

# Coopers Mill Limited

# Coopers Mill

## Inspection report

Mill Road  
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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?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Coopers Mill is a residential care home supporting people living with a learning disability. The home is separated into three distinct areas including a large main house which supports eight people in their own rooms, a bungalow supporting four people and four two bedroomed flats, each supporting two people. The home can support up to 20 people and at the time of the inspection 20 people were living in the home.

The service was developed, and whilst not intentional was in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The main house was much larger than a domestic style property and was set in its own grounds. The bungalow had been built to the side of the main house and they were joined by a kitchen. The flats were to the rear of the main house and shared a large landscaped garden. The home supported 20 people over the three buildings which is more than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

### People's experience of using this service and what we found

We were told by people, they were always safe and well cared for by the staff supporting them. Staff showed a good understanding of safeguarding and how to recognise and report any signs of abuse. Risk assessments were completed to ensure risks to both the individual and environment were mitigated wherever possible. There were enough safely recruited and qualified staff to keep people safe and they were competent in the administration of people's medicines. We found the home was clean and all staff had appropriate equipment to reduce the risk of infection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service were being updated to support this practice. The service had unintentional but accurately applied the principles and values of Registering the Right Support and other best practice guidance. The outcomes for people using the service reflected the principles by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Staff received good training and were supported to gain focused qualifications. People had choices in how,

when and what they ate and staff encouraged healthy eating. The provider worked with relevant professionals to ensure people's needs were met.

People's autonomy and independence was respected, they were involved in both developing their care and support and influenced the running of the home and grounds. People's views and choices were respected and where required specific support was provided by advocacy services. People were constantly asked for feedback. Relationships between staff and people living in the home were positive, friendly and relaxed.

Each person was provided with support they had chosen. The design of the service allowed people to experience independence where possible. Activities were led by the individual with people having volunteer jobs in the community or helping with the grounds on site.

Everyone was happy in their role on the staff team and we saw good peer support. The service was reviewed regularly by way of surveys and questionnaires and regular monitoring of the service was completed. The provider engaged well with the inspection and responded immediately to any areas which could be improved. The previous report rating was displayed around the home and the provider communicated any areas of concern with the care quality commission as required.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection – The last rating for this service was Good (22 November 2016).

The service remains rated as Good.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.  
Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.  
Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.  
Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.  
Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.  
Details are in our well-led findings below

# Coopers Mill

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was completed by one inspector 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.

#### Service and service type

Coopers Mill is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

Prior to the inspection we sought feedback from provider agencies including the local authority and learning disability team. We reviewed the information we held about the service and looked at any information held in the public domain.

The provider did not complete the required Provider Information Return. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report.

We used all of this information to plan our inspection.

During the inspection-

We looked at four electronic care plans and reviewed paper copies for three others. We spoke with eight people living in the home, some only briefly and spoke with nine staff. We looked at records used to administer people's medicines and documents the management team used to monitor the service provided. We looked in all areas of the home including the communal areas and people's living accommodation.

After the inspection

Following the inspection the provider sent us documents for audit they were developing at the time of the inspection. This allowed us to evidence the procedures for the governance and oversight of the service had been developed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Systems and processes to safeguard people from the risk of abuse

- We reviewed records the home kept of any incidents which could have placed people at risk of harm.
- Records were well kept and included follow up conversations with those involved. Actions were agreed with all involved, on how to reduce the risks of reoccurrence.
- Staff were well trained in managing and supporting people at times of distress which helped reduce associated risks.
- The registered manager ensured relevant phone calls and notifications were sent on all occasions. Staff were reporting incidents as required.

### Assessing risk, safety monitoring and management

- Risk assessments were available for the environment and all equipment used to support people including fire equipment.
- Plans were in place in the event of an emergency and staff had good guidance on how to individually support people.
- Where people were at risk, we saw risk assessments were developed and followed. However, we found some records were not up to date with the latest information which was available elsewhere.
- By the end of the inspection the management team showed us documents they had developed to ensure all the relevant information was available in each person's risk assessments.

### Staffing and recruitment

- Staff were safely recruited to their roles and relevant checks were made as to their suitability with the Disclosure and Barring service. (DBS).
- There were enough staff in place to support people's needs. People told us they could access support when needed and staff felt well supported by their peers when on shift.
- One person was in receipt of one to one support and there were occasions when this was not visible. We were assured this was well managed and we requested a clearer protocol was developed to support the person with the required support. We were assured this would happen.

### Using medicines safely

- Medicines were managed safely and were administered to people when they needed them.
- Each person had a medicines locker in their room and records were accurately kept of their prescriptions and how they liked to take their medicines.
- We observed staff administer medicines in a dignified and safe way. Washing hands as required and wearing gloves as appropriate.

### Preventing and controlling infection

- The home was clean and tidy. Domestic staff told us they had all the equipment they required to keep it that way.
- The new electronic monitoring system which held the cleaning records, was only accessed by care and support staff. So, domestic staff kept paper records of the tasks completed.
- We saw staff using personal protective equipment when required to reduce the risk of infection and ensured risks of any cross contamination were kept to a minimum.

### Learning lessons when things go wrong

- The registered manager was due to retire and, for personal reasons was carrying out less duties, the service was recruiting for a new registered manager. However, in the meantime they had a good infrastructure of senior staff to ensure the role was met whilst awaiting the recruitment of the new registered manager.
- The provider acted on the feedback received in meetings and from people and staff more informally.
- Where there had been incidents and concerns raised the management team had worked well with other professionals to learn from them and reduce the risk of reoccurrence.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Everyone in the service had limited capacity. However, all were able to make decisions about their day to day activity.
- The provider had begun to apply for DoLS for people in the home.
- The new electronic care plan system had templates developed for the provider to ensure records for people were made following the principles of the Act.
- At the time of the inspection these had begun to be completed.

We recommend the provider ensures assessments are developed for people that support any decisions made. Ensuring decisions are made in their best interest and are the least restrictive option.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Comprehensive assessments were completed on information available prior to admission to the home.
- The provider worked with all relevant individuals to ensure details of all aspects of the person's needs were addressed.
- We saw plans of care that addressed people's emotional, social, physical and spiritual needs. These were developed in a format the person could translate and share with visiting professionals.

Staff support: induction, training, skills and experience

- When staff started in post they completed an induction to the role which included training and shadowing

more established staff. The provider was to ensure the deadline to complete the induction was adhered to moving forward.

- Staff received regular supervision and team meetings were held to formalise any actions agreed.
- Training took place to keep staff up to date with best practice and regulations and their competence was tested to assure the provider they could competently complete certain tasks including administering medicines.

Supporting people to eat and drink enough to maintain a balanced diet

- No one at the home had any specific dietary requirements.
- The service supported all people in the home to a varied balanced diet to support a healthy lifestyle.
- Nutritional care plans were developed and people were regularly weighed. Where concerns were noted nutritional intake was monitored.
- People could help themselves to food and snacks and were supported safely with cooking their own meals if this is what they wanted to do.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The provider worked routinely with other agencies including specialist nurses, psychologists and psychiatrists.
- Action plans were followed to ensure people had access to support services including dental treatment, opticians and chiropody.

Adapting service, design, decoration to meet people's needs

- The home was situated on a quiet road in a small village. The home followed best practice principles for supporting people living with learning disabilities.
- The home did not have any signs showing it was supporting vulnerable people and looked like a large residential dwelling with two small two story buildings which housed the flats.
- Entrance to the site was not secure and the registered manager was in the process of situating a gate across the road entrance. This would allow people safe access to the large grounds and courtyard.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect. At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- One person that had recently moved into the home had struggled with the change in environment. There were plans developed to allow the individual to adjust to the new environment. They told us, "Staff respect me and know when I need my own space."
- Another told us how they had made plans with staff the year before to go on holiday. They showed us photos of the holiday they had just returned from.
- There were three different types of accommodation that made up the care home. People in the home were supported to access the more independent aspects of the home if they choose.
- Staff had positive relationships with people and all told us they got on well with staff.

Supporting people to express their views and be involved in making decisions about their care

- Staff members told us some people liked cooking their own meals and people told us how they did so safely.
- The main house had a large domestic kitchen where hot meals were mostly made by staff for people in the home. The bungalow had a smaller kitchen where staff could make meals with input from people. The flats had their own kitchens, when staff were on site people were supported to make their own meals.

Respecting and promoting people's privacy, dignity and independence

- The provider gained access to a travel programme which supported people in good road and travel safety. Once completed people were more confident to travel independently. One person told us, "I can go to town on my own, since I did the training."
- We reviewed the recent questionnaires completed by family members. One family member said, "I have never seen anything other than patience and consideration during my visits."
- We were told staff knock on people's doors and that people can be on their own if they choose to be.
- We asked if people could choose who supported them and were told females support the females and males support the males.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs. At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There were not any planned or structured activities taking place in the home. People had access to equipment they may need to partake in hobbies including embroidery and board games and events were held for special occasions but there was not a dedicated activities coordinator.
- When we discussed this with the registered manager we were told that they were going to recruit to this role.
- Most people were able to access the community either with or without support. People were involved in volunteer opportunities and some were in paid work.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received support that met their assessed needs. They were involved with developing and reviewing their care plans.
- We sat with one person who showed us their support plan. They knew each page within it and had chosen pictures to represent the different aspects of it. For example, when it detailed how the person used the phone, there was a picture of a telephone.
- The three areas of the home allowed people to move on to more independent living if they choose to. We also heard of people moving back into the main house when they were not quite ready for this step.
- Having the three different types of accommodation as part of one care home, allowed people the flexibility of trying the more independent living without any additional anxieties including different staff or people with whom they shared the accommodation.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- There was easy read information around the home including a complaints procedure and menu.
- We saw staff and people communicating with each other in sign and saw pictorial cues were available to support communication around the home.
- Surveys for people to complete on their satisfaction levels were in easy read and these were completed annually. The last survey saw mostly positive response to questions about the home, staff and the food provided.
- Plans for the Saturday following our inspection included a meeting where the staff on duty were to share the feedback form the inspection with the people living in the home.

- Staff had tablets to update care plans and these could be done vocally. Staff would speak into the microphone on the tablet and the care plan would be updated with the words spoken.

#### Improving care quality in response to complaints or concerns

- The complaints procedure was available in people's room wallets and on the notice board.
- We were told no complaints had been received in the last 12 months. We saw from earlier issues these had been managed in line with the procedure.
- The registered manager was developing a way by which they could extract 'niggles' from daily records to help drive improvement.

#### End of life care and support

- The provider was not supporting anyone at the end of their life at the time of the inspection.
- The new electronic system had a dedicated section on end of life care, which the provider was to complete.

## Is the service well-led?

### Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture. At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider acknowledged that they had not kept as up to date, as they would have liked, with changes to best practice guidance due to family illness.
- The provider advertised for a new registered manager shortly after the inspection.
- A new build extension to the home had been built and the provider had not considered the principles of registering the right support in its planning. When we discussed this with them they were not aware of the best practice guidance.
- People were ready to move into the second flats style property but we had not received an application to register the additional accommodation. The provider had only just enquired about the application process whilst writing this report.

We recommend the provider ensures the extension to the current accommodation is appropriately registered as soon as possible.

- The last report was displayed in the home and the provider had taken steps to ensure all notifications were sent to the care quality commission as required.

Continuous learning and improving care

- The provider was using an electronic care planning and monitoring system.
- During the inspection we discussed the oversight of the new system and the information it generated. The registered manager and deputy developed a procedure outlining how the information was to be used to drive improvement. This was shared with the inspector shortly after the inspection.
- The provider was aware there were some actions required to ensure they continued to meet the requirements of all regulations and best practice guidance including registering the right support.
- There were good risk assessments and monitoring information in place for the security and safety of the premises. However, monitoring information of the support directly provided to people were still in their infancy.
- Action plans were developed on any concerns noted and staff and people in the home were engaged in agreeing how to improve any issues. This included developing risk assessments, achievements and goals for people where they were engaged in activities in the gardens.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good

outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff were all very happy in their role. Regular feedback from staff and people in the home showed the home as a positive place to work and live.
- We saw staff supported people in the gardens and meeting minutes showed plans for the introduction of ducks and goats to keep on the property.
- Staff spoke highly of the registered manager and their wife who was the acting manager and was on site daily.
- People in the home had been involved in discussions for use of the communal areas in the newly built flats and agreements had been to include a pool table and recreation area for all people living in the home.
- People in the home regularly visited the local village and the provider had accessed specialist supported activities in the community including discos and social events.

Working in partnership with others

- The provider was working with relevant professionals to support people in the home.
- The local authority had been involved in discussions with the provider for the best use of the new build and supported the growth in the home.
- Social workers, therapists and specialist nurses influenced the support delivered to people and records of advice were kept in people's care plans and included in risk assessments as required.