they were able to meet people's needs.

People had good access to a range of health support services. Each person had a health plan in place which covered the person's physical health and mental welfare. The health plans were detailed and identified if a person needed support in a particular area. People's care records contained details regarding other health professionals and their contact details as well as easy read, health action plans which outlined what support people needed in an accessible format. Records showed individual appointment and visit records which included reasons for visits and actions to be taken. Staff told us this was a very useful tool for them. The registered manager and staff told us how the service dealt with people's changing health needs by consulting with other professionals where necessary. This meant people received consistent care from all the health and social care professionals involved in their care.

One healthcare professional we spoke with told us the service worked well with them. They said when staff at the service asked for advice they were confident they would

## Is the service caring?

follow it and had the skills to deliver care and support to people. Another professional told us, “They are very caring. They want to be sure they are doing the right thing for people”.

# Is the service responsive?

## Our findings

Staff knew the people they supported well. Care records contained information about people's personal histories and detailed background information. This helped staff to gain a more in-depth understanding of the person including previous life experiences and events which might have made an impact on them. Staff were responsible for making daily records about how people were being supported and communicated any issues which might affect their care and wellbeing. Staff told us this system made sure they were up to date with any information affecting a person's care and support.

People using the service had access to transport which included a mini bus and car. This supported people to attend appointments, go out as a group or individually. A staff member told us they had recently taken a few people to a local regatta. They told us, "Having the transport is really useful and we use it all the time". On the day of the inspection visit most people were away from the service for most of the day attending daytime activity centres. People remaining in the service engaged in a number of activities throughout the day. We saw people talking with staff about planning outings, relaxing, listening to music and completing tasks of their choice within the home. People were protected from the risk of social isolation because the service supported them to have a presence in the local community and access local amenities. For example the service was close to the centre of St Austell and people were supported to shop locally. For people with mobility needs there were individual wheelchairs or walking aids to support them.

There were a range of activities people could access living at the service. This included a sensory room where people could go and relax with a variety of lights and sounds, colours and various seating arrangements. Copper Beeches Lodge had their own book club where people could choose books of their choice. Staff were observed to be supporting people to do this on the day of the inspection visit. There was a well stocked art and craft room. One person was using the range of paints to do some art work.

Care plans were structured and detailed the support people required. The care plans were person centred identifying what support people required and how they would like this to be provided. Where possible relatives were fully involved in the care planning process and were kept informed of any changes to people's needs. People were aware they had a care plan and told us staff often spoke with them about what they needed or may have wanted. During the inspection visit we witnessed staff asking people what they wanted to do and how they wished to spend their time.

There was a policy and procedure in place for dealing with any complaints. This was made available to people and their families and provided people with information on how to make a complaint. An easy read version was also available for people which used pictorial symbols alongside simple and limited text. People we spoke with told us they had never felt the need to raise a complaint but had the information if they felt they needed to.

# Is the service well-led?

## Our findings

Staff told us of the open and supportive culture promoted by the management team at Copper Beeches Lodge. Staff told us they loved working at the service. Comments included, “It’s a really good job because we all work well together and get good support”. Another said, “Everybody is different and all have their own characteristics. That’s what I like about it”.

There was a clear focus on what the service aimed to do for people. The emphasis was the importance of supporting people to develop and maintain their independence within their own abilities. It was important to the registered manager and staff at the service, that people who lived there were supported to be as independent as possible and live their life as they chose. This was reflected in the care planning documentation.

Staff said that as well as formal staff meetings, day to day communication was good and any issues were addressed as necessary. Staff told us they used the open communication as an opportunity for them to raise any issues or ideas they may have. They felt confident the registered manager respected and acted on their views. Comments included, “We are encouraged to raise any issues with the manager either by speaking with them or putting it down in the communication book. This way nothing gets missed”.

People and their relatives were consulted regularly both formally and informally. People talked together frequently to discuss any plans or changes within the service. Decisions were made individually and as a group, about what activities in the service or community, people might want to take part in. This showed people living at the service were provided with as much choice and control as possible about how the service was run.

The registered manager and staff told us they were continually gathering the views of people who used the service. Staff said the most reliable way of measuring people’s satisfaction was by observing and monitoring actions and behaviour. This was recorded in a variety of ways including daily logs and incident logs.

The staff team was lead effectively by the registered manager. The registered manager was supported by the registered providers of the service. The director worked at the service on a regular basis and the provider visited the service regularly to review its operations and provide support where necessary.

The registered manager and the registered providers oversaw quality assurance systems to drive continuous improvement within the service. Some of the audits included medicines, accidents and incidents and maintenance of the home. Further audits were carried out in line with policies and procedures. For example we saw fire tests were carried out weekly and emergency lighting was tested monthly.